LEE COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY BLUE SHEET NO: 20030079-UTL

1. REQUESTED MOTION:

ACTION REQUESTED: Approve final acceptance by Resolution and recording of three (3) Utility Easements as a donation of a water distribution system and a gravity collection system serving CALOOSA CREEK. This is a developer contributed asset project located on the south side of Linton Road, between Cook Road and John Morris Road.

WHY ACTION IS NECESSARY: To provide potable water service, fire protection and sanitary sewer service to the recently constructed residential development.

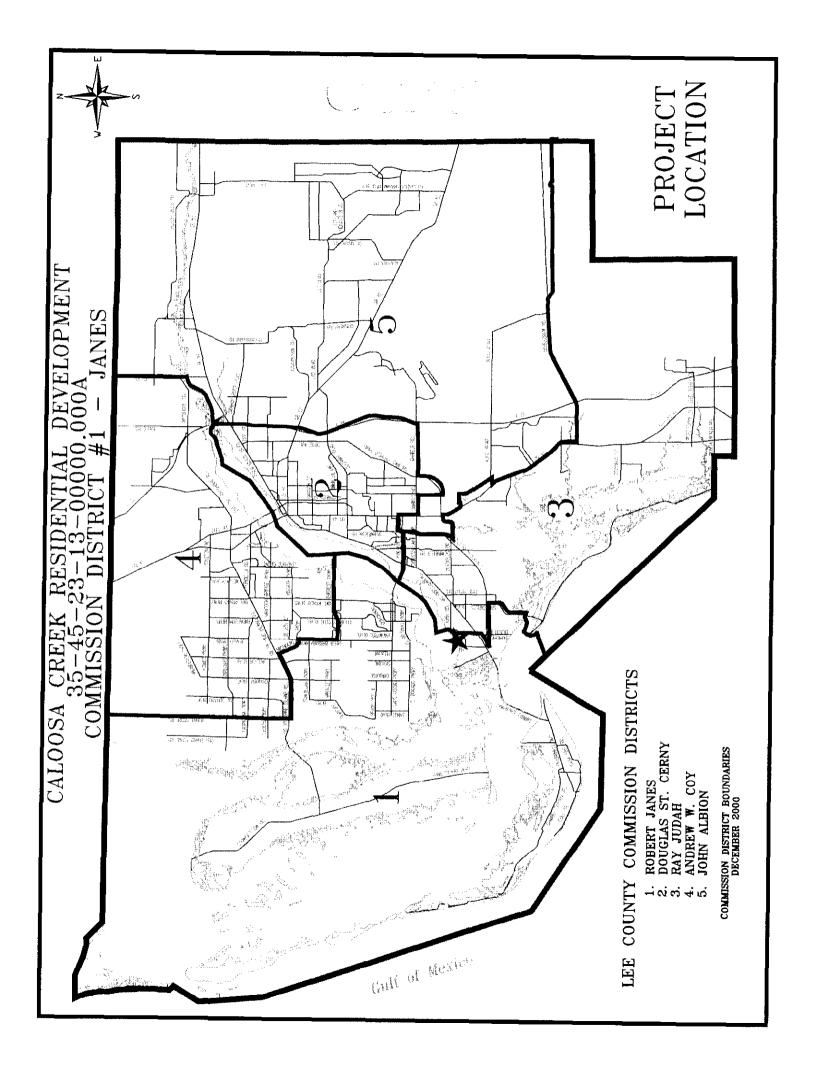
WHAT ACTION ACCOMPLISHES: Places the water and sewer systems into operation and complies with the Lee County Utilities Operations Manual.

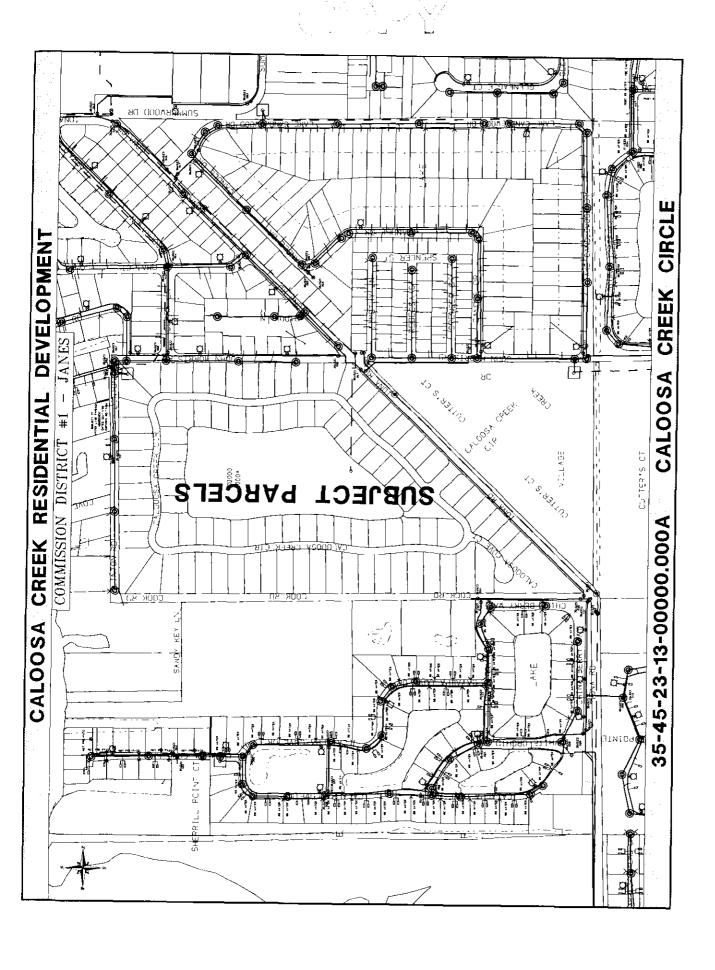
| 2. DEPARTMENTAL CATEGORY: COMMISSION DISTRICT #: 1 CIDC 3. MEETING DATE 2-11-2003 | | | | | | | | |
|---|-------------------------------|---------------------------|---|---------------------------|--------------|-------------------------------|--------------------------|--|
| 4. AGENDA: | | 5. REQUIRE | MENT/PURPOSE: | 6. | | OR OF INFORMATION: | | |
| X CONSENT (Specify) ADMINISTRATIVE STATUTE APPEALS ORDINANCE PUBLIC ADMIN. CODE WALK ON X OTHER Res., 3 Easements | | B. C. | A. COMMISSIONER: B. DEPARTMENT: Lee County-Public Works C. DIVISION/SECTION: Utilities Division BY: Rick Diaz, Utilities Director DATE: 12303 | | | | | |
| 7. BACKGRO | UND: | | | | | 0 | | |
| The Board granted permission to construct on 01/15/02, Blue Sheet #20011364. The installation has been inspected for conformance to the Lee County Utilities Operations Manual. Satisfactory pressure and bacteriological testing of the water system has been completed. Satisfactory closed circuit television inspection of the gravity collection system has been performed. As-builts have been provided. Engineer's Certification of Completion has been providedcopy attached. Project location mapcopy attached. Warranty has been providedcopy attached. Waiver of Lien has been providedcopy attached. Certification of Contributory Assets has been providedcopy attached. 100% of the connection fees have been paid. Funds for recording fees are available in Account No. OD5360748700.504930. | | | | | | | | |
| SECTIO | ONS 35 TOW | NSHIP 45S | RANGE 231 | F DIS | TRICT 1 | #1 COMMISSIONER | IANES | |
| SECTIONS 35 TOWNSHIP 45S RANGE 23E DISTRICT #1 COMMISSIONER JANES 8. MANAGEMENT RECOMMENDATIONS: | | | | | | | | |
| | | | 9. RECOMMEN | DED APPRO | OVAL | *** | | |
| (A) DEPARTMENT DIRECTOR | (B) PURCH. OR CONTRACTS | (C) HUMAN RESOURCES | (D) OTHER | (E) COUNTY ATTORNEY | | BUDGET SERVICES MAN 1 128 63 | (G) COUNTY MANAGER | |
| Samuly 1. Lavender Date: 1.23.03 | N/A Date: | N/A Date: | |) 27 13 own | 3. m 3. m | OM Risk GC 101/27/03 1/27/9 | Date/-93-03 | |
| 10. COMMISSION ACTION: APPROVED DENIED DEFERRED OTHER Rec. by CoAtty COUNTY ADMIN. Porwarded To: Forwarded To: Buckson | | | | | | | | |
| S:\UTILS\ENGR\WP\BI | LUESHT\CALOOSA CREE | K-WATER & GRAVIT | Y-FA-3 EASEMENTS-TAK 2003 | 50079 ED 103 | 10784 | | | |



