

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000046783 (4)**

1. Corporation Name

**CONQUISTADOR DEVELOPMENT CORPORATION PHASE V**



Principal Place of Business

**49 SHORES BLVD.  
ST. AUGUSTINE FL 32096**

Mailing Address

**49 SHORES BLVD.  
ST. AUGUSTINE FL 32096**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**06/23/1994**

3a. Date of Last Report

**03/14/1995**

4. FEI Number

**59-3251232**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**VOSE, GRETCHEN R.H.  
2705 W. FAIRBANKS AVENUE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (not state agent)

Signature typed or printed name of registered agent (not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MAGUIRE, JOHN**  
STREET ADDRESS **49 SHORES BLVD.**  
CITY-STATE-ZIP **ST. AUGUSTINE FL 32096**

TITLE **D** ☒ DELETE  
NAME **JACOBSON, ARFEST J**  
STREET ADDRESS **49 SHORES BLVD.**  
CITY-STATE-ZIP **ST. AUGUSTINE FL 32096**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **Pres., V-P, Sec., Treas.** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

**Asst. Secretary**

**Lestie A. Blau**

**2705 W. FAIRBANKS**

**WINTER PARK, FL 32789**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96**

**904 797 9000**

Daytime Phone #

CR2E034 (12/95)