

CONQUISTADOR HOMEOWNER'S ASSOCIATION, INC.
BOARD OF DIRECTORS MEETING
Tuesday, March 19, 2024

MEMBERS PRESENT:

Matt Hollister, Bldg. 1
Bill Cloud, Bldg. 2
Marge Drury, Bldg. 3
Rick Cass, Bldg. 4
Charles Encarnation, Bldg. 5
Renee Drentkiewicz, Bldg. 6
Mike Andrusyszyn, Bldg. 7
Martha Gorton, Bldg. 8
Vince Stapleton, Bldg. 9
Jan Barnes, Bldg. 10
Rich Stenseth, Bldg. 11
Gary Hoyt, Bldg. 12
Joe Endress, Homes 1
John Calabro, Homes 2
Kathleen Murphy, Homes 3

OTHERS:

Bonnie Guenther, Manager
Others in Attendance (see attached)
Zoom Attendees: Robert Luongo, David
McMillan, Mary Hutchison, Anne &
Ralph Allbee, John & Gail Mitchell, Pat
Kelvasa

The Board of Directors' meeting with Zoom was called to order at 9:30 am after the Pledge of Allegiance. There was a quorum noted, and a motion was made by Joe Endress to approve the minutes of the Board meeting of February 20, 2024. The motion was seconded by Mike Andrusyszyn, and the vote was unanimously approved.

Treasurer's Report: Joe Endress – See attached.

Committee Report:

1. Architectural Review Committee – Renee Drentkiewicz – See attached

- Julie Fall, 3180 SE Gran Via Way, paint driveway different color than previously approved.
- Janet Pierson, 3130 SE Gran Via Way, stepping stones on side of driveway, to garage side door
- James & Lynne Harris, Bldg.3, Unit 302, lanai window replacement

All above applications were approved for recommendation by the Architectural Review Committee and approved via email previously by the Architectural Control Board. The owners have already been notified.

This application below was submitted:

- John & Jean McIntyre, 1823 SE Granada Lane, new roof

This was recommended for approval by the Architectural Review Board previously. After review of the information submitted, Kathleen Murphy made a motion to approve the roof and it was seconded by Joe Endress. The vote was unanimously approved.

2. Holiday Lighting Committee – Debbie Hollister

As of 3.18.24, \$1655.00 has been collected for the holiday lighting. In years past, we were approximately \$3500.00 higher at this time. Last April we collected \$6,200. We normally give the first deposit to the company in May. Debbie asked that we all please get the word out that at this time we need additional money for the 2024 holiday lights.

3. Social Committee – Debbie Hollister – See attached

The Board positions for the Social Committee for 2024 & 2025 were unable to be filled. The Committee would like to suspend the Social Committee, as it presently exists, for one year, to be replaced with an ad hoc Event Committee. This will consist of volunteers who assist the community with functions. In February 2025, they will meet again to discuss the Social Committee's future. Debbie is looking for a motion from the Board to allow an events ad hoc committee to be established to organize events for the 2025 season. Matt mentioned that the current Social Committee is a standing committee only. The only committee that is a part of the current yellow book is the Executive Committee. This Social Committee developed its own set of documents which consists of a Board of Directors who govern this committee. However, currently, the Committee is unable to fill those Board positions. In the recent straw poll survey, residents stated that they still wanted to have events. Lengthy discussion followed. A restructuring of the Committee was discussed. This restructuring could consist of a chairman and subordinates only, with no actual Executive Social Committee. The other idea is a core committee that would share the chairmanship as co –chairs instead. The Board agreed with the last idea and Debbie agreed to discuss this with the Social Committee at the April meeting, which is the last meeting of this season. Matt thanked Susan Scherin and Martha Gorton for their hard work on the Conquistador Olympics. He also thanked all volunteers and everyone from the community for their involvement to help make this a success.

Manager's Report – Bonnie Guenther – See attached.

Old Business:

1. FPL Lighting Project – Matt Hollister

The ad hoc lighting committee was formed. There has been no meeting during this week of the Olympics. Additional meetings will start next week to accelerate this project.

2. CHA Documents Revision – Matt Hollister

Matt thanked Rick for his organization of documents to give to the Committee to continue this project. John thanked Rick and Martha for their time in serving on the committee. The committee still has 4 people and should complete the project by the end of May.

3. Condo Bldg. Paint Colors – Matt Hollister

No meetings during the Olympics; therefore, they will meet next week. There is input from the Sherwin- Williams representative, and there should be information to report next meeting.

4. Dock Update – Matt Hollister

The dock builder has completed his work and has been compensated. We are having difficulty getting contractors to submit estimates for the remaining work and at times we are unable to receive 3 estimates. The dock builder recommended an electrician who has

submitted a bid and will be performing the electrical/lighting installation, and a plumber has also been selected to install the water to the dock. This work should be completed by both within the next few weeks. The dock furniture will have 3 selections, which will be submitted to the Board once we determined the budget after the other work is completed.

New Business:

1. Summertime Meeting Schedule – Matt Hollister

Discussion was followed by a motion from Joe, to suspend both the Executive and CHA Board meetings for June and August 2024. John Calabro seconded the motion and the vote was unanimously approved. An emergency meeting can be called at anytime if needed.

2. Dock/Boat Slip Straw Poll – Matt Hollister/ Bill Cloud- See attached.

Matt stated that the Executive Committee recommended that instead of 5 questions presented initially, only 2 questions would be on the straw poll. After some discussion it was determined that only the 2 questions would be asked and they would state:

For the consideration of installing 8 boat slips at the Conquistador dock: #1. Are you in favor of installing these boat slips? #2. Do you believe the installation of boat slips would be an asset? Both questions would be followed by only yes or no responses. John Calabro made a motion to approve the language for the 2 questions above. Kathleen Murphy seconded the motion. Bonnie will be sending out this straw poll this week and will give the residents one week to respond. The vote was unanimously approved. All representative should notify their residents that this straw poll will be sent out this week.

Discussion item:

- Joe Endress commented that the Holiday Lighting project brochure was only distributed to the homes in the past week. Therefore, one last effort to reach the budget would be recommended. Debbie will be adding it to the newsletter and the clubhouse bulletin board also. John stated that the lighting project could also be mentioned prior to the closing Olympic ceremony this Saturday so that money could also be collected there. Debbie will coordinate that with Martha and Susan.

Comments on Agenda items:

- Donna Cass – Bldg. 4 – Donna has concerns with the boat slips and the fisherman. Matt stated that we are only asking straw poll questions at this time. If the response is mostly a no, then we don't need to have any time or effort spent on this project.
- Dave Sherlock – Bldg. 8 – Dave mentioned concern with the trip hazard at the beginning of the dock and the lower dock landing by the steps that was mentioned in last week's meeting. Matt stated that both of those are being investigated. Dave also asked about the tennis court fence project on the manager's report. Bonnie stated that the fence is leaning due to the weight of the wind screens on the south side. The gate system is also aged. The tennis and pickleball people are requesting new wind screens, but these can't be installed until the fence is replaced due to safety issues. She has requested bids to correct the fence issue with the addition of new wind screens, possibly the retractable type. Part of the fence has been

compromised and the fencing company recommended removing the wind screens immediately. Additional information will be available at a later date.

A motion was made to adjourn the meeting by Joe Endress and seconded by John Calabro. The motion was unanimously approved, and the meeting was adjourned at 10:10 am.


Renee Drentkiewicz, Secretary


Matt Hollister, President

CONQUISTADOR HOMEOWNERS' ASSOCIATION, INC.
BOARD OF DIRECTORS MEETING

Tuesday, March 19, 2024
9:30 A.M.

AGENDA

PLEDGE OF ALLEGIANCE

CALL TO ORDER

ROLL CALL

APPROVAL OF PREVIOUS MINUTES

TREASURER'S REPORT

COMMITTEE REPORTS: Architectural Review Committee – Renee Drentkiewicz
 Holiday Lighting Committee – Debbie Hollister
 Social Committee – Debbie Hollister

MANAGER'S REPORT

OLD BUSINESS:

FPL Lighting Project – Matt Hollister
CHA Documents Revision – Matt Hollister
Condo Bldg. Paint Colors – Matt Hollister
Dock Update – Matt Hollister

New BUSINESS:

Summertime Meeting Schedule – Matt Hollister
Dock/Boat Slip Straw Poll – Matt Hollister/Bill Cloud
Discussion Item:

COMMENTS on agenda items:

POSTED: 3/14/24

3/19/24 Board of Directors Meeting Sign In

Printed name	Signature
BILL CLOUD	Bill Cloud
DONNA SIKORA	Donna Sikora
JEAN F. WILLAS	Jean F. Willas
Barbara Duberty	Barbara Duberty
Donna Cass	Donna Cass
Rich Cass	Rich Cass
Debbie Hollister	Debbie Hollister
Judy Pitts	Judy Pitts
Donna Wallace	Donna Wallace
VIN STAPLETON	Vin Stapleton
CALABAU	Calabau
Jean M. Tate	Jean M. Tate
MARY ANN	MARY ANN
Marcy Krutz	Marcy Krutz
Rich Stenseth	Rich Stenseth
Jim Krutz	Jim Krutz
Joe Koloski	Joe Koloski
OJ	OJ
Karen Thomas	Karen Thomas

CONQUISTADOR HOMEOWNERS' ASSOCIATION
TREASURER'S REPORT
February 2024

FINANCIAL ANALYSIS:

We are continuing the positive trend for 2024. In the area of General Common Area, grounds maintenance was over plan by \$1,466. However this was primarily due to Pro Green treatment which is performed every 3 months. So this expense will even out. In this same category, Landscape was slightly higher due to a \$500 bill for dead vine removal on the east block walls. Clubhouse expenses exceeded plan by \$1,770. This was due to inspections and servicing of our fire alarm systems, fire suppression system, and smoke alarms. This is an annual expense and should even out through the remainder of the year. In Other Expense category, we purchase a Christmas tree for \$744 and the fitness center equipment had their quarterly inspection at a cost of \$302. Overall the month was in line with plan and we ended the month with a positive variance of \$8,850.

CHECKING/RESERVE ACCOUNTS:

(BANK STATEMENT AS OF March 1, 2024)

\$198,480.07	SouthState Bank Checking Account
\$273,047.93	SouthState Bank Money Market Account
<u>\$260,441.94</u>	Synovus Business CD
\$731,969.94	Total Checking/Reserve Accounts

WATER BILL/CONSUMPTION SUMMARY:

	CITY OF STUART	CONQUISTADOR	DIF	%
JAN/FEB 2023	1,394,500	1,056,068	338,432	24.3
JAN/FEB 2024	1,563,500	1,439,884	123,616	7.9

Social Committee Straw Poll Published

Close Survey

Bonnie Guenther created at Feb 20, 2024 02:57 PM · 9 questions

Responses

140

Typical Time Spent

2.8 minutes

Completion Rate

6.4%

Question Summary

1. Do you feel one social event per month is adequate? (Multiple Choice)

131/140 (94)% answered

Yes	121/131 (92)%
No	10/131 (8)%

2. Which of the following events do you prefer? (Multiple Choice)

132/140 (94)% answered

Happy Hour	61/132 (46)%
Catered Dinners (more costly)	5/132 (4)%
Some of both	66/132 (50)%

3. Should buildings continue planning and hosting events? (Multiple Choice)

133/140 (95)% answered

Yes	95/133 (71)%
No	38/133 (29)%

4. If your building were hosting an event, would you assist in hosting? (Multiple Choice)

136/140 (97)% answered

Yes	93/136 (68)%
-----	--------------

No

43/136 (32)%

5. If your building were hosting an event, would you attend the event? (Multiple Choice)

134/140 (96)% answered

Yes

114/134 (85)%

No

20/134 (15)%

6. Would you be interested in representing your building as a social representative? (Multiple Choice)

134/140 (96)% answered

Yes

23/134 (17)%

No

111/134 (83)%

7. Would you be interested in representing your building as a member of the Executive Board? (Multiple Choice)

134/140 (96)% answered

Yes

11/134 (8)%

No

123/134 (92)%

8. If you answered yes to question 6 or 7, please add your name. (Short Answer)

23/140 (16)% answered

Anonymous

Diane Encarnation

Anonymous

Elizabeth Sherlock (already a representative for building 8)

Anonymous

Nick Andersen

Anonymous

Robert peterson

Anonymous

Pat Stenseth

Anonymous

Mary Eileen Snow I am a social committee rep for my building

Anonymous
Shelley Wall

9. Other comments/suggestions: (Long Answer)

45/140 (32)% answered

Anonymous

You do a GREAT job. I hope that you will be able to continue so that we will have nice events, especially during the busy season.

Anonymous

Events with reasonably priced food, sandwiches, etc.

Anonymous

There is too much regimentation to these events, they tend to favor couples and there are few events just to meet and enjoy each other's company. It's one-upping the last event

Anonymous

Once a quarter for social events

Anonymous

Country and dance parties. Karaoke nites

Anonymous

I am already on b. 11 committee. Glad to serve.

Anonymous

The place looks great it's time to focus on doing things for the residents

March 19, 2024 – Social Committee Report

After meetings and discussions of the Social Committee, the Social Committee has been unable to fill all Social Committee board positions for the 2024-2025 season. The Social Committee is therefore recommending to the CHA BOD that the Social Committee as it exists today suspend its activities for a period of one year. In its place we are recommending the formation of an ad hoc Events Committee to assist the community with social events for that same period. The Events Committee will be comprised of volunteers that will assist the community in its social activity functions while the Social Committee is inactive.

In February of 2025 the Social Committee will meet to see if all Social Committee board positions can be filled and determine Social Committee's future at that time.

Leap Year Party – 90 people attended

Olympic Opening Ceremony – 140 people attended

Bingo Lunch – over 100 people attended

Olympic Closing Ceremony – 160 people have purchased tickets to attend

Easter Sunrise Service – Sunday March 31st

End of Year Party – Friday April 5th

Manager's Report
Board of Directors Meeting
March 19, 2024

- The yearly insurance appraisal inspection was done by Sedgwick Valuation Services.
- The annual Clubhouse termite inspection was done by Truly Nolen.
- The garden walls around the Clubhouse were pressure washed and painted. In addition, the section of fencing in front of the Clubhouse that covers Clubhouse AC condensers was replaced.
- When the east wall partitions were replaced, vines growing on the east wall had to be removed which caused some vines to die. The vines that died were removed from the east wall. The east wall has been pressure washed, and it is being painted.
- A bid for the installation of a dock water line has been accepted and will be installed this week. As we unfortunately lost our property electrician, Butch Kamin, we went out to bid for the dock electric. I solicited four companies, one of which was recommended by the company that installed the dock. The recommended company was the only company to place a bid. Temporary seating has been placed on the dock. Matt Hollister is researching permanent seating options and will be reporting on this later.
- I have been obtaining quotes for the tennis court fencing as well. I have received two quotes, and I am waiting for one other.
- Please be mindful of your speed and pedestrians, especially this Olympic week. Let's keep everyone safe.