LETTER OF COMPLETION

| | DATE: <u>September 5, 2002</u> | | | |
|--|---|--|--|--|
| Department of Lee County Utilities Division of Engineering Post Office Box 398 Fort Myers, FL 33902 | ¢ | | | |
| Gentlemen: | | | | |
| This is to certify that the water distribut | tion and / or sewer collection system (s) located in | | | |
| Caloosa Creek | | | | |
| | (Name of Development) | | | |
| were designed by me and have been cons | tructed in conformance with: | | | |
| ☐ the approved plans | X the revised plans, attached | | | |
| and: | | | | |
| X the approved specifications | ☐ the revised specifications, attached | | | |
| Low Pressure Sewer Test Very truly yours, | ed the following successful tests of the facilities: Water Main Pressure Test | | | |
| Michael L. Shannon, P.E. Banks Engineering, Inc. (Owner or Name of Corporation) 9/9/07 (Signature) | | | | |
| General Manager (Title) | (SEAL OF ENGINEERING FIRM) | | | |
| 7/1/96 | | | | |
| S:\UOBS\13xx\1387\Documents\1387-LCU-letter | of completion.doc | | | |





11.2

WARRANTY

| THE UNDERSIGNED parties do hereby warra | ant and/or guaranty all work executed by the contractor on the water and/or |
|---|---|
| sewer systems of (Name of Development): <u>CALOC</u> | DSA CREEK |
| 13160 IONA ROAD FORT MYERS, FI | . 33908 |
| to be free from defects in material and workmanship | for a period of one (1) year from the date of acceptance by the Lee County |
| Board of County Commissioners. The undersigned p | parties further agree that they will, at their own expense, repair and replace |
| all such defective work and all other work damaged b | by said defective work under this Warranty-Guaranty |
| It is furthermore understood that the considera | ation for the giving of this warranty and/or guaranty is the requirement by |
| the General Conditions and Specifications under which | ch the contract was let that such warranty and/or guaranty would be given. |
| | HASKINS INC |
| | (NAME OF OWNER OR CONTRACTOR) |
| | |
| | BY: (SIGNATURE & TITLE) |
| STATE OF FLORIDA | JOEL CHAMBERS, OPERATIONS MANAGE |
|) SS: | |
| COUNTY OF <u>LEE</u> | |
| The foregoing instrument was signed and acknowledge | owledged before me this day of |
| September 2002 by | y JOEL CHAMBERS who has produced |
| 0, | (Print or Type Name) |
| KNOWN TO ME | as identification, and who (did) (did not) take an oath. |
| (Type Of Identification and Number) | |
| | |
| andry H. Heli | |
| Notary Public Signiture | |
| AUDREY G. HIX | |
| Printed Name of Notary Public | |
| Notary Commission Number | (NOTARY SEAL) |
| CDUOPMAN July 1, 1996 Sect 11 | AUDREY G. HIX Motary Public, State of Florida My comm. exp. Mar. 13, 2005 Comm. No. DO 009234 |
| | · |

WARRANTY
PROJECT NAME
warranty.doc

PAGE 1 OF 1 S:\admin\Permits\LC-Utilities\Applications\xxxx-LCU-

WAIVER AND RELEASE OF LIEN UPON FINAL PAYMENT

| The undersigned lienor, in co | onsideration of the final payment in the amount |
|---|---|
| of ONE HUNDRED TWENTY ONE TH | OUSAND THREE (\$ 121,312.65) |
| | DOLLARS and right to claim a lien for labor, services, or |
| materials furnished to LEE MAR | BUILDING & CONSTRUCTION CORP. |
| | insert the name of your customer) |
| on the job of CREEKSIDE DEVELO | PMENT OF LEE COUNTY, INCto the following |
| (insert | the name of the owner) |
| described property. CALOC | ACA CDEEV |
| described property:CALOC | (Name of Development/Project) |
| DOTABLE I | • • • |
| | ATER SYSTEM Facilities Constructed) |
| · · | · |
| ISIGO TONA ROAD, FO | RT MYERS, FL 33908 (Project Location) |
| 35-45-23-00-00008.0 | • |
| | (STRAP(s) #) |
| Dated on 5TH DAY OF DECEMBE | 2000 |
| Dated on SIH DAY OF DECEMBE | K, 2002 |
| BY Alban Mas | HASKINS INC. |
| (Signature of Authorized Represen | tative) (Name of Firm or Corporation) |
| D VATUI FEN HACKING | 1005/ ENMEDDITCE AVENUE |
| By: KATHLEEN HASKINS (Print Name of Authorized Represen | tative) 10956 ENTERPRISE AVENUE (Address) |
| (1 mile 1 mile of reducined respiction | (Addess) |
| Title: VICE PRESIDENT | BONITA SPRINGS, FL 34135 |
| 220 047 1944 | (City, State & Zip) |
| Phone #: | Fax #: 239-947-3857 |
| G FLORIDA | |
| STATE OF FLORIDA COUNTY OF LEE | |
| COUNTY OF | |
| The foregoing instrument wa | s signed and acknowledged before me this 5TH day |
| of DECEMBER 20 02 | by KATHLEEN HASKINS , who |
| · · · · · · · · · · · · · · · · · · · | |
| produced PERSONALLY KNOWN | as identification or who is |
| personally known to me, and who 🕸 | Ø/did not take an oath. |
| | 722/ |
| Joel A. Chambers MY COMMISSION # DD132675 EXPIRES | Notary Public: A William |
| September 15, 2006 BONDED THRU TROY FAIN INSURANCE INC. | (Signature) |
| Mu. | Notary Public Name: DEL CHAMPSERS |
| | (Print) |
| Notary Seal | My Commission Expires: |

