

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90053 029 ***150.00

DOCUMENT # P95000081144

1. Entity Name
NEAL COMMUNITIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**3711 CORTEZ RD. WEST, STE. 300
 BRADENTON, FL 34210**

Mailing Address
**3711 CORTEZ RD. WEST, STE. 300
 BRADENTON, FL 34210**

24050722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **8210 Lakewood Ranch Blvd.
 Bradenton, FL 34202**

Suite, Apt. #, etc. **8210 Lakewood Ranch Blvd.
 Bradenton, FL 34202**



04192004 Chg-P CR2E034 (10/03)

City & State

City & State **Bradenton, FL 34202**

4. FEI Number
65-0618162

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEIM, PRISCILLA G 3711 CORTEZ RD. WEST BRADENTON, FL 34210		Name	
8210 Lakewood Ranch Blvd. Bradenton, FL 34202		Street Address (P.O. Box Number is Not Acceptable)	
		8210 Lakewood Ranch Blvd	
		City Bradenton, FL 34202 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEAL, PATRICK K 3711 CORTEZ RD W. STE#300 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8210 Lakewood Ranch Blvd. Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIM, PRISCILLA G 3711 CORTEZ RD W BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8210 Lakewood Ranch Blvd. Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOCHAR, MARK 3711 CORTEZ RD W. STE #300 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8210 Lakewood Ranch Blvd. Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA SCHIER, JAMES R 3711 CORTEZ RD W BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8210 Lakewood Ranch Blvd. Bradenton, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASV TINDAL, STEVEN L 3711 CORTEZ RD W BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Priscilla G Heim* **4/19/04** **941-328-1034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #