NEOCITY IMPROVEMENT DISTRICT
BOARD OF SUPERVISORS MEETING
November 2, 2026 – 1:30 p.m. or as soon thereafter as possible

Commission Chambers (4th Floor)
1 Courthouse Square
Kissimmee, Florida 34741

Board Members

Cheryl L. Grieb, Chair
Peggy Choudhry, Vice-Chair
Viviana Janer, Supervisor
Brandon Arrington, Supervisor
Ricky Booth, Supervisor

AGENDA

Election of the Chair and Vice-Chair for Fiscal Year 2026-2027.

Approval of Agenda

The Board of Supervisors will approve an agenda which sets the order of the meeting. This approval could include an addendum representing new items, additions, corrections, and/or deletions of existing items as submitted by District staff.

Hear the Audience

Except for those matters specifically exempted under the State Statute and Local Ordinance, the Board shall provide an opportunity for public comment prior to the undertaking by the Board of any action on the agenda. The Board will not vote on any item during this portion of the meeting. Rather, this portion of the meeting is to allow for public comments to be heard on items that are on the agenda for that meeting. Comments will be limited to three minutes. Proper decorum will be observed.

Consent

The Consent Agenda is a technique designed to expedite the handling of routine and miscellaneous business of the Board of Supervisors. The Board of Supervisors in one motion may adopt the entire Consent Agenda. The motion for adoption is non-debatable and must receive unanimous approval. By request of any Supervisor, an item may be removed from the Consent Agenda for discussion.

1. Approval of the meeting minutes of August 3, 2026.

2. Approval of the District Bank Reconciliations for July 2026, August 2026, and September 2026.

3. Approval of the Fiscal Year 2026, Fourth Quarter Financial Report for July 01, 2026 through September 30, 2026.

4. Approval to pay the annual invoice from the Florida Commerce Special District Accountability Program for the Special District Fee for the FY 2026/2027 totaling one hundred and seventy-five dollars ($175.00). The Board authorizes the District Clerk to process this payment electronically via the Florida Commerce website.

5. Approval and Authorization for the Chair or Vice-Chair of the Board of Supervisors to sign the Public Depositor Annual Report to the Florida Chief Financial Officer form for FY 2025/2026.

6. Authorization for the Chair or Vice-Chair of the Board of Supervisors to sign the Property Appraiser Data Sharing Agreement for 2027.

7. Authorization for the Chair or Vice-Chair of the Board of Supervisors to sign the Florida Department of State Records Management Compliance Statement for FY2026.

Adjournment

In accordance with Florida Statutes, Chapter 286.0105, any person wishing to appeal a decision made by the Board of Supervisors with respect to any matter considered at such a meeting or hearing, will need a record of the proceedings. For such purposes he or she may need to ensure that a verbatim record of the proceedings is made, which may include the testimony and evidence upon which the appeal is based.

NEOCITY IMPROVEMENT DISTRICT
AGENDA ITEM COVER SHEET

MEETING DATE:	November 2, 2026
REQUEST TYPE:	Consent

AGENDA ITEM SUMMARY

Approval of the meeting minutes of August 3, 2026, as provided by Osceola County Board Support.

FINANCIAL INFORMATION

TOTAL REQUESTED AMOUNT: $0.00

There is no financial impact.

BACKGROUND INFORMATION

- The NeoCity Improvement District held its regular meeting for the fourth quarter of Fiscal Year 2026 on August 3, 2026.
- All meeting minutes for the District Board of Supervisors are provided to the District by the Osceola County Board Support Department.

Staff recommends approval.