LPE COUNTY
(Forms - Waiver of Lien - Revised December 2002)



WAIVER AND RELEASE OF LIEN UPON FINAL PAYMENT

| The undersigned lienor, in co | nsideration of the final payment in the amount | | | | | | |
|---|--|--|--|--|--|--|--|
| of TWO HUNDRED SIXTY FOUR THO | OUSAND FOUR (\$264,479.50) | | | | | | |
| HUNDRED SEVENTY NINE AND 5 hereby waivers and releases its lien a | ond right to claim a lien for labor, services, or | | | | | | |
| materials furnished to LEE MAR BUI | LDING & CONSTRUCTION CORP. | | | | | | |
| (insert the name of your customer) | | | | | | | |
| on the job of CREEKSIDE DEVELOR | PMENT OF LEE COUNTY, INC. to the following | | | | | | |
| (insert the | he name of the owner) | | | | | | |
| described property:CA | ALOOSA CREEK | | | | | | |
| (Name of Development/Project) | | | | | | | |
| SANIT | TARY SEWER SYSTEM | | | | | | |
| | Facilities Constructed) | | | | | | |
| 13160 IONA | A ROAD, FORT MYERS, FL 33908 | | | | | | |
| | (Project Location) | | | | | | |
| 35-45-23-0 | 00-0008.0000 | | | | | | |
| | (STRAP(s) #) | | | | | | |
| Dated on 5th DAY OF DECEMBER | R, 2002 | | | | | | |
| 5 Oth Land | HASKINS INC. | | | | | | |
| (Signature of Authorized Represen | | | | | | | |
| | · | | | | | | |
| By: KATHLEEN HASKINS | 10956 ENTERPRISE AVENUE | | | | | | |
| (Print Name of Authorized Represent | tative) (Address) | | | | | | |
| Title: VICE PRESIDENT | BONITA SPRINGS, FL. 34135 | | | | | | |
| • | (City, State & Zip) | | | | | | |
| Phone #: 239-947-1846 | Fax #: 239-947-3857 | | | | | | |
| G FLORIDA | | | | | | | |
| STATE OF FLORIDA COUNTY OF LEE | | | | | | | |
| COUNTY OF | | | | | | | |
| The foregoing instrument wa | s signed and acknowledged before me this $\frac{5\text{TH}}{}$ day | | | | | | |
| of DECEMBER 20 02 | by KATHLEEN HASKINS , who | | | | | | |
| produced PERSONALLY KNOWN | as identification or who is | | | | | | |
| personally known to me, and who di | M/did not take an oath. | | | | | | |
| , prisonally (100 miles = 5, = 1 miles = 1 | 2 (h/) | | | | | | |
| Joel A Chambers | Notary Public: | | | | | | |
| MY COMMISSION # DD132675 EXPIRES September 15, 2006 | (Signature) | | | | | | |
| BONDED THRU TROY FAIN INSURANCE, INC. | Notary Public Name: JOELCHAMBERS | | | | | | |
| | (Print) | | | | | | |
| Notary Seal | My Commission Expires: | | | | | | |

CERTIFICATION OF CONTRIBUTORY ASSETS

JUNI OF LOOP TOTETHING IN CHOCKSET SECO

| PROJECT NAME: | CALOOSA | CREEK | | | |
|-----------------------------|---------------|------------------------------|-----------------|---------------------------------------|-------------|
| LOCATION: | 13160 I | ONA ROAD, FORT MYE | RS, FL | 33908 | |
| 35-45-23-00-00 | 0008.0000 |) | | | |
| | | (Including STRAP |) | · · · · · · · · · · · · · · · · · · · | ., |
| NAME AND ADDRESS | OF OWN | ER: CREEKSIDE | DEVELOPME | NT OF LEE C | OUNTY, INC |
| 16681 McGREGOR | BLVD., | FORT MYERS, FL | 33908 | | |
| | | (as shown on Deed |) | | |
| TYPE UTILITY SYSTE | M: | POTABLE WATER SY | | | |
| | | (list water, sewer and e | ffluent reuse | separately) | |
| <u>DESC</u> | RIPTION A | ND COST OF MATERIA | AL, LABOR, | AND SERVICE | <u>ES</u> |
| Please list each element of | of the system | m, e.g., pipe, manholes, lit | ft stations, me | eters, valves, fitt | ings, etc. |
| ITEM | SIZE | QUANTITY | UNIT | COST | TOTAL |
| PVC C-900 DR18 | 8" | 5481 | LF | \$12,65 | \$69,334,65 |
| CL50 DIP | 8" | 247 | LF | \$24.00 | \$ 5.928.00 |
| FIRE HYDRANT W/GV | 6" | 8 | EA | \$2,000.00 | \$16.000.00 |
| GATE VALVE | 8'' | 11 | EA | \$ 650.00 | \$ 7.150.00 |
| SINGLE SERVICE | 5/8" | 31 | EA | \$ 300.00 | \$ 9.300.00 |
| DOUBLE SERVICE | 5/8" | 34 | EA. | \$ 400.00 | \$13,600.00 |
| | | | ~ | | |
| | | | | · · · · · · | <u> </u> |
| | | | | | |
| | | | | | |
| week. | ····· | | | - M-E | |
| | | | | \$ | 121,312.65 |
| | | | | TOT | AL AMOUNT |

LCDUMan - September 19, 2001

PROJECT NAME CERTIFICATE OF CONTRIBUTORY ASSETS

PAGE 1 OF 2 S.\ledmin\Permits\LC-Utilities\Applications\voon=LCU-Cert of Contrib Assets.doc



