


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90224 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00550

1. Corporation Name

THE RACQUET CLUB OF EL CONQUISTADOR, INC.

Principal Place of Business

4511 BAY CLUB DR.
BRADENTON FL 34205
US

Mailing Address

4511 BAY CLUB DR.
BRADENTON FL 34205
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/22/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2372337
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRANCE, ROBERT A.
1001 3 AVE. W. STE 600
BRADENTON FL 34205

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DP- <input type="checkbox"/> DELETE	1.1 TITLE	DP King, Bill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, CHARLES	1.2 NAME	King, Bill
STREET ADDRESS	4605 AVENIDA MADERA	1.3 STREET ADDRESS	3618 Avenida Madera
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton FL 34210
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	DVP T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, BILL	2.2 NAME	Ilderton Bob
STREET ADDRESS	3618 AVENIDA MADERA	2.3 STREET ADDRESS	6707 Third St. W.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton FL 34207
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILDERTON, BOB	3.2 NAME	Smith Jim
STREET ADDRESS	6707 THRID STREET WEST	3.3 STREET ADDRESS	5823 Los Verdes Ct.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton FL 34210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)