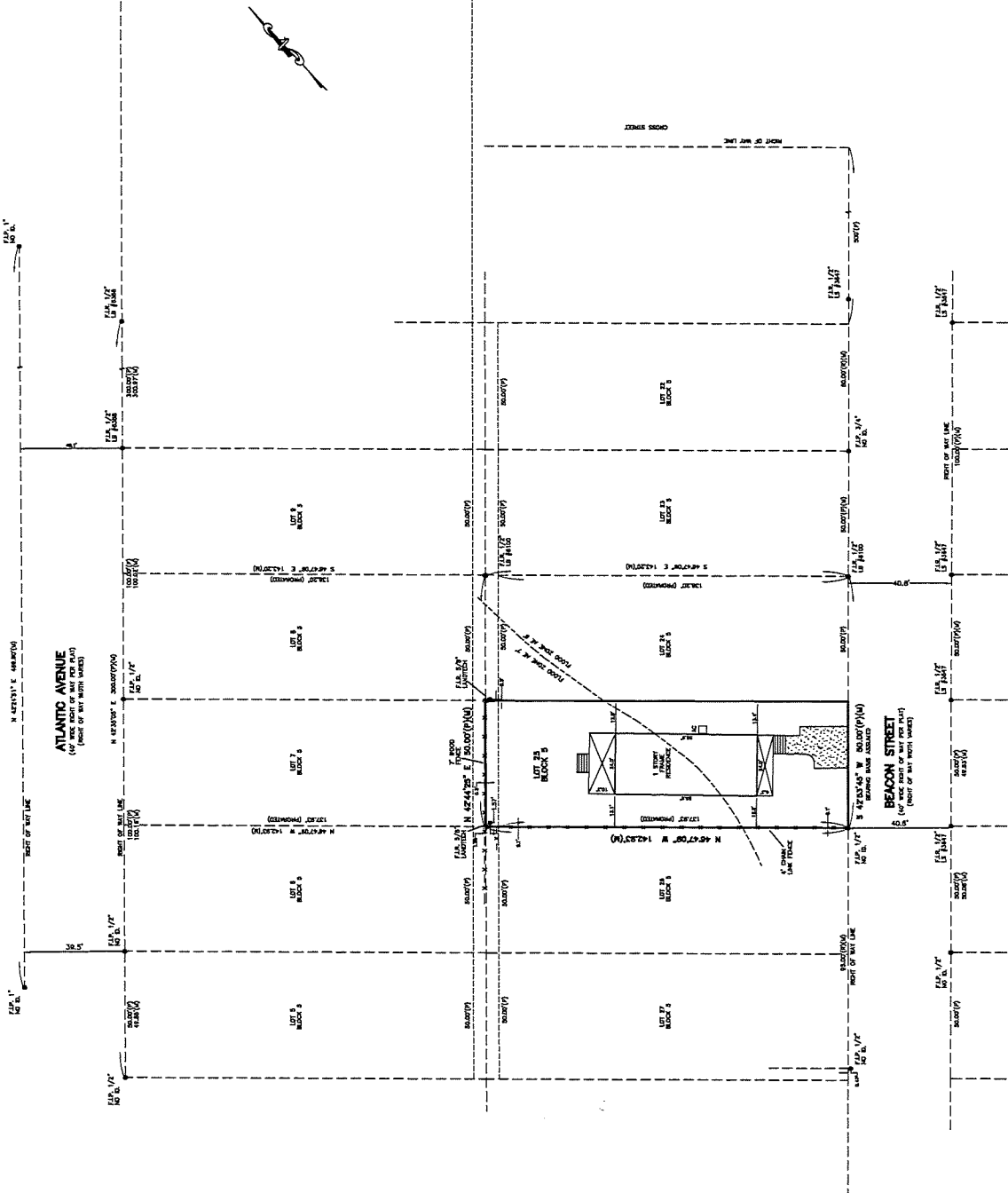


MAP OF BOUNDARY SURVEY

LOT 25, BLOCK 6, HILDBETH BAY ADDITION TO THE PLANNED COMMUNITY OF HILDBETH BAY, BEING THE SOUTH HALF OF PALM PALM TRACT, BEING THE SOUTH HALF OF THE UNPAVED ALLEY LYING NORTHWEST AND ADJOINING SAID LOT, OF THE PUBLIC RECORDS OF ST. JOHNS COUNTY, FLORIDA.