I do hereby certify that the quantities of material and services described above are a true and accurate representation of the as-installed cost of the system being contributed to Lee County and corresponds with the record drawings.

| \mathcal{C} | CERTIFYING |
|--|--|
| | (Name & Title of Certifying Agent) |
| | OF: HASKINS INC. (Firm or Corporation) |
| | ADDRESS: 10956 ENTERPRISE AVENUE |
| | BONITA SPRINGS, FL 34135 |
| STATE OF FLORIDA) SS: COUNTY OF LEE) | |
| The foregoing instrument was signe | ed and acknowledged before me this5TH |
| day of DECEMBER , 2 | 20 02 by KATHLEEN HASKINS |
| who has produced PERSONALLY KI identification, | |
| and who (did) (did not) take an oath. | Tachimidadi dia Nambery |
| Notary Public Signature OFL CHAMBELS Printed Name of Notary Public | Joel A. Chambers MY COMMISSION # DD132675 EXPIRES September 15, 2006 BONDED THIRU TROY FAIM INSURANCE, INC. |
| Notary Commission Number | (NOTARY SEAL) |
| LCDUMan - September 19, 2001 | |
| PROJECT NAME | PAGE 2 OF 2 |

CERTIFICATE OF CONTRIBUTORY ASSETS



PAGE 2 OF 2

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CERTIFICATION OF CONTRIBUTORY ASSETS

AND ALL FORM TOTETHER. THE FUNCKARY STOO

| PROJECT NAME: | CALOOSA | CREEK | | | |
|--------------------------|-----------------|---------------------------|-------------------|-------------------|----------------|
| LOCATION: | 13160 I | ONA ROAD, FORT M | YERS, FLOR | DA 33908 | |
| 35-45-23-00-000 | 0000.800 | | | | |
| | | (Including STRA) | P) | | |
| NAME AND ADDRES | S OF OWNE | R: <u>CREEKSIDE</u> | DEVELOPMENT | OF LEE CO | OUNTY, INC. |
| 16681 McGREGOR | BLVD., FO | RT MYERS, FLORID | A 33908 | | |
| | | (as shown on Dee | d) | <u> </u> | |
| TYPE UTILITY SYST | EM: S | ANITARY SEWER SY | STEM | | |
| | | (list water, sewer and | effluent reuse s | eparately) | |
| DESC | CRIPTION AL | ND COST OF MATERI | AL, LABOR, | AND SERVIC | <u>es</u> |
| Please list each element | t of the system | , e.g., pipe, manholes, l | ift stations, met | ers, valves, fitt | ings, etc. |
| ITEM | SIZE | QUANTITY | UNIT | COST | TOTAL |
| PVC SDR-26 | 8" | 2680 | LF | \$ 21.5 | 0 \$57,620.00 |
| PVC_SDR-26 | 10" | 2491 | LF | \$ 39.5 | 0 \$98,394.50 |
| MANHOLE | | 26 | EA | \$3,390.0 | 0 \$88,140.00 |
| SINGLE SERVICE | 6" | 14 | EA_ | \$ 300.0 | 00 \$ 4,200.00 |
| DOUBLE SERVICE | 6" | 43 | EA | \$ 375.0 | 00 \$16,125.00 |
| | | | | | |
| | | | | | |

\$264,479,50 TOTAL AMOUNT

LCDUMan - September 19, 2001

PROJECT NAME CERTIFICATE OF CONTRIBUTORY ASSETS

PAGE 1 OF 2 S. Vedmin/Permits/L.C.-Utilifies/Applications/voor-LCU-Cert of Contrib Assets. doc



I do hereby certify that the quantities of material and services described above are a true and accurate representation of the as-installed cost of the system being contributed to Lee County and corresponds with the record drawings.

| C | CERTIFYING: |
|---|---|
| | (Name & Title of Certifying Agent) |
| | OF: HASKINS INC. (Firm or Corporation) |
| | ADDRESS: 10956 ENTERPRISE AVENUE |
| _ | BONITA SPRINGS, FL 34135 |
| STATE OF FLORIDA) SS: COUNTY OF LEE | |
| The foregoing instrument was sign | ned and acknowledged before me this5TH |
| day ofDECEMBER | , 20 02 by KATHLEEN HASKINS |
| | (Print or Type Name) |
| who has produced PERSONALLY I | KNOWN as |
| · | Of Identification and Number) |
| Notary Public Signature Hamses | Joel A Chambers MY COMMISSION # DD132675 EXPIRES September 15, 2006 |
| Printed Name of Notary Public Notary Commission Number | NOTARY SEAL) |
| CDUMan - September 19, 2001 PROJECT NAME | - |
| CERTIFICATE OF CONTRIBUTORY ASSETS | PAGE 2 OF 2 Siteditin/Permissic C-Utilities (Applications Local-LOU-Cert of Contrib Assets, doc |



This Instrument Prepared By: Lee County Utilities 1500 Monroe Street - 3rd Floor Fort Myers, Florida 33901

PERPETUAL PUBLIC UTILITY EASEMENT GRANT

| THIS INDENTURE is made and entered into this day of | , by and |
|--|----------|
| between Creekside Development of Lee County, Inc., Owner, hereinafte | |
| GRANTOR(S), and LEE COUNTY, hereinafter referred to as GRANTEE. | |

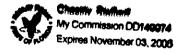
WITNESSETH:

- 1. For and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged and accepted, GRANTOR hereby grants, bargains, sells and transfers to the GRANTEE, its successors and assigns, a perpetual public utility easement situated in Lee County, Florida, located and described as set forth in Exhibit "A", attached hereto and made a part hereof.
- 2. GRANTEE, its successors, appointees and assigns, are granted the right, privilege, and authority to construct, replace, renew, extend and maintain a wastewater collection and/or water distribution system, together with, but not limited to, all necessary service connections, manholes, valves, fire hydrants, lift stations and appurtenances, to be located on, under, across and through the easement which is located on the property described (Exhibit "A"), with the additional right, privilege and authority to remove, replace, repair and enlarge said system, and to trim and remove roots, trees, shrubs, bushes and plants, and remove fences or other improvements which may affect the operation of lines, mains and/or utility facilities.
- 3. The public utility easement shall not be limited to any particular diameter size or type and/or number of connections to other water/sewer mains for providing water/sewer service to this and any adjacent properties. The total area of this public utility easement is reserved for utility lines, mains, or appurtenant facilities and for any landscaping (excluding trees), walkways, roadways, drainage ways, or similar uses. Houses, fences, buildings, carports, garages, storage sheds, overhangs, or any other structures or portions of structures shall not be constructed on or placed within this easement at anytime, present or future, by GRANTOR, or its heirs, successors or assigns.
- 4. Title to all utilities constructed and/or placed hereunder by GRANTEE or its agents shall remain in the GRANTEE, GRANTEE's successors, appointees, and/or assigns.
- 5. Subject to any pre-existing easements for public highways or roads, railroads, laterals, ditches, pipelines and electrical transmission or distribution lines and telephone and cable television lines covering the land herein described, GRANTOR(S) covenant that they are lawfully seized and possessed of the described real property (Exhibit "A"), have good and lawful right and power to sell and convey it, and that the said property is free of any and all liens and encumbrances, except as herein stated, and accordingly, GRANTOR(S) will forever defend the title and terms of this said casement and the quiet possession thereof by GRANTEE against all claims and demands of all other entities.