STRAW POLL

1. Do you own a boat ? (yes) (no)
2. Would you use a boat slip if installed ? (yes) (no)
3. Do you believe it would be an asset ? (yes) (no)
4. Would it interest you to purchase a boat ? (yes) (no)
5. Are you in favor of installing boat slips ? (yes) (no)

Received, 3/4/24
BG

Conquistador

APPLICATION FOR ARCHITECTURAL REVIEW

Please deliver or mail this form with any related information to:

Conquistador Homeowners' Association, Inc.
1800 SE St. Lucie Blvd., Clubhouse
Stuart, FL 34996

Attn: Architectural Review Committee

**PLEASE DO NOT FAX OR
EMAIL APPLICATION TO
ARCHITECTURAL
REVIEW COMMITTEE**

Name of Homeowner / Applicant: James Harris and Lynne Harris

Project Property Address: 1800 SE St. Lucie Blvd., Bldg. 3-302, Stuart FL 34996

Phone: 316-393-5195 (Jim) / 316-640-4792 (Lynne) Email: jaharris3@verizon.net / lynneaharris3@gmail.com

Is this a resubmittal? ☐ Yes ☒ No Is this an emergency requiring expedited handling? ☐ Yes ☒ No

Approval is requested for the following modifications(s) / alteration(s) to the above property. Type in or print out and fill in the information relating to your project. Please note in the Additional Information section if this request is for an identical replacement / repair / or reconditioning of an existing item:

- | | | |
|--|---|--|
| <input type="checkbox"/> Addition / Alteration | <input type="checkbox"/> Generator | <input type="checkbox"/> Propane Tank |
| <input type="checkbox"/> Decorative Shutters | <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Lamp Post / Fixture | <input type="checkbox"/> Screen Room / Enclosure |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Mailbox/Mailbox Post Color | <input type="checkbox"/> Siding / Stucco |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Paint* | <input type="checkbox"/> Soffits / Facia |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Patio / Deck | <input type="checkbox"/> Water Features |
| <input type="checkbox"/> Garage Screen Door | <input type="checkbox"/> Pool / Spa Equipment | <input checked="" type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Solar - Hot Water | <input type="checkbox"/> Solar - Pool Heating | <input type="checkbox"/> Solar - Photovoltaic |

* Paint Specifics - Please specify colors by code numbers if using the Approved Exterior Colors for All of Conquistador if you are using the approved color palette. If you are not using the approved color palette the applicant must submit color samples for the following:

House Color: _____ Manufacturer: _____
Trim Color: _____ Manufacturer: _____
Garage Door Color: _____ Manufacturer: _____
Front Door Color: _____ Manufacturer: _____
Other: Porch Windows / Bronze Frame Manufacturer: PGT

Please check and attach appropriate items as necessary:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Initial Plan(s) / Specification(s) | <input type="checkbox"/> Revised Plan(s) / Specification(s) |
| <input type="checkbox"/> Drainage Surface Water Plan | <input type="checkbox"/> Grading Plan |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information:

Anticipated Commencement Date: ASAP Anticipated Completion Date: 4-6 weeks

By signing this Application, the applicant acknowledges that approval by the Architectural Control Board is subject to the following:

1. The applicant agrees that no work shall commence prior to receiving written approvals by the Architectural Control Board.
2. The applicant shall obtain the necessary building permits from the Martin County Building Department. Items requiring building permits can be found at <https://www.martin.fl.us/martin-county-services/do-i-need-permit>
3. The applicant shall use contractors / subcontractors registered with the Martin County Building Department.
4. The applicant shall comply with all provisions of the Conquistador Homeowners' Association, Inc. governing documents as well as all other governing documents.
5. The activities associated with this application shall not infringe on the property rights of others, and shall take place Monday - Friday, 8 AM - 5 PM.
6. Access to the area(s) of construction shall be allowed through the applicants' property. If access to a neighboring property is required, the applicant shall receive written permission from neighboring property owner. The applicant shall be responsible for any repairs to damage caused during the project to neighboring properties or common areas.
7. The applicant agrees not to deviate from the intent or substance of the approved Application. Should a deviation occur, the applicant agrees to rectify the deviation upon notification from the Architectural Control Board.
8. Remodeling debris, including, but not limited to cabinets, doors, rugs, appliances, or other large materials, must be disposed of privately by the owner at his/her expense through a private refuse company or by the contractor performing the work. If a dumpster is required for your project to dispose of debris it is requested that the dumpster be onsite no more than 30 days.

Homeowner / Applicant Signature: _____

Date: MARCH 2, 2024

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC

Date: 3/13/24

By: Renee Douthett

Recommended by ARC with Conditions Date: _____

By: _____

Not Recommended by ARC

Date: _____

By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB) _____

Approved by ACB

Date: 3/13/24

By: Renee Douthett

Approved by ACB with Conditions

Date: _____

By: _____

Disapproved by ACB

Date: _____

By: _____

Explanation(s) / Comment(s) _____



Last Modified Date: 02/14/2024 00:23:28

PO#:

Job Name:Alum impact

Job Address:

Quote # 7830035

Ship Date:

Sales Person:Logan Delvecchio

Monterey Glass Specialists

ShipTo: MONTEREY GLASS SPECIALISTS INC

Account#: A00874

851 SE MONTEREY ROAD 108506
STUART, FL 34994-4506
Phone# Fax# (772) 283-1919

Customer Jim & Lynn Harris

Account #

conquistador Unit 302 BLD 3

Phone# (316) 640-4792 Fax#

Line #	Item Description	Quantity	Line Pricing	
0001 (1.00)	AR7720A ARCHITECTURAL SERIES 7720A	Ordered: 1.00	<u>Sell Price</u>	<u>Ext Price</u>
Configuration: 46.75X21.X10.X.,1/2" FL,10PB,TZ,1-1/16 TLIG,CL,ES Max,OUTSIDE GLZ,NO GRID,LEFT,SS PACKAGE				

	Certification Type: MIAMI	NOA Selection: 23-0816.02
	Shape: TZ	Shape Orientation: LEFT
	Frame Type: .5FLANGE	Size Selection: CUSTOM
	Size Ref: TTT	Width: 46.7500
	Height: 21.0000	Leg Height: 10.0000
	Actual Size: 46 3/4 X 21 X 10	Rough Masonry Opening: 47 1/2 X 21 X 10
	Wood Frame Opening: 46 X 20 1/4 X	Frame Color: 10PB - Bronze
	Glass Family: LI - Laminated Insulating	Glass Type: 3/16" - 7/16"
	Tempered Location: UNIT	Interlayer Type: PVB090
	Glass Makeup: LIT307AS7	Glass: 1-1/16" LIG (3/16 TMP-7/16AIR-7/16 AN/HS
	Does unit need to meet Turtle Code: NO	Glass Color: CL - CLEAR
	Low E: ENERGY SHIELD MAX	Argon Gas: NONE
	Privacy Glass: NONE - NONE	Glass Spacer Type: SS
	Grid Type: NONE - NO Grid	Grid Color: 10PB
	Stainless Steel Package: Y	Boxing Options: N - None
	CAR#: 23-0816.02	PositiveDesignPressure: 80.0000
	NegativeDesignPressure: 80.0000	PANumber: FL243
	EnergyStar: NONE	CondensationResistance: 19.0000
	UF: 0.4300	SolarHeatGainCoeff: 0.2600
	VT: 0.5700	VTCOG: 0.6300
	CPD: PGT-K-137-00327-00007	

Location:

Notes:

0002 (2.00)	AR7720A ARCHITECTURAL SERIES 7720A	Ordered: 1.00	<u>Sell Price</u>	<u>Ext Price</u>
Configuration: 46.75X21.X10.X.,1/2" FL,10PB,TZ,1-1/16 TLIG,CL,ES Max,OUTSIDE GLZ,NO GRID,RIGHT,SS PACKAGE				