NeoCity Improvement District
Board Of Supervisor's Meeting
August 03, 2026– 1.30 p.m. or as soon thereafter as possible

Commission Chambers (4th Floor)
1 Courthouse Square
Kissimmee, Florida 34741

Board Members

Cheryl L. Grieb, Chair
Peggy Choudhry, Vice Chair
Viviana Janer, Supervisor
Brandon Arrington, Supervisor
Ricky Booth, Supervisor

MINUTES

The meeting was called to order at 1:57pm

Approval of Agenda

The Board of Supervisors will approve an agenda which sets the order of the meeting. This approval could include an addendum representing new items, additions, corrections, and/or deletions of existing items as submitted by District staff.

A MOTION was made by Supervisor Arrington and SECONDED by Vice Chair Choudhry that the Board approve the Agenda, as presented. MOTION carried 4-0. Supervisor Booth absent.

Hear the Audience

There were no public comments provided at this meeting.

Consent

A MOTION was made by Supervisor Arrington and SECONDED by Vice Chair Choudhry that the Board approve the Consent Agenda, as presented. MOTION carried 4-0. Supervisor Booth absent.

1. Approval of the meeting minutes of June 01, 2026.

2. Approval of the District Bank Reconciliations for May 2026 and June 2026.

DRAFT

3. Approval of the Fiscal Year 2026, Second Quarter Financial Report for April 01, 2026, through June 30, 2026.

4. Approval of the Fiscal Year 2026/2027 regular meeting schedule.

The Improvement District adjourned at 1:57 p.m.

Prepared by:

Naymill Rivera, Board Support Services Specialist

Minutes approved by the Improvement District on:

_____

DRAFT

NEOCITY IMPROVEMENT DISTRICT
AGENDA ITEM COVER SHEET

MEETING DATE: November 2, 2026
REQUEST TYPE: Consent

AGENDA ITEM SUMMARY

Approval of the District Bank Reconciliations for July 2026, August 2026, and September 2026.

FINANCIAL INFORMATION

TOTAL REQUESTED AMOUNT: $0.00

There is no financial impact.

BACKGROUND INFORMATION

- Bank Reconciliation documents are submitted to the Board of Supervisors for each month of the year.
- The Board previously approved Bank Reconciliations for October 2025 through June 2026 at the meetings held on November 3, 2025, March 2, 2026, June 1, 2026, and August 3, 2026.
- Staff is submitting Bank Reconciliations for July 2026, August 2026, and September 2026 at the District Board of Supervisors meeting on November 2, 2026.
- In July 2026, the District saw no revenue and an expenditure of $173.15.
- In August 2026, the District saw revenue of $323,939.24 and expenditures of $483,502.00.
- In September 2026, the District saw no revenue nor expenditures.

Staff recommends approval.

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Summary
BANK FLORIDA, Period Ending 07/31/2026

	Jul 31, 26
Beginning Balance	209,539.89
Cleared Transactions	
Checks and Payments - 1 item	-173.15
Total Cleared Transactions	-173.15
Cleared Balance	**209,366.74**
Register Balance as of 07/31/2026	209,366.74
Ending Balance	209,366.74

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Detail
BANK FLORIDA, Period Ending 07/31/2026

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						209,539.89
Cleared Transactions						
Checks and Payments - 1 item						
Bill Pmt -Check	7/7/2026		Orlando Sentinel	X	-173.15	-173.15
Total Checks and Payments					-173.15	-173.15
Total Cleared Transactions					-173.15	-173.15
Cleared Balance					-173.15	209,366.74
Register Balance as of 07/31/2026					-173.15	209,366.74
Ending Balance					**-173.15**	**209,366.74**

Bank FLORIDA
100 Park Place Blvd, Ste 101
Kissimmee, FL 34741

Managing Your Accounts

Phone Number (689) 224-3063

Online Banking www.bankflorida.com

Date 7/31/26 Page 1

NEOCITY IMPROVEMENT DISTRICT
1 COURTHOUSE SQ STE 4400
KISSIMMEE FL 34741

Small Business Checking		Number of Enclosures	1
Account Number	200015238	Statement Dates	7/01/26 thru 8/02/26
Previous Balance	209,539.89	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	209,440.19
1 Checks/Debits	173.15		
Service Charge	.00		
Interest Paid	.00		
Current Balance	209,366.74		