- 6. GRANTOR(S), its heirs, successors or assigns, shall assume all liability for any consequential damages to any houses, fences, buildings, carports, garages, storage sheds, overhangs, or any other structures or portions of structures subsequently constructed by GRANTOR(S) in violation of paragraph 3 within the above easement, which result from the required activities of the GRANTEE for any construction, maintenance or repairs to the utilities located within the above-described easement.
- 7. GRANTEE will be liable for money damages in tort for any injury to or loss of property, personal injury, or death caused by the negligent or wrongful act(s) or omission(s) of any official or employee of the GRANTEE while acting within the scope of the official's or employee's office or employment under circumstances in which a private person would be found to be liable in accordance with the general laws of the State of Florida, and subject to the limitations as set out in Section 768.28, Florida Statutes, as it may be revised, amended or renumbered from time to time.
- 8. GRANTEE shall have reasonable right of access across GRANTOR's property for the purposes of reaching the described easement (Exhibit "A") on either paved or unpaved surfaces. Any damage to GRANTOR's property or permitted improvements thereon as the result of such access to the described easement or the construction, maintenance, or repairs located within the described easement shall be restored by GRANTEE, to the condition in which it existed prior to the damage as is reasonably practicable. GRANTEE agrees to coordinate each activity within the easement premises in advance with the manager of the U. S. Postal Service, so as not to interfere with Postal Service operations.
- 9. By acceptance of this easement, the GRANTEE assumes no responsibility for ownership or maintenance of any associated roads. The easement is strictly for utility purposes. If GRANTEE fails to utilize the granted easement (Exhibit "A", hereto) for the purposes as set out herein and for the time as set out in Section 255.22, Florida Statutes, then this easement shall be extinguished pursuant to law,
- 10. This easement shall be binding upon the parties hereto, their successors in interest and any assigns.

IN WITNESS WHEREOF, the GRANTOR has caused this document to be signed on the date and year first above written.

| X Chaothy Halford (Signature of 1st Witness) | X Divining , V |
|---|--|
| (Signature of 1st Witness) | (Grantor's/Owner's Signature) |
| Chastily Stafford (Name of 1st Witness) | (Grantor's/Owner's Signature) Creeks de level put of lec (5.7) Daniel W Duchill, flor. (Grantor's/Owner's Name) |
| (Name of 1st Witness) | (Grantor 5, 5 wher 5 rathe) |
| × Jaren Modrice | President |
| (Signature of 2 nd Witness) | Title |
| KAREN M DODRILL | |
| (Name of 2 nd Witness) | |
| | |
| STATE OFFL) SS: COUNTY OF _Lee) | |
| The foregoing instrument was signed 20 6 7 by Daniel W. Dodrill, President - C who do not take an oath. | and acknowledged before me this 26 day of Accorded Creekside Development of Lee County, Inc., and |
| Notary Public Signature | |
| Chartily Stafford | |
| Printed Name of Notary Public | |
| - | (Notary Seal & Commission Number) |



Banks Engineering, Inc.

Professional Engineers, Planners & Land Surveyors FORT MYERS ◆ NAPLES ◆ SARASOTA

DESCRIPTION
OF A
PARCEL OF LAND
LYING IN
SECTION 35, TOWNSHIP 45 SOUTH, RANGE 23 EAST
LEE COUNTY, FLORIDA

(LEE COUNTY UTILITY EASEMENT)

A TRACT OR PARCEL OF LAND SITUATED IN THE STATE OF FLORIDA, COUNTY OF LEE, LYING IN SECTION 35, TOWNSHIP 45 SOUTH, RANGE 23 EAST, LEE COUNTY, FLORIDA, BEING A PORTION OF LOTS 20 AND 21, CALOOSA CREEK, AS RECORDED IN PLAT BOOK 72, PAGES 8 THROUGH 12, PUBLIC RECORDS OF SAID LEE COUNTY, FLORIDA, BEING FURTHER BOUND AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEASTERLY CORNER OF SAID LOT 20; THENCE S.00°41'38"E. ALONG THE EASTERLY LINE OF SAID LOT FOR 54.75 FEET; THENCE S.89°27'38"W. FOR 42.08 FEET TO AN INTERSECTION WITH A LINE 10.00 FEET SOUTHERLY OF AND PARALLEL WITH (AS MEASURED ON A PERPENDICULAR) THE NORTHERLY LINE OF SAID LOT 20; THENCE S.45°14'34"W. ALONG SAID PARALLEL LINE FOR 199.12 FEET TO AN INTERSECTION WITH THE NORTHERLY RIGHT-OF-WAY LINE OF CALOOSA CREEK CIRCLE (40 FEET WIDE) AND A NON-TANGENT CURVE TO THE LEFT HAVING A RADIUS OF 95.00 FEET AND TO WHICH POINT A RADIAL LINE BEARS N.51°17'07"E.; THENCE NORTHWESTERLY ALONG SAID CURVE AND SAID NORTHERLY LINE THROUGH A CENTRAL ANGLE OF 12°05'05" FOR 20.04 FEET TO AN INTERSECTION WITH A LINE 10.00 FEET NORTHERLY OF AND PARALLEL WITH (AS MEASURED ON A PERPENDICULAR) THE NORTHERLY LINE OF SAID LOT 20; THENCE N.45°14'34"E. ALONG SAID PARALLEL LINE FOR 165.70 FEET; THENCE N.00°41'38"W. FOR 28.90 FEET; THENCE S.88°53'03"W. FOR 20.00 FEET; THENCE N.00°41'38"W. FOR 40.00 FEET TO AN INTERSECTION WITH THE NORTHERLY LINE OF SAID LOT 21; THENCE N.88°53'03"E. ALONG SAID NORTHERLY LINE FOR 100.00 FEET TO THE NORTHERLY CORNER OF SAID LOT 21; THENCE S.00°41'38"E. ALONG THE EASTERLY LINE OF SAID LOT 21 FOR 5.98 FEET TO THE POINT OF BEGINNING.

SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND RIGHTS-OF-WAY OF RECORD.

PARCELS CONTAIN 0.22 ACRES, MORE OR LESS.

ASSUMED NORTH BASED ON THE EASTERLY LINE OF LOT 20 CALOOSA CREEK AS RECORDED IN PLAT BOOK 72, PAGES 8 THROUGH 12, PUBLIC RECORDS OF LEE COUNTY, FLORIDA, AS BEARING S.00°41'38"E.

DESCRIPTION PREPARED 12-13-02

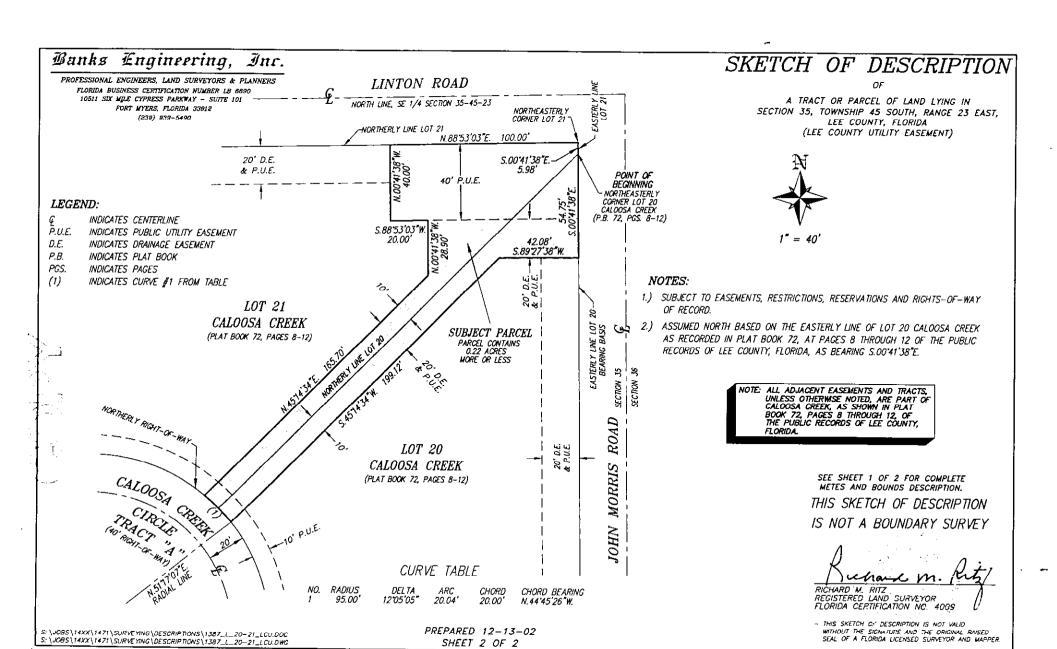
RICHARD M. RITZ

REGISTERED LAND SURVEYOR

enad m.

FLORIDA CERTIFICATION NO. 4009

Schobs Poor) 387 SURVEYING OF SCRIPTIONS 1987 1 20:01 LC Udoc Schobs USC 187 SURVEYING OF SCRIPTIONS 1387 1 20:21 LC Udoc



PHOTOCOPIES OF THIS FORM NOT ACCEPTABLE

DR-219

FLORIDA DEPARTMENT OF REVENUE RETURN FOR TRANSFERS OF INTEREST IN REAL PROPERTY (PLEASE READ INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING)

| | Lice block ink. Enter numbers as shown below. If tuning only numbers as shown below. | = |
|-----|--|-------|
| 1. | Parcel Identification Number (If Parcel ID not available Use black ink. Enter numbers as shown below. O I 2 3 4 5 6 7 8 9 O 1 2 3 4 5 6 7 8 9 | |
| | please call County Property Appraiser's Office) → 35452313000000250 | |
| 2. | Mark (x) all Multi-parcel transaction? → I Transaction is a split Property was improved with building(s) at time of sale/transfer? | |
| 3. | Grantor (Seller): HERDTNER RICHARD W. | |
| | P. O. BOX 332, LEBANON, OHIO 45036 Corporate Name (if applicable) | |
| | Mailing Address City State Zip Code Phone No. LEE COUNTY BOARD OF COUNTY COMMISSIONERS | _ |
| 4. | Grantee (Buyer): Last First MI Corporate Name (if applicable) | _ |
| | P. O. BOX 398, FT MYERS FL 33902 (239) 479-8181 | |
| 5. | Mailing Address City State Zip Code Phone No. Date of Sale/Transfer Price | |
| | Month Day Year (Round to the nearest dollar.) Property Located In 4 6 (County Codes on Rev | /erse |
| 6. | Type of Document Contract/Agreement X Other 7. Are any mortgages on the property? If "Yes", YES / | NO |
| | Warranty Deed Gould Claim Deed Donation Goutstanding mortgage balance: (Round to the nearest dollar.) O[O[O[O[O[O[O[O[O[O | 0 |
| 8. | To the best of your knowledge, were there unusual circumstances or conditions to the sale/transfer such as: Forced sale by court order? Force(osure pending? Distress Sale? Title defects? Corrective Deed? Mineral rights? | NO |
| 9. | Was the sale/transfer financed? YES / NO If "Yes", please indicate type or types of financing: | |
| | Conventional Seller Provided Contract for Deed Other Institutional/ | |
| | Property Type: Residential Commercial Industrial Agricultural Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply | |
| | To the best of your knowledge, was personal property included in the sale/transfer? If "Yes", please state the amount attributable to the personal property. (Round to the nearest dollar.) Amount of Documentary Stamp Tax | ° |
| | · ' ' | \ |
| 10. | If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? YES YES / Number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? | VО |
| I | than the taxpayer, his/her declaration is based on all information of which he/her has any knowledge. | |
| L | Signature of Grantor or Grantee or Agent WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED AT HE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO A | *137 |
| | OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. | .NY |
| | (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp | |
| | | |
| | | |
| C | D. R. Book | |
| Pa | and ge Number | |
| 1 0 | and | |
| Fi | le Number | |
| Dat | te Recorded Month Pay / Day / Year | |

