


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754061 (0)

1. Corporation Name
THE CONQUISTADOR CONDOMINIUM APARTMENTS OF ST. A UGUSTINE SHORES, INC.

Principal Place of Business 17 CASTANIA CT. ST. AUGUSTINE FL 32086	Mailing Address 17 CASTANIA CT. ST. AUGUSTINE FL 32086-7626
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

3. Date Incorporated or Qualified 09/19/1980	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2471192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WHITLEY, MARIA M
17 CASTANIA COURT
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENEMAN, JAMES	1.2 NAME	MARIAN STAPLES
STREET ADDRESS	25 TARRAGONA CT	1.3 STREET ADDRESS	33 VERONESE COURT
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, CHARLES J	2.2 NAME	ROBERT GERNAND
STREET ADDRESS	28 SANTIAGO CT	2.3 STREET ADDRESS	19 TARRAGONA COURT
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, MARY	3.2 NAME	CLARKE MURPHY
STREET ADDRESS	40 ALCIRA COURT	3.3 STREET ADDRESS	28 NAVARRA COURT
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, RONALD	4.2 NAME	DELORES PORTALE
STREET ADDRESS	24 TALAVERA CT.	4.3 STREET ADDRESS	605 FELIX COURT
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, MARIAN	5.2 NAME	JUDY WEBB
STREET ADDRESS	33 VERONES COURT	5.3 STREET ADDRESS	44 VERONESE COURT
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAN STAPLES
STREET ADDRESS	33 VERONESE COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GERNAND
STREET ADDRESS	19 TARRAGONA COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE MURPHY
STREET ADDRESS	28 NAVARRA COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORES PORTALE
STREET ADDRESS	605 FELIX COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY WEBB
STREET ADDRESS	44 VERONESE COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marian Staples* _____

CR2E037 (9/96)