FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 612045 NEAL COMMUNITIES, INC.** 4-24-2001 90013 039 ***150.00 Principal Place of Business Mailing Address 3711 CORTEZ RD., WEST 3711 CORTEZ RD., WEST STE. 300 STE. 300 643562 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1893445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OLSON, ANN M Street Address (P.O. Box Number is Not Acceptable) 3711 CORTEZ RD., WEST STE. 300 **BRADENTON FL 34210** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD TITLE ☐ Change TITI F Delete PATRICK K. NEAL SCHIER, JAMES R. NAME NAME 3711 CORTEZ RD.W. 612300 3711 CORTEZ RD., WEST, STE. 300 STREET ADDRESS STREET ADDRESS BRADENTAN FL 34210 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SOCHAR, MARK NAME NAME 3711 CORTEZ RD., WEST, STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **BRADENTON FL** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition .TITLE OLSON ANN M NAME NAME STREET ADDRESS 3711 CORTEZ RD W STE 300 STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34210** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE □ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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ann M. olson

ANN M. OLSON

4/20/6/ Date

941-756-0677

Daytime Phone #