

**MANATEE COUNTY GOVERNMENT
BUILDING & DEVELOPMENT SERVICES DEPARTMENT
ZONING DISCLOSURE AFFIDAVIT**

Project name: Tides End

The Manatee County Land Development Code 90-01, as amended requires that all applications for Zoning Atlas Amendments shall include public disclosure of applicants and their percentage of interest.

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

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

If the property is in the name of a PARTNERSHIP or LIMITED PARTNERSHIP, list the name of the principals below, including general and limited partners.

If there is a CONTRACT FOR PURCHASE, whether contingent on this application or not, and whether a Corporation, Trustee, or Partnership, list the names of the contract purchasers below, including the principal officers, stockholders, beneficiaries, or partners. If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership, or trust. This is in addition to the list of owners.

FOR ANY CHANGES OF OWNERSHIP OR CHANGES IN CONTRACTS FOR PURCHASE SUBSEQUENT TO THE DATE OF THE APPLICATION, BUT PRIOR TO THE DATE OF FINAL PUBLIC HEARING, A SUPPLEMENTAL DISCLOSURE OF INTEREST SHALL BE FILED.

Disclosure shall not be required of any entity whose interests are solely equity interest which are regularly traded on an established securities market in the United State or another country.

<u>NAME, ADDRESS AND OFFICER</u>	<u>PERCENTAGE STOCK, INTEREST OR OWNERSHIP</u>
Check if owner (<input checked="" type="checkbox"/>) or contract purchaser (<input type="checkbox"/>)	
<u>Neal Communities of SW Florida, LLC</u>	<u>100%</u>
<u>5800 Lakewood Ranch Boulevard</u>	_____
<u>Sarasota, FL 34240</u>	_____

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signature: *James R. Schier*
 (Applicant): James R. Schier, VP

STATE OF FLORIDA
 COUNTY OF Sarasota

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 21 day of March 2016
 by James R. Schier, who is personally known to me or who has produced _____
 _____ as identification.
 (type of identification)

Echo Sanders
 Notary Signature

My Commission Expires: 9.16.18

Echo Sanders
 Print or type name of Notary

Commission No: FF 160545

AP Admin
 Title or Rank