Certification Type: MIAMI
Shape: TZ
Frame Type: .5FLANGE
Size Ref: TTT
Height: 21.0000
Actual Size: 46 3/4 X 21 X 10
Wood Frame Opening: 46 X 20 1/4 X
Glass Family: LI - Laminated Insulating
Tempered Location: UNIT
Glass Makeup: LIT307AS7
Does unit need to meet Turtle Code: NO
Low E: ENERGY SHIELD MAX
Privacy Glass: NONE - NONE
Grid Type: NONE - NO Grid
Stainless Steel Package: Y
CAR#: 23-0816.02
NegativeDesignPressure: 80.0000
EnergyStar: NONE
UF: 0.4300
VT: 0.5700
CPD: PGT-K-137-00327-00007

NOA Selection: 23-0816.02
Shape Orientation: RIGHT
Size Selection: CUSTOM
Width: 46.7500
Leg Height: 10.0000
Rough Masonry Opening: 47 1/2 X 21 X 10
Frame Color: 10PB - Bronze
Glass Type: 3/16" - 7/16"
Interlayer Type: PVB090
Glass: 1-1/16" LIG (3/16 TMP-7/16AIR-7/16 AN/HS
Glass Color: CL - CLEAR
Argon Gas: NONE
Glass Spacer Type: SS
Grid Color: 10PB
Boxing Options: N - None
PositiveDesignPressure: 80.0000
PANumber: FL243
CondensationResistance: 19.0000
SolarHeatGainCoeff: 0.2600
VTCOG: 0.6300

Location:

Notes:

0003
(3.00)

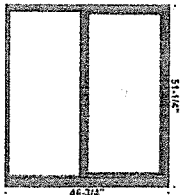
HR7710A HORIZONTAL ROLLER SERIES 7710A

Ordered:
1.00

Sell Price

Ext Price

Configuration: 46.75X51.25,1/2" FL,10PB,13/16 TLIG,UNIT,CL,ES Max,NO GRID,OX,EQUAL,SS PACKAGE,BVK-BOXED,DBL



Certification Type: MIAMI
Frame Type: .5FLANGE
Vent Configuration: EQUAL
Size Ref: TTT
Height: 51 1/4
Rough Masonry Opening: 47 1/2 X 51 1/4
Egress Opening: 19 3/16 X 44 1/4 SQFT 5.8803
Glass Family: LI - Laminated Insulating
Interlayer Type: PVB090
Glass: 13/16" LIG (3/16 TMP-5/16 AIR-5/16 AN/AN
Does unit need to meet Turtle Code: NO
Low E: ENERGY SHIELD MAX
Privacy Glass: NONE - NONE
Screen Type: BVK - BetterVue Charcoal
Window Opening Control Device: N
Stainless Steel Package: Y
Boxing Options: BS - Box Screen
PositiveDesignPressure: 65.0000
PANumber: FL242
CondensationResistance: 17.0000
SolarHeatGainCoeff: 0.2300
VTCOG: 0.6500

NOA Selection: 23-0707.06
Unit Configuration: OX
Size Selection: CUSTOM
Width: 46 3/4
Actual Size: 46 3/4 X 51 1/4
Wood Frame Opening: 46 X 50 1/2
Frame Color: 10PB - Bronze
Glass Type: 3/16" - 5/16"
Glass Makeup: LIT305AA5
Tempered Location: UNIT
Glass Color: CL - CLEAR
Argon Gas: NONE
Grid Type: NONE - NO Grid
Vent Latch: N
Heavy Duty Meeting Rail: N
Lock Quantity: 2.0000
CAR#: 23-0707.06
NegativeDesignPressure: 80.0000
EnergyStar: NONE
UF: 0.6000
VT: 0.5000
CPD: PGT-K-213-00298-00005

Location:

Notes:

0004
(4.00)

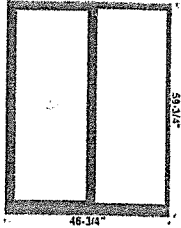
HR7710A HORIZONTAL ROLLER SERIES 7710A

Ordered:
1.00

Sell Price

Ext Price

Configuration: 46.75X59.75,1/2" FL,10PB,13/16 TLIG,UNIT,CL,ES Max,NO GRID,XO,EQUAL,SS PACKAGE,BVK-BOXED,DBL



Certification Type: MIAMI
Frame Type: .5FLANGE
Vent Configuration: EQUAL
Size Ref: TTT
Height: 59 3/4
Rough Masonry Opening: 47 1/2 X 59 3/4
Egress Opening: 19 3/16 X 52 3/4 SQFT 7.0107
Glass Family: LI - Laminated Insulating
Interlayer Type: PVB090
Glass: 13/16" LIG (3/16 TMP-5/16 AIR-5/16 AN/AN
Does unit need to meet Turtle Code: NO
Low E: ENERGY SHIELD MAX
Privacy Glass: NONE - NONE
Screen Type: BVK - BetterVue Charcoal
Window Opening Control Device: N
Stainless Steel Package: Y
Boxing Options: BS - Box Screen
PositiveDesignPressure: 65.0000
PANumber: FL242
CondensationResistance: 17.0000
SolarHeatGainCoeff: 0.2300
VTCOG: 0.6500

NOA Selection: 23-0707.06
Unit Configuration: XO
Size Selection: CUSTOM
Width: 46 3/4
Actual Size: 46 3/4 X 59 3/4
Wood Frame Opening: 46 X 59
Frame Color: 10PB - Bronze
Glass Type: 3/16" - 5/16"
Glass Makeup: LIT305AA5
Tempered Location: UNIT
Glass Color: CL - CLEAR
Argon Gas: NONE
Grid Type: NONE - NO Grid
Vent Latch: N
Heavy Duty Meeting Rail: N
Lock Quantity: 2.0000
CAR#: 23-0707.06
NegativeDesignPressure: 80.0000
EnergyStar: NONE
UF: 0.6000
VT: 0.5000
CPD: PGT-K-213-00298-00005

Location:

Notes:

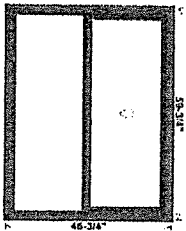
0005 HR5510 VINYL HORIZONTAL ROLLER 5510
(5.00)

Ordered:
1.00

Sell Price

Ext Price

Configuration: 46.75X59.75,5/8" FL,B,7/8 TLIG,UNIT,CL,ES Max,NO GRID,OX,EQUAL,BVK-BOXED,SWEEP



Certification Type: MIAMI
Frame Type: .625FLANGE
Vent Configuration: EQUAL
Size Ref: ACTUAL
Height: 59 3/4
Rough Masonry Opening: 48 1/2 X 60 3/4
Egress Opening: 18 7/16 X 54 13/16 SQFT 7.0045
Glass Family: LI - Laminated Insulating
Interlayer Type: PVB090
Glass: 7/8" LIG (3/16TMP - 3/8 AIR -5/16 AN/AN
Does unit need to meet Turtle Code: NO
Low E: ENERGY SHIELD MAX
Privacy Glass: NONE - NONE
Reinf. Upgrade: MIAMIMAXIMP3 - Reinforcement
Screen Frame Type: ROLLFORM
Window Opening Control Device: N
Upgrade Hardware Finish: N
Boxing Options: BS - Box Screen
CAR#: 23-0707.08
NegativeDesignPressure: 70.0000
EnergyStar: NONE
UF: 0.3400
VT: 0.4600
CPD: PGT-K-205-02166-00001

