COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.colliergov.net

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
(239) 252-2400 FAX: (239) 252-6358

PROPERTY OWNERSHIP DISCLOSURE FORM

This is a required form with all land use petitions, except for Appeals and Zoning Verification Letters.

Should any changes of ownership or changes in contracts for purchase occur subsequent to the date of application, but prior to the date of the final public hearing, it is the responsibility of the applicant, or agent on his behalf, to submit a supplemental disclosure of interest form.

Please complete the following, use additional sheets if necessary.

a. If the property is owned fee simple by an INDIVIDUAL, tenancy by the entirety, tenancy in common, or joint tenancy, list all parties with an ownership interest as well as the percentage of such interest:

Name and Address	% of Ownership
John D. Bruce	100%
2402 Sunset Boulevard, Naples 34112	

b. If the property is owned by a CORPORATION, list the officers and stockholders and the percentage of stock owned by each:

Name and Address	% of Ownership
Cross and Thompson, LLC	100%
Owner-Aruso Cross, Authorized Member, 6820 Daniels Rd. Naples 34109	
Owner-Michael Thompson, Authorized Member, 6820 Daniels Rd. Naples 34109	

c. If the property is in the name of a TRUSTEE, list the beneficiaries of the trust with the percentage of interest:

Name and Address	% of Ownership
Robert M. Tetrault, Trustee of the Robert L. Tetrault Revocable Trust	50%
Kathleen M Tetrault, Trustee of the Kathleen M Tetrault Revocable Trust	50%
Life estate reserved for Robert L. Tetrault and Kathleen M. Tetrault, husband and wife, pursuant to a grant contained in the Deed recorded in Book 4724, page 2846	100%
2380 Sunset Blvd., Naples, FL 34112	

d. If the property is in the name of a GENERAL or LIMITED PARTNERSHIP, list the name of the general and/or limited partners:

Name and Address	% of Ownership

e. If there is a CONTRACT FOR PURCHASE, with an individual or individuals, a Corporation, Trustee, or a Partnership, list the names of the contract purchasers below, including the officers, stockholders, beneficiaries, or partners:

Name and Address	% of Ownership
Neal Communities of Southwest Florida, LLC	100
5800 Lakewood Ranch Blvd. North, Sarasota, FL 34240	
See Attached Annual Reports	
Owner - Patrick K. Neal, Manager	100
James R. Schier, Manager	

Date of Contract: 12/07/2017

f. If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership, or trust:

Name and Address

g. Date subject property acquired 2011 and 2016

☐ **Leased: Term of lease _____ years /months**

If, Petitioner has option to buy, indicate the following:

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NAPLES, FLORIDA 34104
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Date of option: _____

Date option terminates: _____, or

Anticipated closing date: _____

AFFIRM PROPERTY OWNERSHIP INFORMATION

Any petition required to have Property Ownership Disclosure, will not be accepted without this form. Requirements for petition types are located on the associated application form. Any change in ownership whether individually or with a Trustee, Company or other interest-holding party, must be disclosed to Collier County immediately if such change occurs prior to the petition's final public hearing.

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

The completed application, all required submittal materials, and fees shall be submitted to:

Growth Management Department
ATTN: Business Center
2800 North Horseshoe Drive
Naples, FL 34104

_____
Agent/Owner Signature

May 23, 2018
Date

D. Wayne Arnold, AICP
Agent/Owner Name (please print)

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000120732

FILED
Oct 04, 2017
Secretary of State
CC5810333033

Entity Name: NEAL COMMUNITIES OF SOUTHWEST FLORIDA, LLC

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: 27-1576866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIER, JAMES R
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

Authorized Person(s) Detail :

Title	MGR	Title	P
Name	NCDG MANAGEMENT, LLC	Name	STOREY, MICHAEL A
Address	5800 LAKEWOOD RANCH BLVD.	Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240
Title	VP	Title	S
Name	SCHIER, JAMES R	Name	HEIM, PRISCILLA G
Address	5800 LAKEWOOD RANCH BLVD.	Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240
Title	VP	Title	VP
Name	GREENBERG, MICHAEL	Name	SOCHAR, MARK
Address	5800 LAKEWOOD RANCH BLVD.	Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240
Title	VP	Title	VP
Name	PUENTE, CARLOS	Name	CIOFFI, KATHY
Address	5800 LAKEWOOD RANCH BLVD.	Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R SCHIER — VP — 10/04/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	CLARK, CHRIS
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	CRONSHAW, TASHARA
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	EVANS, MARK
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	OAK, TIM
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	COLLIER, JOHN
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	ENGELS, CATHY
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	FROST, JASON
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	WEINTRAUB, LEISA
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121640

FILED
Apr 20, 2017
Secretary of State
CC6511508580

Entity Name: NCDG MANAGEMENT, LLC

Current Principal Place of Business:

5800 LAKEWOOD RANCH BLVD.
BRADENTON, FL 34240

Current Mailing Address:

5800 LAKEWOOD RANCH BLVD.
BRADENTON, FL 34240 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIER, JAMES R
5800 LAKEWOOD RANCH BLVD.
BRADENTON, 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	NEAL, PATRICK K	Name	SCHIER, JAMES R
Address	5800 LAKEWOOD RANCH BLVD.	Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	BRADENTON FL 34240	City-State-Zip:	BRADENTON 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R SCHIER MANAGER 04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date