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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81684 (6)
1. Corporation Name
NEAL COMMUNITIES AT EL CONQUISTADOR, INC.



Principal Place of Business C/O THOMASIE BLACKMER 3711 CORTEZ RD W S300 BRADENTON FL 34210 US	Mailing Address C/O THOMASIE BLACKMER 3711 CORTEZ RD W S300 BRADENTON FL 34210-3109 US
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3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0064265	Applied For <input type="checkbox"/> 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	

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

9. Name and Address of Current Registered Agent
**BLACKMER, THOMASINE
3711 CORTEZ RD W
S300
BRADENTON FL 34210**

10. Name and Address of New Registered Agent
**81 Name OLSON, ANN M.
82 Street Address (P.O. Box Number is Not Acceptable) 3711 CORTEZ ROAD W.
83 Suite 300
84 City BRADENTON FL 85 Zip Code 34210**

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 *Ann M. Olson* *ANN M. OLSON* *4/25/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE S	NAME BLACKMER, THOMASINE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3711 CORTEZ RD W S300	CITY - ST - ZIP BRADENTON FL	
TITLE VDI	NAME SCHIER, JAMES R.	<input type="checkbox"/> DELETE
STREET ADDRESS 3711 CORTEZ RD W S300	CITY - ST - ZIP BRADENTON FL	
TITLE S	NAME ST JOHN, VALERIE A.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3711 CORTEZ RD W SUITE 300	CITY - ST - ZIP BRADENTON FL	
TITLE PD	NAME SOCHAR, MARK	<input type="checkbox"/> DELETE
STREET ADDRESS 3711 CORTEZ RD W S300	CITY - ST - ZIP BRADENTON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME OLSON, ANN M.	
1.3 STREET ADDRESS 3711 CORTEZ RD. W.	
1.4 CITY - ST - ZIP BRADENTON FL 34210	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann M. Olson* *ANN M. OLSON* *4/25/97* *941-756-0677*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)