

CONQUISTADOR HOMEOWNER'S ASSOCIATION, INC.
BOARD OF DIRECTORS MEETING
Tuesday, September 17, 2024

MEMBERS PRESENT:

Jerry Brown, Bldg. 1
Doug Rose, Bldg. 2 – Zoom
Marge Drury, Bldg. 3 – Zoom
Rick Cass, Bldg. 4
Charles Encarnation, Bldg. 5 – Zoom
Renee Drentkiewicz, Bldg. 6
Mike Andrusyszyn, Bldg. 7 – Zoom
Martha Gorton, Bldg. 8
Donna Sikora, Bldg. 9
Jan Barnes, Bldg. 10
Rich Stenseth, Bldg. 11
Gary Hoyt, Bldg. 12

OTHERS:

Bonnie Guenther, Manager
Others in Attendance (see attached)
Kathleen Murphy, Lauri Maughan, Joe
Koloski, John Calabro, Charles
Encarnation, Mike Andrusyszyn,
Diane Sommer, Margaret Dombkoski,
Doug Rose, Pati Kelvasa, Gail Mitchell,
Anne & Ralph Allbee, Pamela Vaughan,
Marge Drury

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 of Directors meeting on July 16, 2024. The motion was seconded by Martha Gorton, and the vote was unanimously approved.

Bonnie Guenther announced that Matt Hollister resigned as President of CHA and from all CHA Committees. See attached.

Committee Reports:

1. Architectural Review Committee - Suzie Heimburger – See attached. New community wide color palette overview. After the presentation, much discussion followed. Renee Drentkiewicz made a motion to move this new color palette to the community for review until the November annual Building meetings. Donna Sikora seconded the motion. Bonnie stated that this is a material alteration of the buildings. All Declarations of the buildings have to be approved by either 75% or 2/3 of a vote. It has to go before each buildings membership. If approved, each building and the clubhouse will have a display of the new colors to review in their entrances and will be emailed so that they can be reviewed by all. At the November annual meetings, each building will vote for this color palette. The final vote for the buildings would be the decision of the majority of the 12 buildings. Since this also involves common elements within the HOA, that will be a separate vote too. A roll call vote was taken for the motion and it was approved by a vote of 14 yes and 1 no vote from Bldg. 5.
2. Architectural Review Committee – Bonnie Guenther – See attached.
 - Henkin/Gavitt – 1833 Granada Lane- Roof repairs approved by ARC and needing approval from the BOD. A motion was made by Rick Cass and seconded by Joe Endress and it was unanimously approved.
 - Condo 1 – Painting of siding, trim, gates and gate partitions all Conquistador Cream or all the existing brown color. This was not recommended for approval by ARC due to the new color palette that was presented today. Bonnie mentioned that the BOD can

choose to approve or disapprove even without the ARC recommendation. There are other areas on this property that has different color schemes, such as LRA 2. Therefore if its disapproved because we are introducing a new color palatte, that has no approval yet, we need to be very careful due to the legal ramifications. There has been discussion with our attorney also. A Lengthy Discussion followed. Jerry Brown suggested that we approve the current cream color however he suggest that the ARC draft a letter to the President of Bldg. 1 , asking them to hold or reconsider on painting Conquistador cream until after the annual meetings vote on the new color palatte in November. Rick Cass made this a motion and it was seconded by Jerry Brown. A roll call vote was taken on the motion and it was approved by a vote of 14 yes and 1 no vote from Bldg. 3. If the new color palette is not approved, Bldg. 1 could then paint Conquistador Cream as approved.

3. **Lighting Committee – Martha Gorton –** This committee met on 9/12/24 and discussed a lot of options. Private options other than FPL, would be a huge expense. Karen Taylor, the FPL representative, has agreed to meet with the lighting committee to answer questions in person and that will be scheduled soon. The lighting committee will discuss what questions to present and email them to Karen prior to meeting with her. Bonnie discussed that the former FPL charges were \$30k upfront and \$30k after and a monthly cost of \$8/per resident per month or \$2700. This would be our best bet due to maintenance. Going Privately would be an HOA special assessment for the community financially, which we haven't had in 5 years since 2019 or it would require us to put off new lighting for 5-6 years and reserve for this for each year. This needs to be done since it will take at least a year for FPL. Martha thanked Jean McIntyre for her assistance with this committee.