	Total For This Period	Total Year-to-Date
Total Overdraft item fees	$.00	$.00
Total Return item fees	$.00	$.00

CHECKS IN NUMBER ORDER

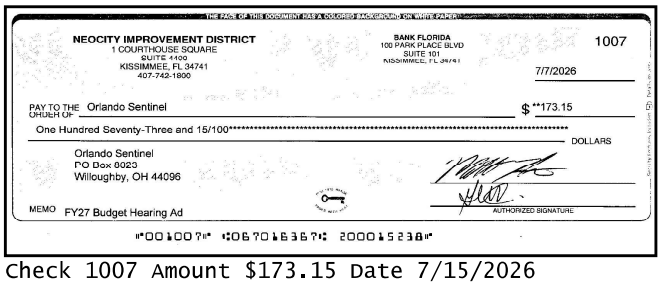
Date	Check No	Amount	Reference
7/15	1007	173.15	666100002

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
7/01	209,539.89	7/15	209,366.74

EQUAL HOUSING LENDER
Member FDIC



NEOCITY IMPROVEMENT DISTRICT
1 COURTHOUSE SQUARE
SUITE 4100
KISSIMMEE, FL 34741
407-742-1800

BANK FLORIDA
100 PARK PLACE BLVD
SUITE 101
KISSIMMEE, FL 34741

1007

7/7/2026

PAY TO THE ORDER OF Orlando Sentinel $ **173.15

One Hundred Seventy-Three and 15/100********** DOLLARS

Orlando Sentinel
PO Box 6023
Willoughby, OH 44096

MEMO FY27 Budget Hearing Ad

AUTHORIZED SIGNATURE

⑈001007⑈ ⑆067016367⑆ 200015238⑈

Check 1007 Amount $173.15 Date 7/15/2026

Account Reconciliation Form

A. The ending balance shown on statement $ _____
B. List deposits not shown on statement $ _____
$ _____
$ _____
$ _____
$ _____
C. Total of lines B $ _____
D. Add line C to line A $ _____
E. List below all checks written and any withdrawals not posted on statement

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

F. Total of Column E $ _____
G. Subtract line F from line D $ _____

H. The ending balance in your check register $ _____
I. List deposits, transfers or interest credited not already listed in your check register $ _____
$ _____
$ _____
$ _____
$ _____
J. Total of lines I $ _____
K. Add line J to line H $ _____
L. List below all checks and charges not already reflected in your check register

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

M. Total of Column L $ _____
N. Subtract line M from line K $ _____

The balances (Line "G" and Line "N" above) should agree. If not, recheck your entries from this statement and your check register. All deposits and credits are subject to final collection.

The following pertains to accounts established for personal, family or household purposes only.

For information regarding business and custodial accounts please refer to your account disclosure. Contact us if you have a specific question pertaining to your account.

In Case of Errors or Questions About Your Electronic Transfers

Direct inquiries to us at our address or telephone number printed on the front page of this statement if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

The information below is applicable to those Accounts which may be subject to an Interest Charge.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us (on a separate sheet) at our address shown on the front page of this statement as soon as possible. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing [or electronically]. You may call us, but if you do we are not required to investigate any potential errors, and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION - Please mail or deliver your payment to the financial institution at the address indicated on the reverse side hereof. Payments received on weekends and holidays will be credited the next business day. Payments received after your closing date will appear on your next statement. If the financial institution has been authorized to deduct the minimum payment from your Account, it will be deducted and credited to your Account as of the date shown on the reverse side hereof. To avoid additional INTEREST CHARGES, pay your balance in full. Please call the financial institution for the exact balance as the balance changes daily.