FLORIDA DEPARTMENT OF REVENUE RETURN FOR TRANSFERS OF INTEREST IN REAL PROPERTY

PHOTOCOPIES OF THIS FORM NOT ACCEPTABLE

DR-219 R. 07/98

(PLEASE READ INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING)

| | Use black ink. Enter numbers as shown below. If typing, enter numbers as shown below. | | | | | |
|-----|---|--|--|--|--|--|
| 1. | Parcel Identification Number OID 13456789 0123456789 | | | | | |
| | olease call County Property 35452313000000200 + 0210 | | | | | |
| 2. | Transaction is a split Mark (x) all Multi-parcel that apply Mark (x) all Multi-parcel transaction? Transaction is a split or cutout from another parcel? Transaction is a split or cutout from another parcel? Of sale/transfer? Transaction is a split or cutout from another parcel? | | | | | |
| 3. | Grantor (Seller): CREEKSIDE DEVELOPMENT OF LEE COUNTY, INC. | | | | | |
| | Last First MI Corporate Name (if applicable) 16681 MCGREGOR BLVD, FT MYERS FL 33908 | | | | | |
| 4. | Mailing Address City State Zip Code Phone No. Grantee (Buyer): LEE COUNTY BOARD OF COUNTY COMMISSIONERS | | | | | |
| | Last First MI Corporate Name (if applicable) P. O. BOX 398, FT MYERS FL 33902 (239) 479-8181 | | | | | |
| 5. | Mailing Address City State Zip Code Phone No. Date of Sale/Transfer Sale/Transfer Price | | | | | |
| J. | Month Day Year (Round to the nearest dollar.) Property (County Code (County Codes on Rever | | | | | |
| 6. | Type of Document Contract/Agreement X Other 7. Are any mortgages on the property? If "Yes", YES VES VES VES VES VES VES VES VES VES V | | | | | |
| | Warranty Deed Quit Claim EASEMENT (Round to the nearest dollar.) \$ | | | | | |
| 8. | To the best of your knowledge, were there unusual circumstances or conditions to the sale/transfer such as: Forced sale by court order? Foreclosure pending? Distress Sale? Title defects? Corrective Deed? Mineral rights? YES YES No. | | | | | |
| 9. | Was the sale/transfer financed? YES NO If "Yes", please indicate type or types of financing: Agreement or | | | | | |
| | Conventional Seller Provided Contract for Deed Other | | | | | |
| 10. | Institutional/ Property Type: Residential Commercial Industrial Agricultural Miscellaneous Government Vacant Acreage Timeshare | | | | | |
| | Mark (x) all hat apply | | | | | |
| | To the best of your knowledge, was personal property NES X NO \$ NO Cents O Cen | | | | | |
| | amount attributable to the personal property. (Round to the nearest dollar.) Amount of Documentary Stamp Tax | | | | | |
| 13. | f no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? | | | | | |
| ı | Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based or all information of which he/her has any knowledge. | | | | | |
| L | Signature of Grantor or Grantee or Agent PICK DIAZ, STIL, DIRECTOR WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO ANY | | | | | |
| | OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. | | | | | |
| | (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp | | | | | |
| | | | | | | |
| (| . R. Book | | | | | |
| | and | | | | | |
| ra | ge Number | | | | | |
| F | e Number | | | | | |
| Da | e Recorded Month Day Year | | | | | |

FLORIDA DEPARTMENT OF REVENUE RETURN FOR TRANSFERS OF INTEREST IN REAL PROPERTY

PHOTOCOPIES OF THIS FORM NOT ACCEPTABLE

DR-219 R. 07/98

(PLEASE READ INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING)