Treasurer's Report - Joe Endress – See attached. We have June and July report attached and Joe read the August report.

Manager's Report – Bonnie Guenther – See attached. Martha thanked Bonnie for getting the SIRS reports done as soon as she did so that we are far ahead of what was needed. Kathleen asked if the Homes will also be added to the webpage. Bonnie is still working on finalizing all of the new pages, which should be done by this week. A motion was made by Joe to accept the recommendation of Bonnie for Papico Construction to resurface the tennis court and do the fence repairs and her recommendation for Apollo Sunguard to install the concrete pavilion area on the east side of the center of the tennis court for a total of \$39,680. This was seconded by Martha and a roll call vote was taken on the motion and it was approved by a vote of 14 yes and 1 abstained vote from Bldg. 4.

Old Business:

1. **CHA Documents Revision – Bonnie Guenther –** See attached. The next meeting is September 25, 2025. This will be sent out and posted with all committees going forward. Anyone can attend any meeting.
2. **Dock Update – Bonnie Guenther –** See attached.
3. **Mansard Rust – Bonnie Guenther –** See attached.
4. **Electronic Voting – Bonnie Guenther –** See attached.
5. **Consolidation of Condo Boards – Martha Gorton –** Martha stated that Bonnie has had initial conversations with the attorney previously and there has always been a crisis because several

buildings are unable to find Board members willing to participate. Especially due to the increased mandates and legislations which requires a tremendous amount of work for all Board members, we would like to discuss the possibility of a Master Condominium Board that would take over a lot of management and administration for a small or large group of buildings. The hope is that we would retain independent control of our financial budgets. Bonnie read responses from our attorney for initial questions. See attached. Bonnie suggested that we meet with Jane to discuss any questions also. Joe recommended that we have an informal vote of the buildings Boards to see if they would agree to the potential of consolidation and based on that, have a meeting with Jane. Rick Cass stated again that Bldg. 4 voted unanimously to not consolidate at their annual meeting. He doesn't think that consolidation will solve the problem of people not stepping up for their own community. Jan Barnes request additional information for everyone to completely understand. Joe stated that this was just to see if buildings are at all interested before pursuing any further. Bonnie could write up a short summary to inform the buildings Boards prior to their vote. She stressed that each year gets more difficult for her to handle with so many associations and she has concerns things might fall through the cracks. Consolidating will limit the amount of associations she would be managing. She asked that all Boards look to the future because no one knows what will happen with their Boards.

6. **Holiday Lighting Expense – Bonnie Guenther/Joe Endress –** Joe stated that the Holiday lighting has become a great entrance into the community. Every year its been a struggle to get the donated money, so he suggests that we put it as part of the 2025 budget and if it becomes an issue later, we can always discuss removing it from the budget. Bonnie stated that we no longer have a Social Committee who was very proactive for this and it took them a lot of work to get this accomplished each year. If this it removed from the Events Committee and put into the CHA Budget, Bonnie needs to know because she is working on the CHA Budget now. Holiday lighting cost is in the range of \$7,000- 9,000. Joe made a motion that we approve the Holiday lighting cost be added to the CHA 2025 Budget. This was seconded by Renee. Discussion followed. Some Board members approved the idea while others did not. Bonnie stated that it would be about \$20 per person per year. There was some discussion that the lights are considered religious, however others do not agree. A roll call vote was taken on the motion and it failed because of a Tie vote with 7 yes votes and 7 no votes. Bldg 1 was absent.

New Business:

1. **HB1203/Truck Parking – Bonnie Guenther –** See attached. Bonnie suggested that we put this to a straw poll. The Condominiums could be stricter in their rules then the HOA, if they desire. Rick stated that per Jane, we don't have to change this law at all. Rick request this be tabled for a year because it's controversial and we don't have to make a change because the truck and motorcycle rules are a right held by the property owners and the change in the statute can't affect these property rights. Martha feels this will become more controversial if we let it go on. Martha agrees with a valid straw poll as long as we get all members to participate. Bonnie stressed that the BOD doesn't have to do anything with this right now per the advisement of the attorney. It is entirely up to the Board. Rick Cass made a motion to table this issue for 6 months. After discussion, Rick decided to add to take a simple straw poll to the motion during the 6 months. Renee seconded that motion. A roll call vote was taken on the motion which was approved by a vote of 14 yes votes and 1 absent vote for Bldg. 1.