NOA Selection: 23-0707.08
Unit Configuration: OX
Size Selection: CUSTOM
Width: 46 3/4
Actual Size: 46 3/4 X 59 3/4
Wood Frame Opening: 47 X 60
Frame Color: B - Bronze
Glass Type: 3/16" - 5/16"
Glass Makeup: LIT306AA5
Tempered Location: UNIT
Glass Color: CL - CLEAR
Argon Gas: NONE
Grid Type: NONE - NO Grid
Screen Type: BVK - BetterVue Charcoal
Vent Latch: N
Lock Type: SWEEP - Sweep Latch
Anchor Group: C.HR54.55.1
Acc Glass Breakage: N
PositiveDesignPressure: 65.0000
PANumber: FL242
CondensationResistance: 54.0000
SolarHeatGainCoeff: 0.2100
VTCOG: 0.6300

Location:

Notes:

0006 MULL MULL BARS
(6.00)

Ordered:
2.00

Sell Price

Ext Price

Configuration: ,46.75,10PB,.5FLANGE,MULL/CLPS,1 X 2.750 X .375,2

Product Family Series: 7700A
NOA Selection: 23-0913.05
Frame Type: .5FLANGE
Mull Clip Qty: 2.0000
Size Selection: CUSTOM
Frame Color: 10PB - Bronze

Certification Type: MIAMI
Part Selection: MULL/CLPS - Mull & Clips set
Mull Bar Type: 1X2.750X0.375
Mull Clip Type: STDCLP/STDCLP
Length: 46.7500
Boxing Options: N - None

Location:

Notes:

0007 (1.00)	Permitting Martin County	Ordered: 1.00	<u>Sell Price</u> [REDACTED]	<u>Ext Price</u> [REDACTED]
----------------	--------------------------	------------------	---------------------------------	--------------------------------

Configuration:

Location:

Notes:

0008 (2.00)	Labor Windows (Large)	Ordered: 5.00	<u>Sell Price</u> [REDACTED]	<u>Ext Price</u> [REDACTED]
----------------	-----------------------	------------------	---------------------------------	--------------------------------

Configuration:

Location:

Notes:

TOTAL SALE AMT: [REDACTED]

TOTAL CUSTOMER TAX: \$0.00

NET SALE AMOUNT: [REDACTED]

TERMS AND CONDITIONS

Monterey Glass Installers are professional, respectful and will always take great pride and care throughout the installation process. Despite their best efforts, the removal and replacement of windows and/or doors can occasionally and unavoidably result in compromising other construction materials in the immediate vicinity of the opening, usually due to the age or integrity of the surrounding materials.

Work is deemed as the installation by Monterey Glass of the Materials & Labor outlined in this agreement, but expressly excludes the following:

- Repairs to stucco, siding, plaster, drywall or other exterior/interior finishes that are damaged in the ordinary course of the removal and replacement of the existing doors and windows.
- Painting.
- Repairs or replacement of flooring that may be damaged in the removal and/or re-installation process
- The removal and/or re-installation of blinds, shutters, or other window coverings. Monterey Glass does NOT guarantee your existing blinds/window coverings will fit into the new windows and/or doors.
- The removal and/or reconnection of Security Systems or Re-Installation of Security Bars
- Any electrical or plumbing services
- The repair of any pre-existing or latent problems discovered during the course of the removal of existing doors or windows including, but not limited to, rot, mildew, deficient construction or any other conditions that may impact the installation of the window/doors.
- The moving, storage or protection of any of the Customer's furniture.

All surplus materials on the site shall remain the property of Monterey Glass Specialists. Monterey Glass agrees to perform the work diligently, and in a good and workmanlike manner. Monterey Glass will, at all times, maintain the site reasonably free from all rubbish and waste material. Upon completion of the work, Monterey Glass shall leave the site in a reasonably clean condition. The work shall be deemed complete upon installation of the materials.

If the customer fails to pay the full price to Monterey Glass under this contract, or if Monterey Glass is otherwise required to bring an action to enforce its rights under this contract, including but not limited to the filing of any builders' lien, Monterey Glass shall be entitled to recover any and all expenses incurred by Monterey Glass in that regard,

including all solicitor and its' own client fees and disbursements on a full indemnity basis incurred by Monterey Glass.

The Contractor agrees to procure all required permits in accordance with all applicable local laws. The Contractor is responsible for knowledge of and compliance with all applicable laws, ordinances, rules, and regulations.

Warranty of windows/doors is provided through PGT Industries directly. Monterey Glass does not provide any form of warranty for installation of PGT Products. All warranty claims for PGT products shall be the responsibility of the customer to procure through the below link.

<https://www.pgtwindows.com/pgt-warranty/>

Upon acceptance of this quote by the customer, the customer shall pay Monterey Glass a minimum deposit of fifty percent (50%) of the total purchase price. Upon delivery of the material to the site, the customer shall pay Monterey Glass an additional forty percent (40%) of the total purchase price. Upon completion of installation, passing of the Final County/City Building Inspection & "punch out" of the installation, the customer shall pay Monterey Glass the final ten percent (10%) of the total purchase price.

ACCEPTANCE OF CONTRACT

The condition specifications and prices stated on both sides herein are satisfactory and are hereby accepted. The Contractor is authorized to do the work as specified. Payment will be made as outlined above. A copy of this agreement will be furnished to the homeowner upon signing.

Customer Signature

Date

Contractor Signature

Date

Jim Harris Windows

shelleyhull1@verizon.net <shelleyhull1@verizon.net>

Mon 3/4/2024 11:30 AM

To: Bonnie Guenther <manager@conquistadorliving.com>

Board approved

Shelley Hull

732-859-9558

* Based on attached information
SKS

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Monterey 6th Specialists LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

851 St. Monterey Rd

City, state, and ZIP code

San Jose CA 95128

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

30 1013 8012

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

1-11-11

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

MONTEREY GLASS SPECIALIST, INC.

Filing Information

Document Number	P03000000860
FEI/EIN Number	30-0138012
Date Filed	01/03/2003
Effective Date	01/01/2003
State	FL
Status	ACTIVE

Principal Address

851 SOUTH EAST MONTEREY ROAD
STUART, FL 34994

Mailing Address

851 SOUTH EAST MONTEREY ROAD
STUART, FL 34994

Registered Agent Name & Address

DELVECCHIO, JOSEPH M
851 SOUTH EAST MONTEREY ROAD
STUART, FL 34994

Officer/Director Detail**Name & Address**

Title P

DELVECCHIO, JOSEPH M
851 SOUTH EAST MONTEREY ROAD
STUART, FL 34994

Title V

DELVECCHIO, TRACY A
851 SOUTH EAST MONTEREY ROAD
STUART, FL 34994

Annual Reports

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter <u>A:</u> Florida Farm Bureau General Ins. Co. Company Letter <u>B:</u> Florida Farm Bureau Casualty Ins. Co.
NAME AND ADDRESS OF INSURED: MONTEREY GLASS SPECIALIST INC 851 SE MONTEREY RD STUART, FL 34994-4506	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY: <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM) <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> FARMER'S PERSONAL LIABILITY	SGL 9511816 32	05/30/2023	05/30/2024	GENERAL AGGREGATE	\$ 2,000
					PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 5
	AUTOMOBILE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY: <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	AGGREGATE
					\$	\$
	EMPLOYERS LIABILITY: <input type="checkbox"/> FARM EMPLOYER'S LIABILITY <input type="checkbox"/> FARM EMPLOYEE'S MEDICAL					\$ (Each Occurrence)
						\$ (Each Employee)
						\$
	OTHER:					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:
SEE FORM CG 20 10 04 13