INTEREST CHARGE - The INTEREST CHARGE on your account is calculated by applying the different PERIODIC RATES to the appropriate range of the outstanding daily balance of your account. The outstanding daily balance is calculated by using the beginning balance of your account each day, adding any new advances or debits, and subtracting any payments or credits. The INTEREST CHARGE may be determined as follows:

1. Using the rate ranges, separate the outstanding daily balance into appropriate range amounts.
2. Multiply each outstanding daily balance by the applicable periodic rate.
3. Multiply each of these results by the number of days the applicable rate was in effect.
4. Add the results of step #3 together.

USE OF THE AVERAGE DAILY BALANCE - If the daily balances are not shown on your statement, the average daily balance may be used. The average daily balance is or can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the interest charge. To calculate the average daily balance, all of the daily balances for the billing cycle are added up, and the total is divided by the number of days in the billing cycle. The INTEREST CHARGE is or may be determined as follows:

1. Multiplying each of the average balances by the number of days in the billing cycle (or if the daily rate varied during the cycle, by multiplying by the number of days the applicable rate was in effect).
2. Multiplying each of the results by the applicable periodic rate, and adding these products together.

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Summary
BANK FLORIDA, Period Ending 08/31/2026

	Aug 31, 26	
Beginning Balance		209,366.74
Cleared Transactions		
Checks and Payments - 1 item	-483,502.00	
Deposits and Credits - 1 item	323,939.24	
Total Cleared Transactions	-159,562.76	
Cleared Balance		**49,803.98**
Register Balance as of 08/31/2026		49,803.98
Ending Balance		49,803.98

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Detail
BANK FLORIDA, Period Ending 08/31/2026

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						209,366.74
Cleared Transactions						
Checks and Payments - 1 item						
Bill Pmt -Check	8/12/2026	ACH ...	NeoCity Property O...	X	-483,502.00	-483,502.00
Total Checks and Payments					-483,502.00	-483,502.00
Deposits and Credits - 1 item						
Deposit	8/7/2026			X	323,939.24	323,939.24
Total Deposits and Credits					323,939.24	323,939.24
Total Cleared Transactions					-159,562.76	-159,562.76
Cleared Balance					-159,562.76	49,803.98
Register Balance as of 08/31/2026					-159,562.76	49,803.98
Ending Balance					**-159,562.76**	**49,803.98**

100 Park Place Blvd, Ste 101
Kissimmee, FL 34741

Managing Your Accounts

Phone Number (689) 224-3063

Online Banking www.bankflorida.com

Date 8/31/26 Page 1

NEOCITY IMPROVEMENT DISTRICT
1 COURTHOUSE SQ STE 4400
KISSIMMEE FL 34741

Small Business Checking		Number of Enclosures	2
Account Number	200015238	Statement Dates	8/03/26 thru 8/31/26
Previous Balance	209,366.74	Days in the statement period	29
1 Deposits/Credits	323,939.24	Average Ledger	138,502.56
1 Checks/Debits	483,502.00		
Service Charge	.00		
Interest Paid	.00		
Current Balance	49,803.98		

	Total For This Period	Total Year-to-Date
Total Overdraft item fees	$.00	$.00
Total Return item fees	$.00	$.00

DEPOSITS AND ADDITIONS

Date	Description	Amount	
8/07	Deposit/Credit	323,939.24	059000364

CHECKS AND WITHDRAWALS

Date	Description	Amount	
8/11	EMAIL REQUEST	483,502.00-	050700009

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/03	209,366.74	8/07	533,305.98	8/11	49,803.98

EQUAL HOUSING LENDER Member FDIC

Credit

Bank:	BankFlorida
Branch #:	2
Branch Name:	KISSIMMEE
Teller ID:	Z31JBA
Drawer #:	201
Trans #:	11
Misc:	Trn DDA/SAV Deposit,

DDA Deposit

Date/Time:	8/7/2026 3:39 PM
Workstation:	BFKISSIMMEETLR1
HIN #:	971573960000026
Owner:	NEOCITY IMPROVEMENT

