## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002715

Address:

City-St-Zip:

**FILED** Apr 15, 2009 Secretary of State

Entity Name: CONQUISTADOR VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5810 W 18 LANE #104 HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** PO BOX 160310 HIALEAH, FL 33016 FEI Number: 65-0683649 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINALES, JOSE 5810 W 18 LANE #104 HIALEAH, FL 33012 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition VINALES, JOSE VINALES, JOSE Name: Name: PO BOX 160310 Address: 5810 W 18 LANE #104 Address: City-St-Zip: HIALEAH, FL 33016 US City-St-Zip: HIALEAH, FL 33016 US Title: () Delete Title: (X) Change ( ) Addition BOLANOS, ARMANDO Name: MURGUIDO, GERMAN Name: Address: PO BOX 160310 Address: 5800 WEST 18 LANE # 205 City-St-Zip: HIALEAH, FL 33016 US City-St-Zip: HIALEAH, FL 33016 US Title: () Delete Title: (X) Change ( ) Addition BOWLES, LESTER BOWLES, LESTER Name: Name: 5820 WEST 18 LANE # 204 Address: PO BOX 160310 Address: City-St-Zip: HIALEAH, FL 33016 US City-St-Zip: HIALEAH, FL 33016 US Title: SD ( ) Delete Title: SD (X) Change ( ) Addition MARTINEZ, JUAN Name: Name: SACARIAS, ORLANDO 5860 WEST 18 LANE # 101 Address: PO BOX 160310 Address: City-St-Zip: HIALEAH, FL 33016 US City-St-Zip: HIALEAH, FL 33016 US Title: () Delete Title: ( ) Change (X) Addition WATLER, MERCEDES Name: Name: 5800 WEST 18 LANE # 202

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.

Address:

City-St-Zip:

HIALEAH, FL 33016 US

SIGNATURE: JOSE VINALES PD 04/15/2009