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER: CONQUISTADOR CONDO ASSOCIATION 1800 SE ST LUCHIE BLVD #3 TUART FL 34996	County Code <u>56-0</u> Date Issued <u>06/02/2023</u> Served by <u>MARTIN</u> County Farm Bureau DANIEL E NOELKE, LLC AUTHORIZED REPRESENTATIVE
---	---

Conquistador

APPLICATION FOR ARCHITECTURAL REVIEW

Please deliver or mail this form with any related information to:

Conquistador Homeowners' Association, Inc.
1800 SE St. Lucie Blvd., Clubhouse
Stuart, FL 34996

Attn. Architectural Review Committee

**PLEASE DO NOT FAX OR
EMAIL APPLICATION TO
ARCHITECTURAL
REVIEW COMMITTEE**

Name of Homeowner / Applicant: Julie Fall

Project Property Address: 3180 SE Gran Via Way

Phone: 603.781.1226

Email: jfallnh@comcast.net

Is this a resubmittal? ☒ Yes ☐ No Is this an emergency requiring expedited handling? ☐ Yes ☒ No

Approval is requested for the following modification(s) / alteration(s) to the above property. Type in or print out and fill in the information relating to your project. Please note in the Additional Information section if this request is for an identical replacement / repair / or reconditioning of an existing item:

- | | | |
|--|---|--|
| <input type="checkbox"/> Addition / Alteration | <input type="checkbox"/> Generator | <input type="checkbox"/> Propane Tank |
| <input type="checkbox"/> Decorative Shutters | <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Roof |
| <input checked="" type="checkbox"/> Driveway | <input type="checkbox"/> Lamp Post / Fixture | <input type="checkbox"/> Screen Room / Enclosure |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Mailbox/Mailbox Post Color | <input type="checkbox"/> Siding / Stucco |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Paint* | <input type="checkbox"/> Soffits / Facia |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Patio / Deck | <input type="checkbox"/> Water Features |
| <input type="checkbox"/> Garage Screen Door | <input type="checkbox"/> Pool / Spa Equipment | <input type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Solar – Hot Water | <input type="checkbox"/> Solar – Pool Heating | <input type="checkbox"/> Solar – Photovoltaic |

* Paint Specifics – Please specify colors by code numbers if using the Approved Exterior Colors for All of Conquistador if you are using the approved color palette. If you are not using the approved color palette the applicant must submit color samples for the following:

House Color: _____ Manufacturer: _____
Trim Color: _____ Manufacturer: _____
Garage Door Color: _____ Manufacturer: _____
Front Door Color: _____ Manufacturer: _____
Other: Chowder Manufacturer: Valspar

Please check and attach appropriate items as necessary:

- | | |
|---|--|
| <input type="checkbox"/> Initial Plan(s) / Specification(s) | <input checked="" type="checkbox"/> Revised Plan(s) / Specification(s) |
| <input type="checkbox"/> Drainage Surface Water Plan | <input type="checkbox"/> Grading Plan |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information: **Changed from previous color pick. Doing it myself**

Anticipated Commencement Date: ASAP Anticipated Completion Date: _____

Chowder

By signing this Application, the applicant acknowledges that approval by the Architectural Control Board is subject to the following:

1. The applicant agrees that no work shall commence prior to receiving written approvals by the Architectural Control Board.
2. The applicant shall obtain the necessary building permits from the Martin County Building Department. Items requiring building permits can be found at <https://www.martin.fl.us/martin-county-services/do-i-need-permit>
3. The applicant shall use contractors / subcontractors registered with the Martin County Building Department.
4. The applicant shall comply with all provisions of the Conquistador Homeowners' Association, Inc. governing documents as well as all other governing documents.
5. The activities associated with this application shall not infringe on the property rights of others, and shall take place Monday - Friday, 8 AM - 5 PM.
6. Access to the area(s) of construction shall be allowed through the applicants' property. If access to a neighboring property is required, the applicant shall receive written permission from neighboring property owner. The applicant shall be responsible for any repairs to damage caused during the project to neighboring properties or common areas.
7. The applicant agrees not to deviate from the intent or substance of the approved Application. Should a deviation occur, the applicant agrees to rectify the deviation upon notification from the Architectural Control Board.
8. Remodeling debris, including, but not limited to cabinets, doors, rugs, appliances, or other large materials, must be disposed of privately by the owner at his/her expense through a private refuse company or by the contractor performing the work. If a dumpster is required for your project to dispose of debris it is requested that the dumpster be onsite no more than 30 days.

Homeowner / Applicant Signature:  Date: 2/20/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC

Date: 2/27/24 By: 

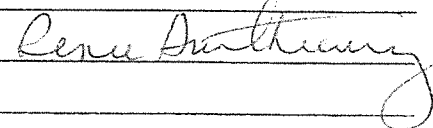
Recommended by ARC with Conditions Date: _____ By: _____

Not Recommended by ARC Date: _____ By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB): _____

Approved by ACB

Date: 2/27/24 By: 

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____

Received 3/11/24
BG

Conquistador

APPLICATION FOR ARCHITECTURAL REVIEW

Please deliver or mail this form with any related information to:

Conquistador Homeowners' Association, Inc.
1800 SE St. Lucie Blvd., Clubhouse
Stuart, FL 34996

Attn. Architectural Review Committee

**PLEASE DO NOT FAX OR
EMAIL APPLICATION TO
ARCHITECTURAL
REVIEW COMMITTEE**

Name of Homeowner / Applicant: Janet Pierson

Project Property Address: 3130 SE gran Via

Phone: 916-212-3650

Email: janetp1209@hotmail.com

Is this a resubmittal? ☐ Yes ☒ No Is this an emergency requiring expedited handling? ☐ Yes ☒ No

Approval is requested for the following modifications(s) / alteration(s) to the above property. Type in or print out and fill in the information relating to your project. Please note in the Additional Information section if this request is for an identical replacement / repair / or reconditioning of an existing item:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addition / Alteration | <input type="checkbox"/> Generator | <input type="checkbox"/> Propane Tank |
| <input type="checkbox"/> Decorative Shutters | <input type="checkbox"/> Hurricane Shutters | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Lamp Post / Fixture | <input type="checkbox"/> Screen Room / Enclosure |
| <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Mailbox/Mailbox Post Color | <input type="checkbox"/> Siding / Stucco |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Paint* | <input type="checkbox"/> Soffits / Facia |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Patio / Deck <u>Stepping Stones</u> | <input type="checkbox"/> Water Features |
| <input type="checkbox"/> Garage Screen Door | <input type="checkbox"/> Pool / Spa Equipment | <input type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Solar - Hot Water | <input type="checkbox"/> Solar - Pool Heating | <input type="checkbox"/> Solar - Photovoltaic |

* Paint Specifics - Please specify colors by code numbers if using the Approved Exterior Colors for All of Conquistador if you are using the approved color palette. If you are not using the approved color palette the applicant must submit color samples for the following:

House Color: _____ Manufacturer: _____
Trim Color: _____ Manufacturer: _____
Garage Door Color: _____ Manufacturer: _____
Front Door Color: _____ Manufacturer: _____
Other: _____ Manufacturer: _____

Please check and attach appropriate items as necessary:

- | | |
|---|---|
| <input type="checkbox"/> Initial Plan(s) / Specification(s) | <input type="checkbox"/> Revised Plan(s) / Specification(s) |
| <input type="checkbox"/> Drainage Surface Water Plan | <input type="checkbox"/> Grading Plan <u>no change</u> |
| <input checked="" type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

US Paverscapes
16X16 Saltwater Griege

Company: Keystone Paving & Restoration LLC
Fully Licensed & has liability insurance

