

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002715

FILED
Apr 15, 2009
Secretary of State

Entity Name: CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5810 W 18 LANE #104
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 160310
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0683649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINALES, JOSE
5810 W 18 LANE #104
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VINALES, JOSE
Address: PO BOX 160310
City-St-Zip: HIALEAH, FL 33016 US

Title: TD () Delete
Name: BOLANOS, ARMANDO
Address: PO BOX 160310
City-St-Zip: HIALEAH, FL 33016 US

Title: VP () Delete
Name: BOWLES, LESTER
Address: PO BOX 160310
City-St-Zip: HIALEAH, FL 33016 US

Title: SD () Delete
Name: MARTINEZ, JUAN
Address: PO BOX 160310
City-St-Zip: HIALEAH, FL 33016 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VINALES, JOSE
Address: 5810 W 18 LANE #104
City-St-Zip: HIALEAH, FL 33016 US

Title: TD (X) Change () Addition
Name: MURGUIDO, GERMAN
Address: 5800 WEST 18 LANE # 205
City-St-Zip: HIALEAH, FL 33016 US

Title: VP (X) Change () Addition
Name: BOWLES, LESTER
Address: 5820 WEST 18 LANE # 204
City-St-Zip: HIALEAH, FL 33016 US

Title: SD (X) Change () Addition
Name: SACARIAS, ORLANDO
Address: 5860 WEST 18 LANE # 101
City-St-Zip: HIALEAH, FL 33016 US

Title: D () Change (X) Addition
Name: WATLER, MERCEDES
Address: 5800 WEST 18 LANE # 202
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE VINALES

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date