2. **Formation of Condo Advocacy Committee -- Rick Cass --** Rick stated that the legislation over the past year has been burdensome, especially on over 55 HOA's and Condominiums. He is suggesting a small Committee of 2-3 people to go over the issues and lay them out. The first issue is to lobby directly with the Legislature. The second is to reach out to the other homeowners in the state. Lobbying is expensive, but reaching out to other people in these communities, we can put together a plan for our legislature. Rick made a motion to form the Condo Advocacy Committee of no more than 4 people to do an assessment of what the legislature has done and reach out to other condominium associations to get their representatives involved also. This is a committee only and the Board would be the one to go to the State if needed. Rick said he will be doing the heavy lifting. Marge Drury seconded the motion. A roll call vote was taken on the motion which was approved by a vote of 11 yes and 3 no votes from Bldg. 2, 5 & 7 and Bldg. 1 was absent.

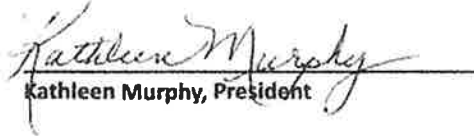
Discussion Items: None

Comments on agenda Items:

- **Pam Vaughan – Bldg 1 – Zoom -** Had discussion regarding the emergency need for the wood to be replaced and painted. She also thanked the Hollisters for their work in CHA and Bldg. 1.
- **Kathy Morath – Bldg. 4 –** Kathy thanked Martha for bringing the Consolidation to everyone's attention and she is in favor of it on a smaller scale. It's always nice to have back up from other buildings.

Rick Cass made a motion to adjourn the meeting and it was seconded by Martha Gorton. The motion was unanimously approved, and the meeting was adjourned at 11:32 am.


Renee Drentkiewicz, Secretary


Kathleen Murphy, President

9/17/24 Board of Directors Meeting Sign In

[illegible]

CONQUISTADOR HOMEOWNERS' ASSOCIATION, INC.
BOARD OF DIRECTORS MEETING

Tuesday, September 17, 2024
9:30 A.M.

AGENDA

PLEDGE OF ALLEGIANCE

CALL TO ORDER

ROLL CALL

APPROVAL OF PREVIOUS MINUTES

COMMITTEE REPORTS: Architectural Review Committee – Bonnie Guenther
Suzie Heimberger
Lighting Committee – Kathleen Murphy

TREASURER'S REPORT

MANAGER'S REPORT

OLD BUSINESS:

CHA Documents Revision – Bonnie Guenther
Dock Update – Bonnie Guenther
Mansard Rust – Bonnie Guenther
Electronic Voting – Bonnie Guenther
Consolidation of Condo Boards – Martha Gorton
Lighting Project Approved 11/21/23 – Renee Drentkiewicz
Holiday Lighting Expense – Bonnie Guenther/Joe Endress

New BUSINESS:

HB1203/Truck Parking – Bonnie Guenther
Formation of Condo Advocacy Committee – Rick Cass
Discussion Item:

COMMENTS on agenda items:

POSTED: 9/11/24

Matt Hollister Resignation

Before I say anything about Matt, I want to acknowledge and thank Debbie, Matt's incredibly gracious wife who has spent countless hours on the Social Committee and Holiday Lighting Committee. I am positive she endured hearing more about Conquistador than anybody!

Matt became president the same time I became manager. Even before Matt became president, we started having conversations about Conquistador. He came into his position like a house on fire. He saw Conquistador as a large, somewhat neglected project to tackle. He devoted countless hours to Conquistador projects. I always knew when his mind was focused on a project because I would start receiving e mails from him around 3AM, and they would continue all day long. It drove me crazy sometimes, but his ambition was infectious, so much so that he started receiving e mails from me at 3AM!

Over the years, we became very like-minded in our visions for Conquistador and our fears for what could happen to Conquistador if not properly managed and advised.

In that time discussing Conquistador, I got to know Matt, not just as the president of the HOA I managed, but as a friend, someone who I could use as a sounding board, someone I could trust. He supported me as a new manager, and he still supports me as a veteran manager.

I know from experience that working for Conquistador can be very difficult. It is not a popularity contest. To advance a property of this size and complexity, you have to be aggressive in your thinking and your delivery. That is Matt.

