

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612045

Entity Name: NEAL COMMUNITIES, INC.**Current Principal Place of Business:**5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240**Current Mailing Address:**5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240 US**FEI Number:** 59-1893445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEIM, PRISCILLA G
5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	NEAL, PATRICK
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	STOREY, MICHAEL
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	CURRAN, PAMELA D
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

Title	S
Name	HEIM, PRISCILLA G
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	SCHIER, JAMES R
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	REYNOLDS, NANCY
Address	5800 LAKEWOOD RANCH BLVD
City-State-Zip:	SARASOTA FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES SCHIER**DIRECTOR****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date