

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000081144

1. Entity Name

NEAL COMMUNITIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

Mailing Address

8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0618162

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HEIM, PRISCILLA G
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEAL, PATRICK K
STREET ADDRESS 8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP BRADENTON, FL 34202

TITLE S
NAME HEIM, PRISCILLA G
STREET ADDRESS 8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP BRADENTON, FL 34202

TITLE DVP
NAME SOCHAR, MARK
STREET ADDRESS 8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP BRADENTON, FL 34202

TITLE DVT
NAME SCHIER, JAMES R
STREET ADDRESS 8210 LAKEWOOD RANCH BLVD
CITY-ST-ZIP BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000489247
04/18/06-80006-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 943281034

Daytime Phone #