

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:49

DOCUMENT # 754625 (2)
1. Corporation Name
EL CONQUISTADOR NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4005 AVENIDA MADERA BRADENTON FL 34210
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3. Date Incorporated or Qualified 10/13/1980
3a. Date of Last Report 01/28/1994
4. FEI Number 59-2043095
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROBBINS, CHARLES E.
4005 AVENIDA MADERA
BRADENTON FL 34210

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	RICHARDSON, GEORGE
STREET ADDRESS	3619 QUAIL HOLLOW PL
CITY - ST - ZIP	BRADENTON, FL 00000
TITLE	PD
NAME	ROBBINS, CHARLES
STREET ADDRESS	4005 AVENIDA MADERA
CITY - ST - ZIP	BRADENTON, FL 00000
TITLE	D
NAME	HOLLOWAY, EARL
STREET ADDRESS	6408 MEADOWLARK LN
CITY - ST - ZIP	BRADENTON, FL 00000
TITLE	SD
NAME	WITHERS, WILLIAM
STREET ADDRESS	6416 WOOD OWL CIR
CITY - ST - ZIP	BRADENTON, FL 00000
TITLE	D
NAME	GREENWALD, CAROL
STREET ADDRESS	6430 SUN EAGLE LN #205
CITY - ST - ZIP	BRADENTON FL
TITLE	VPD
NAME	FIEDLER, JACK
STREET ADDRESS	5915 LA VISTA DR
CITY - ST - ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 checked, or on an attachment with an address.

SIGNATURE: George B. Richardson Date: Feb 19, 1995 System Number: 754-6369
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR