

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90093 025 ***150.00

DOCUMENT # M81684

1. Entity 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 US
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00040709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0064265	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OLSON, ANN M 3711 CORTEZ RD W SUITE 300 BRADENTON FL 34210			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, ANN M. 3711 CORTEZ RD W S300 BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT PATRICK K. NEAL 3711 CORTEZ RD. W, Suite 300 BRADENTON FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT SCHIER, JAMES R. 3711 CORTEZ RD W S300 BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOCHAR, MARK 3711 CORTEZ RD W S300 BRADENTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann M. Olson **ANN M. OLSON** 4/12/01 941-756-0677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)