SUBSTITUTE IMAGE / VIRTUAL DOCUMENT

AUXILIARY	R/T	ACCOUNT	PC/TC	AMOUNT
	5547-0011	200015238	9	$323,939.24

Amount $323,939.24 Date 8/7/2026

Account Reconciliation Form

A. The ending balance shown on statement $ _____
B. List deposits not shown on statement $ _____
$ _____
$ _____
$ _____
$ _____
C. Total of lines B $ _____
D. Add line C to line A $ _____
E. List below all checks written and any withdrawals not posted on statement

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

F. Total of Column E $ _____
G. Subtract line F from line D $ _____

H. The ending balance in your check register $ _____
I. List deposits, transfers or interest credited not already listed in your check register $ _____
$ _____
$ _____
$ _____
$ _____
J. Total of lines I $ _____
K. Add line J to line H $ _____
L. List below all checks and charges not already reflected in your check register

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

M. Total of Column L $ _____
N. Subtract line M from line K $ _____

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For information regarding business and custodial accounts please refer to your account disclosure. Contact us if you have a specific question pertaining to your account.

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Direct inquiries to us at our address or telephone number printed on the front page of this statement if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

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- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

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3. Multiply each of these results by the number of days the applicable rate was in effect.
4. Add the results of step #3 together.

USE OF THE AVERAGE DAILY BALANCE - If the daily balances are not shown on your statement, the average daily balance may be used. The average daily balance is or can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the interest charge. To calculate the average daily balance, all of the daily balances for the billing cycle are added up, and the total is divided by the number of days in the billing cycle. The INTEREST CHARGE is or may be determined as follows:

1. Multiplying each of the average balances by the number of days in the billing cycle (or if the daily rate varied during the cycle, by multiplying by the number of days the applicable rate was in effect).
2. Multiplying each of the results by the applicable periodic rate, and adding these products together.

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Summary
BANK FLORIDA, Period Ending 09/30/2026

	Sep 30, 26
Beginning Balance	49,803.98
Cleared Balance	49,803.98
Register Balance as of 09/30/2026	49,803.98
Ending Balance	49,803.98

NEOCITY IMPROVEMENT DISTRICT
Reconciliation Detail
BANK FLORIDA, Period Ending 09/30/2026

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						49,803.98
Cleared Balance						49,803.98
Register Balance as of 09/30/2026						49,803.98
Ending Balance						**49,803.98**

100 Park Place Blvd, Ste 101
Kissimmee, FL 34741

Managing Your Accounts

Phone Number (689) 224-3063

Online Banking www.bankflorida.com

Date 9/30/26 Page 1

NEOCITY IMPROVEMENT DISTRICT
1 COURTHOUSE SQ STE 4400
KISSIMMEE FL 34741

Small Business Checking		Number of Enclosures	0
Account Number	200015238	Statement Dates 9/01/26 thru	9/30/26
Previous Balance	49,803.98	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	49,803.98
Checks/Debits	.00		
Service Charge	.00		
Interest Paid	.00		
Current Balance	49,803.98		

	Total For This Period	Total Year-to-Date
Total Overdraft item fees	$.00	$.00
Total Return item fees	$.00	$.00

DAILY BALANCE INFORMATION

Date	Balance
9/01	49,803.98

EQUAL HOUSING LENDER Member FDIC

Account Reconciliation Form

A. The ending balance shown on statement $ _____
B. List deposits not shown on statement $ _____
$ _____
$ _____
$ _____
$ _____
C. Total of lines B $ _____
D. Add line C to line A $ _____
E. List below all checks written and any withdrawals not posted on statement

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

F. Total of Column E $ _____
G. Subtract line F from line D $ _____

H. The ending balance in your check register $ _____
I. List deposits, transfers or interest credited not already listed in your check register $ _____
$ _____
$ _____
$ _____
$ _____
J. Total of lines I $ _____
K. Add line J to line H $ _____
L. List below all checks and charges not already reflected in your check register

Check #	$ Amount	Check #	$ Amount
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

M. Total of Column L $ _____
N. Subtract line M from line K $ _____

The balances (Line "G" and Line "N" above) should agree. If not, recheck your entries from this statement and your check register. All deposits and credits are subject to final collection.