Additional Information: Stepping Stones 16" X 16" pathway from east side of driveway to side garage door. Replacing existing paving stones on west side of house Area 4' X 12'

Anticipated Commencement Date: 3-18-24 Anticipated Completion Date: 3-21-24

By signing this Application, the applicant acknowledges that approval by the Architectural Control Board is subject to the following:

1. The applicant agrees that no work shall commence prior to receiving written approvals by the Architectural Control Board.
2. The applicant shall obtain the necessary building permits from the Martin County Building Department. Items requiring building permits can be found at <https://www.martin.fl.us/martin-county-services/do-i-need-permit>
3. The applicant shall use contractors / subcontractors registered with the Martin County Building Department.
4. The applicant shall comply with all provisions of the Conquistador Homeowners' Association, Inc. governing documents as well as all other governing documents.
5. The activities associated with this application shall not infringe on the property rights of others, and shall take place Monday - Friday, 8 AM - 5 PM.
6. Access to the area(s) of construction shall be allowed through the applicants' property. If access to a neighboring property is required, the applicant shall receive written permission from neighboring property owner. The applicant shall be responsible for any repairs to damage caused during the project to neighboring properties or common areas.
7. The applicant agrees not to deviate from the intent or substance of the approved Application. Should a deviation occur, the applicant agrees to rectify the deviation upon notification from the Architectural Control Board.
8. Remodeling debris, including, but not limited to cabinets, doors, rugs, appliances, or other large materials, must be disposed of privately by the owner at his/her expense through a private refuse company or by the contractor performing the work. If a dumpster is required for your project to dispose of debris it is requested that the dumpster be onsite no more than 30 days.

Homeowner / Applicant Signature: Janet Pearson Date: 2-16-24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC):

Recommended by ARC Date: 3/14/24 By: Rene Brathwaite

Recommended by ARC with Conditions Date: _____ By: _____

Not Recommended by ARC Date: _____ By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB)

Approved by ACB Date: 3/14/24 By: Rene Brathwaite

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	Keystone Paving & Restoration LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 900 NE Industrial Blvd STE 9		
6 City, state, and ZIP code Jensen Beach, FL, 34957		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
9	2		-	0	7	8	8	7 9 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person

Vincent Riservato

Date

3/1/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 4 CORNERS INSURANCE 7317 SW GAINES AVE STUART FL 34997-7332		CONTACT NAME Margaret Kapral PHONE (A/C, No, Ext): (772) 287-7336 E-MAIL customerservice@4cornersinsurance.com FAX (A/C, No): (772) 287-7049	
INSURED KEYSTONE PAVING AND RESTORATION 9448 SW Wedgewood Ln Stuart FL 34997		INSURER(S) AFFORDING COVERAGE INSURER A: CYPRESS HOLDINGS GRP INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED (INS/ WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	1083010564-1	03/15/2024	03/15/2025
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) JANET PIERSON 3130 SE GRAN VIA WAY STUART, FL 34996					

CERTIFICATE HOLDER CONQUISTADOR HOA PHILIPS EDISON & COMPANY 18000SE ST. LUCIE BLVD STUART FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

MARTIN COUNTY BUSINESS TAX RECEIPT

2023 / 2024



EXPIRES: September 30, 2024

Account #:20230843

Honorable Ruth Pietruszewski
Martin County Tax Collector

Location: 9448 SW WEDGEWOOD LANE
Business Phone: 772-225-0101
NAICS Code: 237310
State License:

Business Name
Business DBA
Owner Name

KEYSTONE PAVING & RESTORATION LLC

RISERVATO, VINCENT
KEYSTONE PAVING & RESTORATION LLC
9448 SW WEDGEWOOD LANE
STUART, FL 34997

Business Description:
PUBLIC SERVICE (ASPHALT SEAL COATING AND LINE STRIP)

This receipt is a local business tax only. This receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

Paid Date: 10/10/2023
Receipt Number:
INT-23-00005482

Tax Amount	Transfer Fee	Penalty	Late Penalty	Collection Cost	Total Paid
26.25	0.00	2.63	0.00	6.60	35.48

Ruth Pietruszewski - Martin County Tax Collector

Website:
MartinTaxCollector.com

3405 SE Willoughby
Blvd, Stuart, FL 34994

Phone:
(772)288-5600

**To renew your Business Tax Receipt, visit our payment menu
at martintaxcollector.com.**

Contact our office by email at btdept@martintaxus if any of the following changes occur with your business:

- Business Name
- Mailing Address
- Ownership
- Closing your Business
- Physical Location

Dear Business Owner:

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of each succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent in the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment. A \$250 penalty will be applied 150 days from the initial notice, plus collection costs.

Annual account notices are mailed on July 1.

Regardless of amount due all receipts must be renewed or delinquent fees will apply.

Do you qualify for an exemption? Visit our website <https://martintaxcollector.com/local-business-tax/> for details on Business Tax Receipt Exemptions. An application is required.

If you have any questions please contact our office at btdept@martintaxus or (772)288-5600.

ESTIMATE

Keystone Paving & Restoration

3361 SE Suntree Pl
Stuart, FL 34997

Vincent@Keystonepaveandrestore.com
+1 (772) 225-0101
<http://www.keystonepaveandrestore.com>

**Janet Pierson****Bill to**

Janet Pierson
3130 SE Gran Via Way
Stuart

Ship to

Janet Pierson
3130 SE Gran Via Way
Stuart

Estimate details

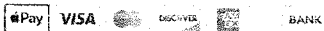
Estimate no.: 1156

Estimate date: 01/30/2024

#	Date	Product or service	SKU	Qty	Rate	Amount
1.		Paver Clean, Sand, Seal		952	\$1.45	\$1,380.40
		Cleaning process uses biodegradable non acidic formula solution to deep-set and lift dirt and grime off pavers.				
		Spot treat unwanted organics on the surface such as moss, mold, mildew and leaf stains.				
		Powerful efflorescence, iron, hard water, mineral and salt deposits remover if visual stains and signs warrant this extra step in our cleaning process.				
		Pressure clean surface after all necessary treatments have been applied using our industry leading equipment.				
		Apply joint stabilizing sand for performance and stability of pavers. A hardened joint sand prevents unwanted weed growth, insect infestation and sand washout				
		(2) Coats ultra durable surface protecting urethane sealer. Color enhancement finish that is breathable through harsh weather conditions. *Matte finish*				
2.		Paver Install		1	\$1,838.00	\$1,838.00
		Prepare area as discussed for new paver add-on.				
		Install and compact 3" fdot rated road base as paver sub-grade.				
		Install screened paver base approx 1" as paver leveling course.				
		Supply and install new 16"x16" pavers customer selection: Saltwater Greige,				
		Removing existing stepping stones cart away dump off site. r				
		Install landscape fabric to prevent weed intrusion, supply and install edging for pathway stones to driveway.				
		Deco rock tbd.				

Install concrete edging on borders to ensure stability and prevent possible ground settling, washout, erosion etc.