As president and the head of many committees, he worked many full time, no pay jobs for 4 years all for the betterment of this community. This community is infinitely better because of his being part of it.

I want to thank him for everything he did for Conquistador and for me.

I want him to know he was appreciated.

I will pray that the light of God shines on him and his family, especially little Stella, the apple of his and Debbie's eyes.

I already miss the 3AM e mails.

Conquistador

2024
CONDOMINIUM COLOR
PALETTE PROPOSAL

OVERVIEW

Background

- The current condominium and common element color palette of Conquistador Cream and Conquistador Brown has been in existence since 1971 +/-.
- The Architectural Review Committee was tasked to investigate new condominium color palette combinations to present to the CHA Board of Directors (BOD).
- The Architectural Review Committee worked with industry professionals from Sherwin-Williams to receive input on color palette combinations.
- The Architectural Review Committee reviewed the information provided by Sherwin-Williams to present the best options to the CHA BOD.

Financial Impact / Condominiums

- Working with the Property Manager the Architectural Review Committee determined that a change of condominium color palette could be achieved with no adverse financial consequences by coordinating the color palette conversion with the Structural Integrity Reserve Study (SIRS) for each Condominium building. (Approximately 6-8 years)

Financial Impact / Common Elements

- The common element color palette changes would take place as noted on the current reserve study with no adverse financial consequences to the community.

WHY A NEW CONDOMINIUM COLOR PALETTE ?

- **Enhanced Community Perception:** A well-chosen color scheme can enhance not just the buildings but the entire community's perception. Well-maintained exteriors contribute to a positive neighborhood image, potentially boosting property values. This communal benefit can make the investment even more worthwhile.
- **Enhancing Curb Appeal:** A well-chosen color scheme can transform a building's appearance, making it look newer, cleaner, and more inviting.
- **Boosting Marketability:** A well-chosen color scheme can be a strong selling point in property listings. It signals potential buyers or renters that the property is well-maintained and ready for move-in. Professional photos of the newly painted exterior can enhance online listings, attracting more interest and potentially leading to quicker sales or rentals.
- **Customization and Branding:** A well-chosen color scheme offers an opportunity to customize the buildings' look to align with branding or community aesthetics. For property managers, maintaining a cohesive look across multiple buildings can create a sense of unity and professionalism.

NECESSARY STEPS

- The ARC presents its findings to the CHA BOD in September and requests potential new condominium color palette(s) be released to the community for a 6 week review period.
- Once the review period is complete the ARC is requesting of the CHA BOD that each condominium building vote to approve the new condominium color palette(s). As per each condominium's governing documents, the common element change, in this case paint colors, must be approved by a 2/3 or 75% vote depending on their governing documents. The entire community will also vote on this change as it involves the community's common elements and overall look of the community.
- Once the new condominium color palette(s) are approved by the buildings each building would submit an application with open ended dates for completion for architectural review noting the new condominium color palette(s). The property manager would also submit ARC requests for the common in elements in our community.
- The CHA BOD would approve each architectural application and thereby adopting the new condominium color palette(s) as the new standard.
- Conquistador Cream and Conquistador Brown would no longer be accepted standard colors except in the case of minor repairs that would need to be painted prior to the painting of a condominium building based its SIRS.

Architectural Review Applications

Board of Directors meeting 9/17/24

Applications recommended by the ARC and approved by the Board of Directors:

- 4-205 Cavallo; Window replacement; Approved by BOD on 8/22/24
- Condo I; Siding, trim, and gates & gate partition replacements; Approved by BOD on 9/5/24
- Henry 1812 SE Camino Real Ave.; Surround panels; Approved by BOD on 8/18/24
- 4-107 Morath; Sliding glass doors; Approved by BOD 8/22/24
- Palumbo 3131 SE Gran Via Way; Roof; Approved by BOD 7/26/24
- Russell 1803 SE Granada Lane; Window replacement; Approved by BOD 7/26/24

Application not recommended by the ARC:

- Condo I; Painting of siding, trim, and gates & gate partitions; The main reason for the ARC not recommending was that a color palette would be presented for approval to the Board of Directors. Answers were as follows.
The Board of Directors as the approving body can choose to approve or disapprove the application.