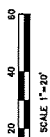
ATLANTIC AVENUE
(BY THE BACK OF LOT 25)

BEACON STREET
(BY THE BACK OF LOT 25)



- RECORDS WITH:
1. THIS IS A BOUNDARY SURVEY ONLY.
 2. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 3. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 4. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 5. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 6. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 7. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 8. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 9. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.
 10. THIS SURVEY IS NOT TO BE USED FOR ANY OTHER PURPOSE.

COMMUNITY NAME	121818 SITE J
DATE	11-27-18



- LEGEND
- 6" IRON PIPE IN PLACE
 - 8" IRON PIPE IN PLACE
 - 12" IRON PIPE IN PLACE
 - 18" IRON PIPE IN PLACE
 - 24" IRON PIPE IN PLACE
 - 30" IRON PIPE IN PLACE
 - 36" IRON PIPE IN PLACE
 - 42" IRON PIPE IN PLACE
 - 48" IRON PIPE IN PLACE
 - 54" IRON PIPE IN PLACE
 - 60" IRON PIPE IN PLACE
 - 66" IRON PIPE IN PLACE
 - 72" IRON PIPE IN PLACE
 - 78" IRON PIPE IN PLACE
 - 84" IRON PIPE IN PLACE
 - 90" IRON PIPE IN PLACE
 - 96" IRON PIPE IN PLACE
 - 102" IRON PIPE IN PLACE
 - 108" IRON PIPE IN PLACE
 - 114" IRON PIPE IN PLACE
 - 120" IRON PIPE IN PLACE

RG'S LAND SURVEYING, INC.
 DUAL REGISTRATION
 (904) 475-3888 WEB SITE: WWW.RGSLANDSURVEYING.COM
 3624 CRYSTAL TRAIL, ST. AUGUSTINE, FL 32086

CERTIFIED TO:
 Holly Machon
 Land Title of America, Inc.
 10000 Lake Nona Blvd, Suite 100
 Orlando, FL 32826
 (407) 281-1111
 www.landtitleofamerica.com

PARCEL NO. 25
 ACRES 0.1184
 TO BEACON STREET, ST. AUGUSTINE, FL 32084
 FIELD BOOK 18 PAGE 79
 CHECKED BY RGS

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION						FOR INSURANCE COMPANY USE
A 1. Building Owner's Name Holly Melchiori					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 Beacon Street					Company NAIC Number:	
City St. Augustine		State Florida		ZIP Code 32084		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 2-29 HILDRETH BACK BAY LOT 25, BLK. 5 & S1/2 OF VAC ALLEY LY NW						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>						
A5. Latitude/Longitude: Lat. <u>29.918007</u> Long. <u>-81.317390</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <u>5</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>0.00</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A8.b <u>0.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage <u>0.00</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A9.b <u>0.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number St. Augustine, City of / 125145				B2. County Name St. Johns		B3. State Florida
B4. Map/Panel Number 12109C / 0312	B5. Suffix J	B6. FIRM Index Date 12-07-2018	B7. FIRM Panel Effective/ Revised Date 12-07-2018	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7' & 8'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 Beacon Street			Policy Number:
City St. Augustine	State Florida	ZIP Code 32084	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 Beacon Street			Policy Number:
City St. Augustine	State Florida	ZIP Code 32084	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
-----------------------	-------

Community Name	Telephone
----------------	-----------

Signature	Date
-----------	------

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 Beacon Street			Policy Number:
City St. Augustine	State Florida	ZIP Code 32084	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

