



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%
<small>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</small>	100%
2380 Sunset Blvd., Naples, FL 34112	



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.colliergov.net

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

- 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:



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.colliergov.net

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

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

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
Name NCDG MANAGEMENT, LLC
Address 5800 LAKEWOOD RANCH BLVD.
City-State-Zip: SARASOTA FL 34240

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

Title VP
Name SCHIER, JAMES R
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 VP
Name GREENBERG, MICHAEL
Address 5800 LAKEWOOD RANCH BLVD.
City-State-Zip: SARASOTA FL 34240

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

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

Title VP
Name CIOFFI, KATHY
Address 5800 LAKEWOOD RANCH BLVD.
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

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
Name NEAL, PATRICK K
Address 5800 LAKEWOOD RANCH BLVD.
City-State-Zip: BRADENTON FL 34240

Title MGR
Name SCHIER, JAMES R
Address 5800 LAKEWOOD RANCH BLVD.
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