



AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2732 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. is amended as follows with new language underlined and amended language struck-through:

Lee County Housing Development Corporation – Scattered Site Housing – Dunbar Bellevue

1. a. The Project, as approved for grant assistance, shall consist of the following authorized scope of Project work: Construction of 3 single family homes for 3 very low income home buyers. Construction of these homes shall be completed by May 30, 2005 ~~December 31, 2004~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2004.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
Name and Title

*Shack Hillig*  
Witness (Signature)

BY: *Abdul Kari*  
Lee County Housing Development Corporation

*Trevia K. O. Nigan*  
Witness (Name, Address)  
*P.O. Box 2854*  
*Ft. Myers, FL 33902-2854*

Title: *Secretary / Treasurer*

FEIN#: *65-0295038*

*Vanessa H. Patten*  
Witness (Signature)

*VANESSA H. PATTERSON*  
Witness (Name, Address)  
*P.O. Box 2854*  
*FORT MYERS, FL 33902-2854*

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

LEE COUNTY BOARD OF COMMISSIONERS  
ATTN G JACKSON  
P O BOX 398  
FT MYERS, FL 33902

INSURED:

LEE COUNTY HOUSING DEVELOPMENT  
PO BOX 2854  
FT MYERS, FL 33902

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY and Medical Expense	77-PR-464354-3001	07-01-04	07-01-05	Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
<input type="checkbox"/> Other Liability				General Aggregate* ..... \$ 1,000,000 Prod/Comp Ops Aggregate* . \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$ (Each Accident) ..... \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Hired				Combined Single Limit .... \$
<input type="checkbox"/> Non-Owned				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$ Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS  
VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
NON-OWNED AUTO LIAB IMIL.DISHO  
NESTY BOND \$50,000.LEE CO BOCC  
IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
Date Certificate Issued: 06-10-2004

Authorized Representative: DOM DIBLASE AGENCY  
Countersigned at: 3401 BONITA BEACH RD,A101  
BONITA SPRINGS,FL 34134

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2384 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. is amended as follows with new language underlined and amended language struck-through:

1. a. The Project, as approved for grant assistance, shall consist of the following authorized scope of Project work: Construction of 5 single family homes for 2 ~~3~~ very low, and 3 ~~2~~ low income home buyers. Construction of these homes shall be completed by May 30, 2005 ~~December 31, 2004~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2004.

CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
Name and Title

*[Handwritten Signature]*  
Witness (Signature)

*[Handwritten Signature]*  
BY: \_\_\_\_\_  
Lee County Housing Development Corporation

*Treva B. Gilligan*  
Witness (Name, Address)  
*P.O. Box 2854*  
*Ft. Myers, FL*  
*33902-2854*

Title: *Secretary / Treasurer*

FEIN#: *05-0295038*

*[Handwritten Signature]*  
Witness (Signature)

*VANESSA H. PATTERSON*  
Witness (Name, Address)  
*PO Box 2854*  
*Ft Myers, FL 33902-2854*

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
LEE COUNTY BOARD OF  
COMMISSIONERS  
ATTN G JACKSON  
P O BOX 398  
FT MYERS, FL 33902

INSURED:  
LEE COUNTY HOUSING  
DEVELOPMENT  
PO BOX 2854  
FT MYERS, FL 33902

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-464354-3001	07-01-04	07-01-05	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 1,000,000
				Prod/Comp Ops Aggregate* .. \$ 1,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$
				Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
NON-OWNED AUTO LIAB IMIL.DISHO  
NESTY BOND \$50,000.LEE CO BOCC  
IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
Date Certificate Issued: 06-10-2004

Authorized Representative: DOM DIBLASE AGENCY  
Countersigned at: 3401 BONITA BEACH RD.A101  
BONITA SPRINGS,FL 34134

AMENDMENT TO THE  
AGREEMENT BETWEEN THE  
LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
LEE COUNTY HOUSING DEVELOPMENT CORPORATION (LCHDC)

WITNESSETH:

WHEREAS, the referenced Parties to Contract No. C-2385 desire to amend the Contract pursuant to its Section I.A.

NOW, THEREFORE IN CONSIDERATION OF THE MUTUAL PROMISES STATED HEREIN, the referenced contract Section I.A. is amended as follows with new language underlined and amended language struck-through:

1. a. The Project, as approved for grant assistance, shall consist of the following authorized scope of Project work: Acquisition, rehabilitation, and resale of 10 single family homes for 3 very-low and 7 ~~40~~ low income home buyers. Acquisition, rehabilitation, and resale of these homes shall be completed by May 30, 2005 ~~December 31, 2004~~.

The Parties hereby executed this Amendment on \_\_\_\_\_, 2004.



CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
LEE COUNTY, FLORIDA

BY \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
Name and Title

*Ann K. Kelley*  
Witness (Signature)

*Ann Kor*  
Lee County Housing Development Corporation

*TREVIA K. WILLIAMS*  
Witness (Name, Address)  
*P.O. Box 2854*  
*FT. MYERS, FL 33902-2854*

Title: *Secretary/Treasurer*

FEIN#: *65-0295038*

*Vanessa H. Patterson*  
Witness (Signature)

*VANESSA H. PATTERSON*  
Witness (Name, Address)  
*P.O. Box 2854*  
*FT. MYERS, FL 33902-2854*

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

BY: \_\_\_\_\_  
Lee County Attorney's Office

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
 LEE COUNTY BOARD OF  
 COMMISSIONERS  
 ATTN G JACKSON  
 P O BOX 398  
 FT MYERS. FL 33902

INSURED:  
 LEE COUNTY HOUSING  
 DEVELOPMENT  
 PO BOX 2854  
 FT MYERS. FL 33902

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-464354-3001	07-01-04	07-01-05	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence ..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 1,000,000
				Prod/Comp Ops Aggregate* \$ 1,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit ..... \$
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$
				Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
 NON-OWNED AUTO LIAB IMIL DISHO  
 NESTY BOND \$50,000.LEE CO BOCC  
 IS ADDITIONAL INSURED.

Effective Date of Certificate: 07-01-2004  
 Date Certificate Issued: 06-10-2004

Authorized Representative: DOM DIBLASE AGENCY  
 Countersigned at: 3401 BONITA BEACH RD.A101  
 BONITA SPRINGS,FL 34134