Application recommended by the ARC and needing approval by the BOD:

- Henkin 1833 SE Granada Lane; Roof repairs

**CONQUISTADOR HOMEOWNERS' ASSOCIATION
TREASURER'S REPORT
JUNE 2024**

FINANCIAL ANALYSIS:

In the area of General Common Areas, expenses for the dock renovation amounted to \$8,896.52. This included rod holders, sealant for the wood planking, and a 50% deposit for the new dock benches which is scheduled to be delivered by mid-August. Additionally, in the Supplies category of General Common Areas, we purchased concrete car bumpers at a cost of \$1,688.85 and painting supplies amounting to \$1,090.24.

All other expenses were within budgeted numbers. The month of June ended with positive variance of \$1,276.34. Through June 2024, we have a positive to budget variance of \$29,844.50.

CHECKING/RESERVE ACCOUNTS:

(BANK STATEMENT AS OF JULY 5, 2024)

\$237,454.94	South State Bank Checking Account
\$356,613.48	South State Bank Money Market Account
<u>\$264,684.84</u>	Synovus Business CD
\$858,753.26	Total Checking/Reserve Accounts

WATER BILL/CONSUMPTION SUMMARY:

	CITY OF STUART	CONQUISTADOR	DIF	%
MAY/JUN 2023	1,310,500	1,187,870	122,630	9.4
MAY/JUN 2024	1,481,500	1,356,894	124,606	8.4

CONQUISTADOR HOMEOWNERS' ASSOCIATION
TREASURER'S REPORT
JULY 2024

FINANCIAL ANALYSIS:

In the General Common Area, our quarterly Pro Green expense put this category over plan by \$1,466. This expense evens out through the remainder of the year. In this same category, our annual tree trimming amounted to \$8,350. This is in line with our annual trimming throughout Conquistador.

In the Clubhouse category under Supplies and Repairs, we replaced 9 Clubhouse post lights at a cost of \$1,006, we also needed to repair the subfloor under the Ballroom's dance floor, this cost \$1,800. In the Pool expense category, we spent \$1,347 on repairs to the pool equipment. With those unusual expenses, we ended the month with a negative variance of \$5,051. However, we are still favorable by \$24,794 on a year-to-date basis.

CHECKING/RESERVE ACCOUNTS:

(BANK STATEMENT AS OF AUGUST 1, 2024)

\$ 91,214.27	South State Bank Checking Account
\$379,025.17	South State Bank Money Market Account
<u>\$265,747.45</u>	Synovus Business CD
\$735,986.89	Total Checking/Reserve Accounts

WATER BILL/CONSUMPTION SUMMARY:

	CITY OF STUART	CONQUISTADOR	DIF	%
MAY/JUN 2023	1,061,500	995,126	66,374	6.3
MAY/JUN 2024	1,258,000	1,123,080	134,920	9.0

**CONQUISTADOR HOMEOWNERS' ASSOCIATION
TREASURER'S REPORT
AUGUST 2024**

FINANCIAL ANALYSIS:

In the category of Club House, Pool Supplies & Expenses, we had several repairs on the Clubhouse pool and equipment. Those expenses amounted to \$3,146.

In the area of Payroll Expenses, we had three payrolls which put the August payroll expenses over by \$6,807. This negative variance will level out through the remainder of the year.

Overall, August had a negative variance of \$2,950. Year-to-date, we still have a positive variance to the Annual Budget of \$22,222.

CHECKING/RESERVE ACCOUNTS:

(BANK STATEMENT AS OF SEPTEMBER 1, 2024)

\$196,896.10	South State Bank Checking Account
\$402,781.93	South State Bank Money Market Account
<u>\$266,849.96</u>	Synovus Business CD
\$866,527.99	Total Checking/Reserve Accounts

WATER BILL/CONSUMPTION SUMMARY:

	CITY OF STUART	CONQUISTADOR	DIF	%
JUL/AUG 2023	1,182,500	936,397	246,103	20.8
JUL/AUG 2024	1,329,000	1,207,968	121,032	9.1