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Direct inquiries to us at our address or telephone number printed on the front page of this statement if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

The information below is applicable to those Accounts which may be subject to an Interest Charge.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us (on a separate sheet) at our address shown on the front page of this statement as soon as possible. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing [or electronically]. You may call us, but if you do we are not required to investigate any potential errors, and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION - Please mail or deliver your payment to the financial institution at the address indicated on the reverse side hereof. Payments received on weekends and holidays will be credited the next business day. Payments received after your closing date will appear on your next statement. If the financial institution has been authorized to deduct the minimum payment from your Account, it will be deducted and credited to your Account as of the date shown on the reverse side hereof. To avoid additional INTEREST CHARGES, pay your balance in full. Please call the financial institution for the exact balance as the balance changes daily.

INTEREST CHARGE - The INTEREST CHARGE on your account is calculated by applying the different PERIODIC RATES to the appropriate range of the outstanding daily balance of your account. The outstanding daily balance is calculated by using the beginning balance of your account each day, adding any new advances or debits, and subtracting any payments or credits. The INTEREST CHARGE may be determined as follows:

1. Using the rate ranges, separate the outstanding daily balance into appropriate range amounts.
2. Multiply each outstanding daily balance by the applicable periodic rate.
3. Multiply each of these results by the number of days the applicable rate was in effect.
4. Add the results of step #3 together.

USE OF THE AVERAGE DAILY BALANCE - If the daily balances are not shown on your statement, the average daily balance may be used. The average daily balance is or can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the interest charge. To calculate the average daily balance, all of the daily balances for the billing cycle are added up, and the total is divided by the number of days in the billing cycle. The INTEREST CHARGE is or may be determined as follows:

1. Multiplying each of the average balances by the number of days in the billing cycle (or if the daily rate varied during the cycle, by multiplying by the number of days the applicable rate was in effect).
2. Multiplying each of the results by the applicable periodic rate, and adding these products together.

NEOCITY IMPROVEMENT DISTRICT
AGENDA ITEM COVER SHEET

MEETING DATE: November 2, 2026

REQUEST TYPE: Consent

AGENDA ITEM SUMMARY

Approval of the Quarterly Financial Report for Fiscal Year 2026 Quarter 4, July 1, 2026, through September 30, 2026.

FINANCIAL INFORMATION

TOTAL REQUESTED AMOUNT: $0.00

There is no financial impact.

BACKGROUND INFORMATION

- Staff shall provide the District Board with a financial update at each quarterly meeting.
- Revenues this quarter totaled to $323,939.
- Expenditures this quarter totaled to $483,675.
- The District received additional assessment revenue from the County in August 2026, at which time the NeoCity Property Association invoiced the District for its Fiscal Year 2026 approved budget.
- All revenue payments for the District are based on payments by property owners which were assessed by the District.

Staff recommends approval.

NeoCity Improvement District

FY 26 Budget to Actual - Summary
Year Ending 9/30/2026

	FY 26 Budget	FY26 Actuals
Total Revenue	$ 549,627	$ 506,464
Total Expenses	$ 549,627	$ 483,917
Change in Net Position	**$ -**	**$ 22,547**