| that apply transaction? RANDO ROBERT + JENNITER 3. Grantor (Seller): Lest First F | | Use black ink. Enter numbers as shown below. | typing, enter numbers as shown below. |
|--|------|--|---|
| Appriser's Office) SPECIAL STREET STREET SPECIAL ST | | (If Parcel ID not available | 0123456789 |
| 2. Mark (t) sell that apply transaction? ROBERT + JENNIFER services and transaction? ROBERT + JENNIFER SERVICES State Zip Code Phone No. 4. Grantes (Buyer): LEE COUNTY BOARD OF COUNTY COMMISSIONERS 4. Grantes (Buyer): LEE COUNTY BOARD OF COUNTY COMMISSIONERS LEE COUNTY BOARD OF COUNTY COMMISSIONERS City State Zip Code Phone No. LEE COUNTY STATE SERVICES STATE STATE STATE STATE SERVICES | | Appraiser's Office) → 3343451300000200 | |
| First Salt | | Mark (x) all Multi-parcel or cutout from another parcel? that apply transaction? → another parcel? | with building(s) at time |
| Making Address LEE COUNTY BOARD OF COUNTY COMMISSIONERS City State Zip Code Phone No. LEE COUNTY BOARD OF COUNTY COMMISSIONERS City State Zip Code Phone No. Corporate Name (if applicable) (239) 479–8181 Date of SalerTransfer SalerTransfer Price SalerTransfer Price Date of SalerTransfer Other 7. Are any mortgages on the property? If "Yes", YES / If the best of your force? Foreclosure pending? Distress Saler Transfer Price 8. To the best of your knowledge, were there unusual circumstances or conditions to the sale/transfer sale and your force? Foreclosure pending? Distress Sale? Title deflects? Corrective Deed? Mineral rights? 9. Was the sale/transfer franced? YES / NO If "Yes", please indicate type or types of financing: Conventional Seller Provided Contract Industrial Agricultural Macellareacus Government Vacant Acreage Timeshare Mark (d) all that sale/transfer transced? YES / NO If "Yes", yelease indicate type or types of financing: Conventional Seller Provided Contract for Deed Other | 3. | Grantor (Seller): | Corporate Name (if applicable) |
| 4. Grantee (Buyer): Lest COUNTY BOARD OF COUNTY COMMISSIONERS P. O. BOX 398, FIT MYERS FL 33902 | | 1148 SHELL BASKET LANE, SANIBEL, FL 3395 | 7 |
| Sale August Aug | _ | THE COUNTY BOARD OF COUNTY COMMISSIONERS | |
| Mailing Address City State Zip Code Phone No. Oate of Sale/Transfer Price Sale/Transfer Price Oate of Sale/Transfer Price (Round to the nearest dollar.) Type of Document Contract/Apreement Contract/Cont | 4. | Last First MI | Corporate Name (if applicable) |
| Sale/Transfer Price Sale/Transfer Price | | | |
| Warranty Quit Claim Round to the nearest dollar.) Substitutional Round to the nearest dollar. Round to the sale/transfer such as: Forced sale by count order? Foreclosure pending? Distress Sale? Title defects? Corrective Deed? Mineral rights? YES / It sale of a partial or undivided interest? Related to seller by blood or marriage. No If "Yes", please indicate type or types of financing: | 5. | Date of Sale/Transfer Sale/Transfer Price \$ 1 | Property County Code |
| Warranty Deed Out Claim Deed (Round to the nearest dollar.) 8. To the best of your knowledge, were there unusual circumstances or conditions to the sale/transfer such as: Forced sale by court order? Foreclosure pending? Distress Sale? Title defects? Corrective Deed? Mineral rights? YES / Institutional or undivided interest? Related to seller by blood or marriage. 9. Was the sale/transfer financed? YES / NO If "Yes", please indicate type or types of financing: Conventional Seller Provided Contract for Deed Other Institutional/ Institutional/ Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply Institutional/ Institutional/ Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply Institutional/ Institutional | 6. | TVDE OF LOCUMENT 1 TO | |
| such as: Forced sale by court order? Foreclosure pending? Distress Sale? Title defects? Corrective Deed? Mineral rights? 9. Was the sale/transfer financed? YES | | Warranty Deed Quit Claim (Round to the nearest dollar.) | \$ 00 |
| Conventional Seller Provided Agreement or Contract for Deed Other 10. Property Type: Residential Commercial Industrial Agricultural Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply 11. To the best of your knowledge, was personal property included in the sale/transfer? If "Yes", please state the amount attributable to the personal property. (Round to the nearest doilar.) 12. Amount of Documentary Stamp Tax 13. If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? 14. Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based of a promination of which he/her has any knowledge. Signature of Grantor or Grantee or Agent WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) O. R. Book and Page Number and File Number Date Recorded | 8. | such as: Forced sale by court order? Foreclosure pending? Distress Sale? Title defects? O | Corrective Deed? Mineral rights? |
| 10. Property Type: Residential Commercial Industrial Agricultural Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply 11. To the best of your knowledge, was personal property included in the sale/fransfer? If "Yes", please state the amount attributable to the personal property. (Round to the nearest doilar.) 12. Amount of Documentary Stamp Tax 13. If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based or a not promise of which he/her has any knowledge. Signature of Grantor or Granter or Agent Acre DIAZ. DITLL. DIRECTOR WARNING FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25,00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp O. R. Book and Page Number and File Number Date Recorded | 9. | Agreement or | |
| 10. Property Type: Residential Commercial Industrial Agricultural Miscellaneous Government Vacant Acreage Timeshare Mark (x) all that apply 11. To the best of your knowledge, was personal property included in the sale/transfer? If "Yes", please state the amount attributable to the personal property. (Round to the nearest doilar.) 12. Amount of Documentary Stamp Tax 13. If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? 14. Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based or all information of which he/her has any knowledge. 15. Signature of Grantor or Grantee or Agent 16. WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATURE FORMAPPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25 00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. 17. OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. 18. Book and Page Number and File Number 29. Clerks Date Stamp 20. R. Book and Page Number and File Number 20. R. Book and Page Number and File Number 20. R. Book and Page Number and File Number | | | Other [|
| 11. To the best of your knowledge, was personal property included in the sale/transfer? If "Yes", please state the amount attributable to the personal property. (Round to the nearest dollar.) 12. Amount of Documentary Stamp Tax 13. If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? 14. Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based of all information of which he/her has any knowledge. Signature of Grantor or Grantee or Agent WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp O. R. Book and Page Number and File Number Date Recorded /// | 10. | Property Type: Residential Commercial Industrial Agricultural Miscellaneous Mark (x) all | Government Vacant Acreage Timeshare |
| amount attributable to the personal property. (Round to the nearest doilar.) 12. Amount of Documentary Stamp Tax 13. If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.02(6), Florida Statutes? Under penalties of perjury, I declare that I have read the foregoing return and that the facts stated in it are true. If prepared by someone other than the taxpayer, his/her declaration is based of a funformation of which he/her has any knowledge. Signature of Grantor or Grantee or Agent WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp O. R. Book and Page Number and File Number Date Recorded / | 11. | | \$ OOO |
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| than the taxpayer, his/her declaration is based or all information of which he/her has any knowledge. Signature of Grantor or Grantee or Agent WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) Clerks Date Stamp O. R. Book and Page Number and File Number Date Recorded / / / / / / / / / / / / / / / / / / / | 13. | . If no tax is due in number 12, is deed exempt from Documentary Stamp Tax under s. 201.0 | |
| WARNING: FAILURE TO FILE THIS RETURN OR ALTERNATIVE FORM APPROVED BY THE DEPARTMENT OF REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO A OTHER PENALTY IMPOSED BY THE REVENUE LAW OF FLORIDA. (To be completed by the Clerk of the Circuit Court's Office) O. R. Book and Page Number and File Number Date Recorded | I | | |
| O. R. Book and Page Number and File Number Date Recorded / / / / / / / / / / / / / / / / / / | L | NICK DIAZ, UTIL, DIRECTOR | |
| O. R. Book and Page Number and File Number Date Recorded / / / / / / / / / / / / / / / / / / | | | F REVENUE SHALL RESULT IN A PENALTY OF \$25.00 IN ADDITION TO ANY |
| and Page Number and File Number Date Recorded | | (To be completed by the Clerk of the Circuit Court's Office) | Clerks Date Stamp |
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| Month Day Year | | ate Recorded / / / / / / / / / / / / / / / / / / | |

| TO: LEE COUNTY FINANCE DEPARTMENT | | |
|---|-----------------------------------|-------------------------|
| FROM: UTILITIES ENGINEERING | - | |
| (Department) SUE GULLEDGE | | |
| A. AUTHORIZATION: | - | |
| | | |
| This transmittal authorizes the Office to incur expenses for filing/records against: CALOOSA CREEK Purchase Order # N/A for project | BS 20030079-UTL | |
| Purchase Order #for project ACCOUNT NO. OD5360748700.504930 | 3 EASEMENTS: -CREEKSIDE DEVELO | OPMENT |
| ORIGINAL EASEMENT TO MINUTES AFTER RECORDING | -ROBERT + JENNIF | |
| WITH COPY TO SUE GULLEDGE, UTILITIES | The WHERDT | Edge |
| | SUE GULLEDOE | Signature Authorization |
| B. SERVICE RECEIVED: RECORDING | | |
| O. R. COPIES | | |
| PLAT COPIES | | |
| CASE #/INDEX FEE | | |
| DESCRIPTION OF SERVICE | | |
| AMOUNT OF FEE INCURRED \$ | | |
| (date) | (DEPUTY C | LERK) |
| | (CUSTOMER) (I | |
| THIS FORM GOES TO CASHIER WITH R | EGULAR RECEIPT ATT | ACHED |
| C. INVOICE INFORMATION: (FOR CLERK'S DEPARTMENT ONL' | () | |
| REC'D | | |
| ENTERED | | |
| CUST. # | | |
| INV. # | | |
| PLEASE REMIT TO: Clark's Accounting | | |

P.O. BOX 2396

FORT MYERS, FLORIDA 33902-2396

White - FINANCE Yellow - DEPT FISCAL OFFICER Pink - CLERK'S OFFICE