Manager's Report
Board of Directors Meeting
September 17, 2024

- Smithco did the yearly breakdown of both Clubhouse ice machines
- ProGreen did the quarterly herbicide, pesticide, and fertilization treatment of the grounds.
- Summit Fire & Security completed the quarterly fire alarm service.
- Muscle and Wrench completed their quarterly service of the fitness equipment.
- New lights on the front stairs of the Clubhouse were installed by RK Electric.
- Randy's Holiday Lighting has begun the initial installation of holiday lights. They are beginning early as to avoid the rush of the holiday season. They will not be illuminated for quite some time.
- An informative insurance meeting was held. Condo property insurance costs seem to be stabilizing, which is good news. I am waiting for final numbers from our current insurance agency and other figures from another insurance agency.
- The final SIRS and Non-SIRS reserve studies were distributed to all condo Boards who will be responsible to distribute them to all residents within 45 days of the distribution date of 8/26/24. If a resident completed a 'consent to vote electronically' form, it included a consent to receive electronic notices so anyone who consented can receive the studies electronically. The office can provide the Board with a list of residents who have consented.
*Note: The consent to vote electronically and the consent to receive notices electronically are part of the same form, and a resident can elect one or the other, neither, or both.
- I developed a comprehensive list and schedule of all maintenance and grounds duties. It was distributed to all Boards.
- The website has been amended to include separate webpages for each condo association. Each page for each condo association will be able to be accessed with a separate password from the CHA website. All condo documents, including agendas, minutes, reserve studies, Milestone Inspections, can be posted on that page. I will be providing more information when the pages are complete.
- Notices of annual meeting with agenda, ballots, and proxies **can be** completed by Becker as part of your contract, however, the deadline for submitting information to them for annual meetings in November is around the middle of August. The deadline has passed so if you would like the office to handle your annual meeting notices of election, notices of annual meetings, and agenda, please provide me with the following information:
 - Date, time, and place of annual meeting
 - Any old or new business to be placed on the agenda
 - Whether any votes on amendments to your documents will be part of your annual meeting
- I have been bidding the resurfacing of the tennis court, the replacement of the south side tennis court fence, the installation of a new NW fence gate and a SE partition fence, and the installation of a concrete pavilion area on the east side of the tennis court. After speaking and meeting with all the companies, my recommendation for the resurfacing of the tennis court and fence repairs is to use Papico Construction, a company we last used in April of 2019 to resurface our tennis court and shuffleboard court. My recommendation for the construction of the tennis courtside pavilion is to use Apollo Sunguard who installed our shade structure at the Clubhouse

Responses from attorney regarding Board consolidation

- What would be the approximate cost to consolidate? As you know this is highly dependent on how many associations are involved . the more complex the more expense . the last time that I did a simple merger for 2 associations the paper work which ends up being filed with the secretary of state as well as Martin county, took me about 3 hours so \$1200 . But a merger can involve a name change and changes to how the board is chosen (elect at large or each condo gets at least one director , staggered terms – other new stuff) those issues all take time to draft and to discuss. I once did a merger of 4 associations - a master and 3 condos and we spent a lot of time talking as many of the board members had ideas. They were all good ideas but it took a lot of hashing out to decide what would be the final product. I know it would depend on the number of associations that consolidate. Would it be to any benefit to group the associations, i.e. LRA1 associations, LRA2 associations, and 11 & 12? If we group by similar responsibilities it will probably be easier . that would mean fewer board but probably still at least 3 . But we could also merge all the condos under one board legally. that would require more attention and work on the bylaws but it could be done. But the more complex the more expense and time
- Would the agreement to this require a community vote, condo votes, both? the condos can merge with out a vote of the homeowners . the only time a community vote is needed is if they intend to end up with the CHA as part of a merger. I don't know if one master board for everyone would work ? what do you think ?
- Would there be any benefits to the associations, besides the elimination of so many directorial duties? There is some financial savings – fewer annual fees to the state, fewer financial statements but would still have sub parts for each condo . for some communities I have worked with where each condo had its own manager and landscape services, there can be savings by all using the same staff but I don't think that has much impact for Conquistador. Any cons? After a merger the problems I have seen are usually political – that one group or other thinks they are being “short changed” or over charged by the board. But I also have situations where no one remembers that they ever had more than one board, after a few years. I have never had a community that wanted to divide again after a merger. In one community were we merged 3 condos, the bylaws called for each condo to have a representative on the board. a few years after, they decided to remove that requirement and allow any one to serve – an at large election. They really had gotten away from the idea that they are separate condos but rather saw themselves as one community– which I thought was good.

pool. The monies for both projects are available as reserve funds now. I encourage the Board to decide as soon as possible so that Conquistador can be placed on the scheduling dockets.



Papico Construction Inc.