FY 26 Budget to Actual - Details
Year Ending 9/30/2026

	FY 26 Budget	FY26 Actuals
Revenues:		
Permits, Fees, and Special Assessments	$ 537,005	$ 506,464
5% Reduction	$ (26,850)	$ -
Intergovernmental Revenue	$ -	$ -
Charges for Services	$ -	$ -
Judgement, Fines, and Forfeits	$ -	$ -
Miscellaneous Revenues	$ -	$ -
Transfers In	$ -	$ -
Other Sources	$ -	$ -
Fund Balances	$ 39,472	$ -
Total Revenue	**$ 549,627**	**$ 506,464**
Expenditures:		
Personnel Services	$ -	$ -
Operating Expenses	$ 26,070	$ 415
Operating Expenses - POA	$ 483,502	$ 483,502
Capital Outlay	$ -	$ -
Debt Service	$ -	$ -
Grants and Aids	$ -	$ -
Transfers Out	$ -	$ -
Reserves - Operating	$ 40,055	$ -
Total Expenditures	**$ 549,627**	**$ 483,917**

NeoCity Improvement District

FY2026 Q4 Financial Report - Summary

Revenue	$	323,939
Expenditures	$	(483,675)
Revenue - Expenditures	**$**	**(159,736)**

NEOCITY IMPROVEMENT DISTRICT
AGENDA ITEM COVER SHEET

MEETING DATE:	November 2, 2026
REQUEST TYPE:	Consent

AGENDA ITEM SUMMARY

Approval of paying the annual invoice from the Florida Commerce Special District Accountability Program for the Special District Fee for FY 2025/2026. The Board authorizes the District Clerk to process this payment electronically via the Florida Commerce website.

FINANCIAL INFORMATION

TOTAL REQUESTED AMOUNT: $175.00

The annual invoice totals $175.00.

BACKGROUND INFORMATION

- Florida Commerce submitted the annual invoice for the Florida Commerce Special District Accountability Program fee for FY2026/2027 on October 1, 2025.
- This fee is required by the State of Florida.

Staff recommends approval.

FloridaCommerce, Special District Accountability Program

Fiscal Year 2026 - 2027 Special District State Fee Invoice and Profile Update

Required by sections 189.064 and 189.018, Florida Statutes, and Chapter 73C-24, Florida Administrative Code

Date Invoiced: 10/01/2026				**Invoice No: 95812**
Annual Fee: $175.00	**1st Late Fee: $0.00**	**2nd Late Fee: $0.00**	**Received: $0.00**	**Total Due, Postmarked by 11/30/2026: $175.00**

STEP 1: Review the following profile and make any needed changes.

1. Special District's Name, Registered Agent's Name and Registered Office Address:

001215

NeoCity Improvement District
Ms. Gina M. Mulero
C/O Osceola County BOCC
1 Courthouse Square, Suite 4400
Kissimmee, Florida 34741

FLORIDA COMMERCE

2. Telephone:	407-742-1803 Ext:
3. Fax:	
4. Email:	gina.mulerocortes@Osceola.org
5. Status:	Dependent
6. Governing Body:	Local Governing Authority Appoints
7. Website Address:	www.neocityfl.com/improvement-district/
8. County(ies):	Osceola
9. Special Purpose(s):	Common Facilities Maintenance
10. Boundary Map on File:	03/21/2023
11. Creation Document on File:	03/21/2023
12. Date Established:	02/10/2023
13. Creation Method:	Local Ordinance
14. Local Governing Authority:	Osceola County
15. Creation Document(s):	County Ordinance 2023-08
16. Statutory Authority:	Chapter 125, Florida Statutes; Section 189.02, Florida Statutes
17. Authority to Issue Bonds:	Yes
18. Revenue Source(s):	Non-Ad Valorem

STEP 2: Sign and date to certify accuracy and completeness.

By signing and dating below, I do hereby certify that the profile above (changes noted if necessary) is accurate and complete:

Registered Agent's Signature: _____ Date _____

STEP 3: Pay the annual state fee or certify eligibility for zero annual fee.

a. Pay the Annual Fee: Pay the annual fee by following the instructions at www.FloridaJobs.org/SpecialDistrictFee.

b. Or, Certify Eligibility for the Zero Fee: By initialing both of the following items, I, the above signed registered agent, do hereby certify that to the best of my knowledge and belief, **BOTH** of the following statements and those on any submissions to the Department are true, correct, complete, and made in good faith. I understand that any information I give may be verified.

