DOCUMENT # 768969

1. Entity Name

CONQUISTADOR BAY CLUB CONDOMINIUM ASSOCIATION, I

Principal Place of Business 4301 32 ST W **STE A-19 BRADENTON FL 34205**

Mailing Address

PO BOX 10674 **BRADENTON FL 34282**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country

FILE NOW:

C & S CONDOMINIUM MANAGEMENT SERV INC

6. Name and Address of Current Registered Agent

Zip Country

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Name

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

9. Election Campaign Financing

SIGNATURE

4301 32ND ST W SUITE C-7

BRADENTON FL 34265

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Trust Fund Contribution. FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE TITLE SHEEHE, CHARLES NAME NAME 4551 BAY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP VPD T/D Delete TITLE TITLE SECOR, ROLLEN Crawford, John 4541 Bay Club Dr NAME NAME 4451 BAY CLUB DR -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP Bradenton Fl 34210 PD-----Delete MARSHALL, FRED NAME NAME 4545 BAY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP P/D TD: TITLE Delete TITLE Franklin William SEAMAN, BOB-NAME NAME 4455 BAY CLUB DR 4563 Bay Club Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP Bradenton Fl 34210 TITLE ☐ Delete TITLE ADAMS, DON NAME NAME 4555 BAY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all officer like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-758-9454