2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728200 1. Entity Name

SIGNATURE:

EL CONQUISTADOR, VILLAGE 1, SECTION 3, CONDOMINI

FILED Mar 04, 2000 8:00 am Secretary of State 03-04-2000 90042 021 ****61.25

								03-04-2000 5	70042 021	01.23	
Principal Plac	ce of Business	to cot change	Mailing Address C/O HARMONY MANAGEN P.O. BOX 10057 BRADENTON FL 34282-006	iFNT 4/t	Della	or h	gmt				
P.O. BOX 1/25	E. TERNAVE W	000	P.O. BOX 10067	310	Pear	1 AC	78.				
BRADENTON F	1. 34282 C	λο ^(*) /	BRADENTON FL 34282-006	SAGA	sota	FL.	34243		. 4141: 4:41: 4:61: 6151:	B(B))	
2. Principal P	Place of Busine	ess	3. Mailing Address		<i></i>						
SCOME :	MANAG	EMENT, INC.	DELLEGR-MANAGEMENT, INC					DO NOT WRITE I	N THIS SPACE		
7401 1-1-100if	DEARL A	VENUE	310 PEARL AVENUE								
City & Stat	ASOTA F	34243	City & State SARASOTA FL 34243				4. FEI Numb	59-1626689	<u> </u>	Applied For Not Applicable	
Zip Country			Zip	ntry				\$8.75	Additional		
		ood,					5. Certificat	e of Status Desired	Fee Requ		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
		- · .	***		Name		A.,			-	
DELL'ARMI, DAN					Street Addred ELCOR MANAGEMENT, INC.						
	QNQUISTAL	OR PKWY					310 PEARL AVENUE				
STE 13/				City				SOTA FL 34243		'ode	
BRADENTON FL 84210									FL Zip C		
8. The above	e named entity	submits this statement fo	the purpose of charging its	s registere	d office or	register	ed agent, or be	oth, in the state of Florida	a.		
SIGNATURE .		114	SIIIth			\mathcal{Q}	25-00	Ó			
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if applicable. (NOT	TE: Registered	d Agent signate	ure required	when reinstating)		DATE		
					· · · · · · · · · · · · · · · · · · ·	•					
	FILE N	IOW:	9. Election Campaig	n Financir	_	\$5.0	0 May Be	Make C	heck Payable	to	
	FEE IS	\$61.25	Trust Fund Contrib	oution.		Ådded	I to Fees	Depai	rtment of Stat	e	
		OFFICERS AND DIF	PECTORS	111.			ADDITIONS/CI	HANGES TO OFFICERS	AND DIRECTORS	SIN 10	
10. TITLE	D	OFFICERS AND DIF	Delete	TITLE		۵	ADDITIONO/OI	TANGES TO OFFICE IS			
NAME	TRIPP, CHA	ARLES		NAME		مطط	Cybuls K	i.			
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indicated of the cor	f on this report	or supplemental report is receiver or trustee empo	this filing does not qualify for true and accurate and that wered to execute this report	my signat as requir	ure shall h	ave the s	same legal effe	ect as if made under oath	n; that I am an offic	cer or director	
changed,	, or on an attac	chment yon an address, v	vith all other like em owered	i.		,		,			

2-25-00

Daytime Phone #