

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90090 025 ****61.25

DOCUMENT # 768969 1. Entity Name CONQUISTADOR BAY CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4301 32 ST W STE A-19 BRADENTON, FL 34205 US			Mailing Address PO BOX 10674 BRADENTON, FL 34282 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2484154	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C & S CONDOMINIUM MANAGEMENT SERV INC 4301 32ND ST W SUITE A20 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEALEY, BOB 4567 BAY CLUB DR. BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miles, Peggy 4535 Bay Club Dr Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILES, PEGGY 4535 BAY CLUB DR. BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ferguson, Bill 4453 Bay Club Dr. Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLLEN, SEROR 4453 BAY CLUB DR. BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Yong, Lee 4443 Bay Club Dr Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, BILL 4453 BAY CLUB DR. BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HO YONG 4443 BAY CLUB DR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HO YONG 4443 BAY CLUB DR BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HO YONG 4443 BAY CLUB DR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HO YONG 4443 BAY CLUB DR BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HO YONG 4443 BAY CLUB DR BRADENTON, FL 34210
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.					
SIGNATURE: _____ 1-12-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					