

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M81684 (6)

1. Corporation Name

NEAL COMMUNITIES AT EL CONQUISTADOR, INC.



Principal Place of Business

Mailing Address

C/O THOMASIE BLACKMER
3711 CORTEZ RD W S300
BRADENTON FL 34210
US

C/O THOMASIE BLACKMER
3711 CORTEZ RD W S300
BRADENTON FL 34210
US

3. Date Incorporated or Qualified
05/19/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0064265

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKMER, THOMASIE
3711 CORTEZ RD W
S300
BRADENTON FL 34210**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACKMER, THOMASIE	
STREET ADDRESS	3711 CORTEZ RD W S300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VDI	<input type="checkbox"/> DELETE
NAME	SCHIER, JAMES R.	
STREET ADDRESS	3711 CORTEZ RD W S300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CHRIST, PEGGY	
STREET ADDRESS	3711 CORTEZ RD W S300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOCHAR, MARK	
STREET ADDRESS	3711 CORTEZ RD W S300	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	St. John, Valerie A.
3.3 STREET ADDRESS	3711 Cortez Rd.W., S300
3.4 CITY-ST-ZIP	Bradenton, FL
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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomasie Blackmer* **Thomasie Blackmer** **4/22/96** **941/756-0677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)