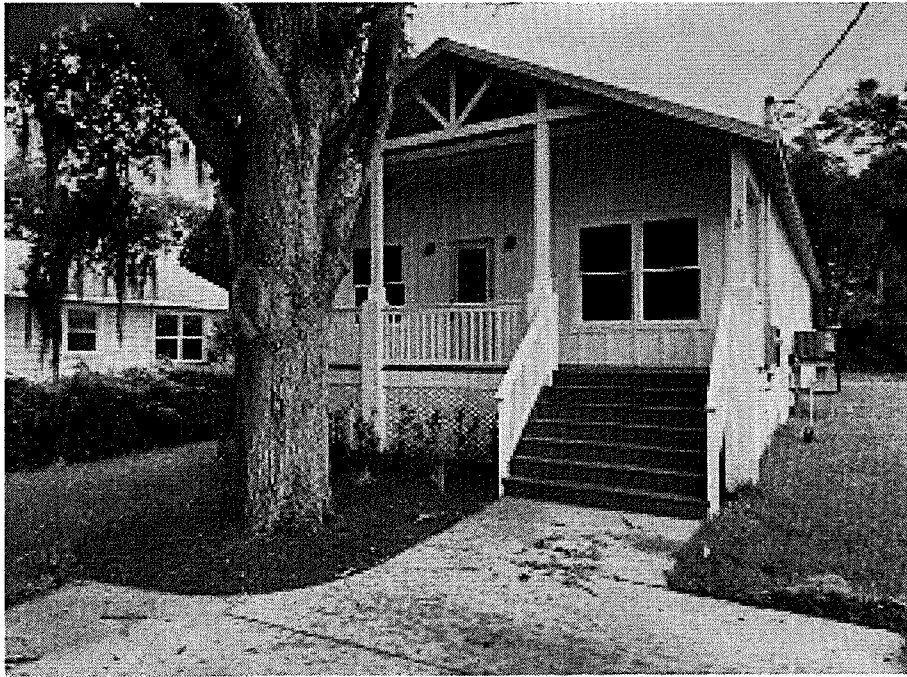


Photo One

Photo One Caption FRONT VIEW (08-04-21)

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW (08-04-21)

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 Beacon Street			Policy Number:
City St. Augustine	State Florida	ZIP Code 32084	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption RIGHT SIDE VIEW (08-04-21)

Clear Photo Three

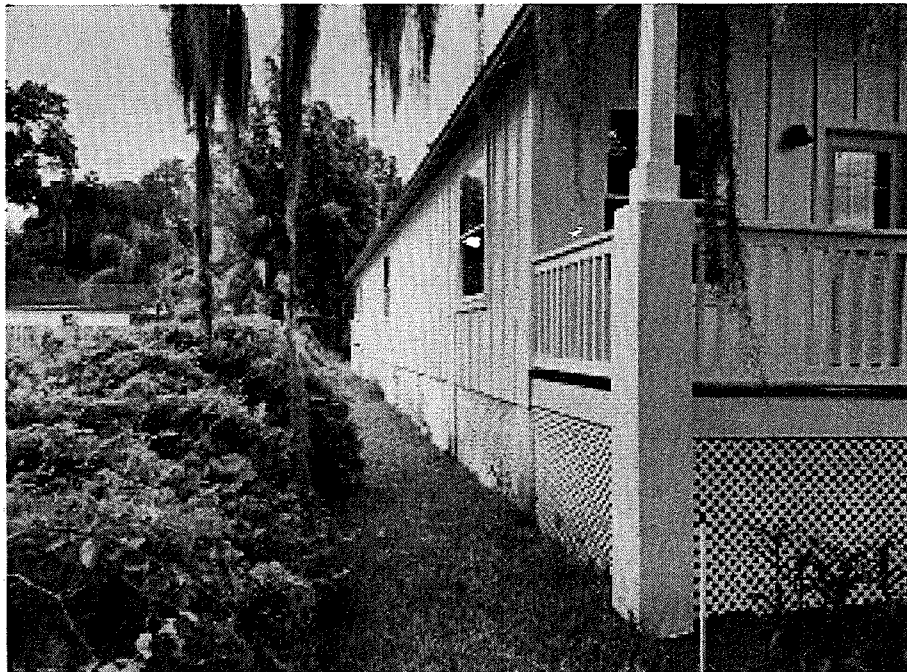


Photo Four

Photo Four Caption LEFT SIDE VIEW (08-04-21)

Clear Photo Four