Ways to pay



Total \$3,218.40

Deposit due \$941.00

Note to customer

Deposit- \$941.00 Due at signing to schedule *Received 2/14*
Balance- Upon Completion

Conquistador

APPLICATION FOR ARCHITECTURAL REVIEW

Please deliver or mail this form with any related information to:

Conquistador Homeowners' Association, Inc.
1800 SE St. Lucie Blvd., Clubhouse
Stuart, FL 34996

Attn. Architectural Review Committee

**PLEASE DO NOT FAX OR
EMAIL APPLICATION TO
ARCHITECTURAL
REVIEW COMMITTEE**

Name of Homeowner / Applicant: John + Jean McIntyre
Project Property Address: 1823 SE Granada Ln
Phone: 72-221-7601 540, 533-5078 Email: johnjeanmac@comcast.net

Is this a resubmittal? Yes No Is this an emergency requiring expedited handling? Yes No

Approval is requested for the following modifications(s) / alteration(s) to the above property. Type in or print out and fill in the information relating to your project. Please note in the Additional Information section if this request is for an identical replacement / repair / or reconditioning of an existing item:

Addition / Alteration	Generator	Propane Tank
Decorative Shutters	Hurricane Shutters	<u>Roof</u>
Driveway	Lamp Post / Fixture	Screen Room / Enclosure
Exterior Door	Mailbox/Mailbox Post Color	Siding / Stucco
Fences	Paint*	Soffits / Facia
Garage Door	Patio / Deck	Water Features
Garage Screen Door	Pool / Spa Equipment	Window Replacement
Solar - Hot Water	Solar - Pool Heating	Solar - Photovoltaic

* Paint Specifics - Please specify colors by code numbers if using the Approved Exterior Colors for All of Conquistador if you are using the approved color palette. If you are not using the approved color palette the applicant must submit color samples for the following:

House Color: _____ Manufacturer: _____
Trim Color: _____ Manufacturer: _____
Garage Door Color: _____ Manufacturer: _____
Front Door Color: _____ Manufacturer: _____
Other: _____ Manufacturer: _____

Please check and attach appropriate items as necessary:

Initial Plan(s) / Specification(s)	Revised Plan(s) / Specification(s)
Drainage Surface Water Plan	Grading Plan
Color Sample(s)	Texture Sample(s)

Additional Information: _____

Anticipated Commencement Date: End of March or beginning of middle of April Anticipated Completion Date: 6 days after start date

By signing this Application, the applicant acknowledges that approval by the Architectural Control Board is subject to the following:

1. The applicant agrees that no work shall commence prior to receiving written approvals by the Architectural Control Board.
2. The applicant shall obtain the necessary building permits from the Martin County Building Department. Items requiring building permits can be found at <https://www.martin.fl.us/martin-county-services/do-i-need-permit>
3. The applicant shall use contractors / subcontractors registered with the Martin County Building Department.
4. The applicant shall comply with all provisions of the Conquistador Homeowners' Association, Inc. governing documents as well as all other governing documents.
5. The activities associated with this application shall not infringe on the property rights of others, and shall take place Monday – Friday, 8 AM – 5 PM.
6. Access to the area(s) of construction shall be allowed through the applicants' property. If access to a neighboring property is required, the applicant shall receive written permission from neighboring property owner. The applicant shall be responsible for any repairs to damage caused during the project to neighboring properties or common areas.
7. The applicant agrees not to deviate from the intent or substance of the approved Application. Should a deviation occur, the applicant agrees to rectify the deviation upon notification from the Architectural Control Board.
8. Remodeling debris, including, but not limited to cabinets, doors, rugs, appliances, or other large materials, must be disposed of privately by the owner at his/her expense through a private refuse company or by the contractor performing the work. If a dumpster is required for your project to dispose of debris it is requested that the dumpster be onsite no more than 30 days.

Homeowner / Applicant Signature: [Signature] Date: 3/19/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC Date: 3/19/24 By: [Signature]

Recommended by ARC with Conditions Date: _____ By: _____

Not Recommended by ARC Date: _____ By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB) _____

Approved by ACB Date: 3/19/24 By: [Signature]

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____



FLORIDA ROOFING SERVICES

8470 SE Dharlys Street, Hobe Sound, FL 33455

Martin: (772) 341-7539 (Josh Capps) Palm Beach: (561) 427-9286 (David Capps) Fax: (772) 545-0643

Mcintyre Residence
1823 SE Granada Ln.
Stuart, FL 34996

March 6, 2024

PROPOSAL

New Kynar Coated 24 Gauge 1" Nailstrip Standing Seam Metal Roof

- FRS will acquire permits from the Martin County building department, coordinate all roof inspections, and file a NOC.
- FRS will remove and dispose of existing tile roof, underlayments, and debris.
- FRS will replace up to 10 sheets of rotten plywood at no extra charge and re-nail plywood to code with 8d ring shank nails. (Any additional sheets to be \$90.00 per sheet installed.)
- FRS will install Titanium PSU 30 self-adhered underlayment to code.
- FRS will install all new necessary 24 gauge Kynar coated galvalume flashings, rubber pipe boots, and gooseneck vents attached to code.
- FRS will install new kynar coated 24 gauge 1" nailstrip standing seam metal roof to manufacturer's specifications. (Color to be chosen by owner.)
- FRS will install new matching kynar coated hip and ridge caps to code with pop rivets to z-channel.
- FRS will install new flashing on 3 gables and install new hardie-board siding on 3 gables.
- FRS will remove all debris from job site.

****All materials and installations to meet Miami Dade/Florida Building code.****

****FRS will remove existing gutters only. Any new gutter installation to be done by others.****

****FRS will bestow a 5 year workmanship warranty upon job completion.****

Florida Roofing Services will furnish material and labor to the above specification for the sum of:

Twenty Nine Thousand Dollars

\$29,000.00

Payment to be made as follows: No services will begin until this proposal is signed and returned. 50% deposit will be required upon delivery of material. Final 50% is due upon completion of job.

DAVID A. CAPPS
Florida Roofing Services LLC
Phone: (561) 427-9286



DYNAMIC METALS

3201 SE Dominica Terr.
Stuart, FL 34997
www.dynamicmetal.net

base Gray




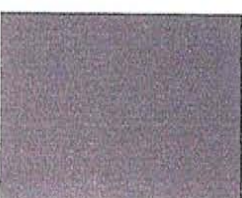
DM Standard
Collection

				
Regal White	Terra Cotta	Colonial Red	Burgundy	Slate Blue
				
Matte Black	Charcoal Gray	Dove Gray	Slate Gray	Dark Bronze
				
Mansard Brown	Medium Bronze	Buckskin	Evergreen	Aged Copper
				
Patina Green	Tropical Patina	Sierra Tan	Sandstone	Almond

DM Premium
Collection

				
Solar White	Teal Blue	Ash Gray	Island Blue	Galvalume
				
Regal Red	Regal Blue	Hemlock Green	Hartford Green	

DM Premium
Metallic Collection

			
Champagne	Copper Metallic	Silver Metallic	Pre-Weathered

DM Natural
Collection

Galvalume® steel sheet combines the excellent barrier corrosion protection of aluminum with the galvanic protection of zinc. The result is a coating that lasts a long time, provides cut edge protection along the sheared edges, and excellent protection to steel sheet.

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) David A. Capps	
Business name/disregarded entity name, if different from above Florida Roofing Services LLC	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 8470 SE Dharlys St	Requester's name and address (optional)
City, state, and ZIP code Hobe Sound FL 33455	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

263995850


Social security number										
5	9	2	-	3	4	-	0	2	5	2
Employer identification number										
2	6	-	3	9	9	5	8	5	0	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ 

Date ▶ **12-4-12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Deakins-Carroll Insurance Agency PO Box 1597 Port Salerno FL 34992	CONTACT NAME: Jane Swink PHONE (A/C, No, Ext): (772) 287-2030 E-MAIL ADDRESS: janes@deakinscarroll.com FAX (A/C, No): (772) 288-2481
INSURED Florida Roofing Services LLC 8470 SE Dharlys St. Hobe Sound FL 33455	INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 24/25 GL

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01001811912	3/3/2024	3/3/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

conquistador0054@gmail.com Conquistador HOA & Conquistador Condos I-XII 1800 SE St Lucie Blvd Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE David Deakins/JAS
--	--