1.___ This special district is not a component unit of a general purpose local government as determined by the special district and its Certified Public Accountant; and,

2.___ This special district is in compliance with its Fiscal Year 2024 - 2025 Annual Financial Report (AFR) filing requirement with the Florida Department of Financial Services (DFS) and that AFR reflects $3,000 or less in annual revenues or, is a special district not required to file a Fiscal Year 2024 - 2025 AFR with DFS and has included an income statement with this document verifying $3,000 or less in revenues for the current fiscal year.

Department Use Only: Approved:____ Denied: ____ Reason:_____

STEP 4: Make a copy of this document for your records.

STEP 5: Email this document to SpecialDistricts@Commerce.fl.gov or mail it to us. For our mailing address, visit www.FloridaJobs.org/SpecialDistrictFee. Direct questions to 850-717-8430.

MEMORANDUM

To: All Special District Registered Agents

From: Paola Muir, Special District Accountability Program

Date: October 1, 2026

Subject: Sections 189.064 and 189.018, Florida Statutes, and Chapter 73C-24, Florida Administrative Code - Fiscal Year 2026 – 2027 Special District State Fee Invoice and Profile Update
Due by 11:59 p.m. on November 30, 2026

This memorandum contains the guidance for complying with the annual state fee and update requirements using the enclosed *Fiscal Year 2026 – 2027 Special District State Fee Invoice and Profile Update* (invoice).

The Annual State Fee

Chapter 189, Florida Statutes, the Uniform Special District Accountability Act (Act), assigns duties to the Special District Accountability Program administered by FloridaCommerce and requires FloridaCommerce to annually collect a state fee from each special district to cover the costs of administering the Act. For additional information, visit www.FloridaJobs.org/SpecialDistricts.

The Fiscal Year 2026 – 2027 state fee is now due and remains $175, unless the special district certifies that it is eligible for a zero annual fee by executing "Step 3.b." on the invoice. FloridaCommerce requests payment by Visa, MasterCard or electronic check at www.FloridaJobs.org/SpecialDistrictFee. This website is the only acceptable portal for paying the state fee, and is fast, free and convenient. From this website, you may also download a duplicate invoice and FloridaCommerce's W-9 Form. Payment must be completed by 11:59 p.m. on November 30, 2026. Otherwise, a $25 late fee will automatically be assessed on December 1, 2026. **Late fees are authorized by law and will not be waived by FloridaCommerce.**

Update Requirements

The Act, along with Rule Chapter 73C-24, Florida Administrative Code, requires each special district to maintain and update specific information with FloridaCommerce and requires FloridaCommerce to make that information available through the *Official List of Special Districts* (www.FloridaJobs.org/OfficialList). The Florida Legislature, state agencies, and local government officials use that information to monitor special districts, coordinate activities, collect and compile financial and other information, and make informed policy decisions. To help ensure completeness and accuracy, each special district's registered agent must annually review the profile printed on the invoice, identify any needed corrections or updates by marking directly on the invoice, provide any missing information, sign and date the invoice and return the invoice to FloridaCommerce at SpecialDistricts@Commerce.fl.gov.

The Florida Special District Handbook

The *Florida Special District Handbook* (www.FloridaJobs.org/SpecialDistrictHandbook), recently updated for 2026, covers the accountability and general operating requirements specified in the Act. FloridaCommerce encourages all special district staff and governing body members to regularly review the handbook.

Thank You

Thank you in advance for complying with the state fee and profile update requirements. Detailed instructions follow on the opposite side of this memorandum.

(TURN OVER FOR INSTRUCTIONS)

An equal opportunity employer/program. Auxiliary aids and service are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.