OUTDOOR Recreational Contractor

Tennis — Pickleball — Basketball — Bocce — Shuffleboard — Volleyball
Running Tracks & Field Events — Football — Soccer — Baseball/Softball

professional game equipment & surfacing products for athletic facilities
licensed & insured CGC 028735

Conquistador
1800 SE St. Lucie Blvd.
Stuart, FL 33496

PROPOSAL

Date: 8/17/24
Attn: Bonnie
Phone: 305-923-5958
Email: manager@conquistadorliving.com

APPLICATION OF PLEXIPAVE SURFACING SYSTEM FOR TWO TENNIS COURTS

Color: **Dark Green** Dimensions: 108' by 120' **Stripe and paint four Pickleball courts (Dark Blue courts)**

Note: There is minor surface cracking. The courts have a fiberglass membrane system.

- 1) Saw cut and remove 3' by 5' root ball hump on the south side, approximately 25' from the east. Damage caused by a palm tree that has been removed. Area will be repaired and cold joints will be membraned.
- 2) Pressure clean the courts. Flood the surface with water and allow it to drain. Patch and level any remaining water to within 1/8" as best possible. Contractor is not responsible for existing conditions.
- 3) Clean and fill all cracks with Plexipave Crack Filler. Patch all holes and gouges. Cracks will reappear.
- 4) Furnish and apply one (1) coat of Acrylic Resurfacer filler to provide a proper base coat.
- 5) Furnish and apply three (3) coats of Fortified Acrylics to provide in-depth color and durability.
- 6) Stripe courts to USTA regulation with White acrylic line paint. Stripe four **Pickleball** courts (White).
- 7) Clean and paint the existing net posts. Re-install the existing tennis nets and straps. Clean the area.

Owner to provide necessary access with water and electric available.

Note: Consider the Dominator Pro Portable Pickleball Net for your courts. (dominatorhoop.com)

Application of surfacing materials is cosmetic in nature and does not prevent the reoccurrence of cracks and is not intended to correct existing or underlying conditions.

12 Month Warranty on Workmanship & Materials

We hereby propose to furnish & install labor a/o materials— complete and in accordance with the specifications noted above, for the sum of:

Twenty One Thousand Nine Hundred Eighty and 00/100 dollars \$ **21,980.00**

Payment schedule: [x] 50% upon acceptance , 50% upon completion [] 100% upon completion [] as per contract specifications

All material is guaranteed to be as specified. All work to be completed in workmanlike manner according to standard industry practices. Any changes to work scope or products resulting in additional costs will be executed only upon written agreement. All agreements are contingent upon the absence of weather delays, accidents, strikes and acts of God and nature beyond our control. All guarantees exclude any and all liability for acts of vandalism, negligence of others, abnormal usage, lack of maintenance, work done by others —not in our contract, or conditions beyond our control. No guarantee or warranty will be applied to unknown conditions including, but not limited to, imperfections in the sub-base, base rock, and paving or concrete surface—when applicable. Owner is responsible for providing access to site with water and electric available during work scope. Owner to carry and maintain insurance coverage for fire, tornado, hurricane, and property losses during time of work scope.

Authorized signature: *Gregory Pappas, VP*

Note: this proposal may be withdrawn if not accepted within 30 days

Acceptance of Proposal — entering into Contract : The above prices, specifications, and conditions are satisfactory and hereby accepted. You are hereby authorized to proceed with work a/o order as specified. Payment will be made according to the agreed terms as outlined above. Interest of 5% will be charged to past due accounts beyond 10 days of due date. If collection must be made by an attorney or collection agency, all fees incurred will be the responsibility of the party accepting contract.

Authorized signature : _____ , title: _____ Date : _____

P.O. Box 384 (3520 SW Armellini Ave, Bay E) Palm City, FL 34991
o: 772-288-1826 f: 772-288-1844 e: papicosports@gmail.com



Papico Construction Inc.

OUTDOOR Recreational Contractor

Tennis — Pickleball — Basketball — Bocce — Shuffleboard — Volleyball
Running Tracks & Field Events — Football — Soccer — Baseball/Softball
professional game equipment & surfacing products for athletic facilities
licensed & insured CGC 028735

Conquistador
1800 SE St. Lucie Blvd.
Stuart, FL 33496

PROPOSAL

Date: 8/17/24
Attn: Bonnie
Phone: 305-923-5958
Email: manager@conquistadorliving.com

FENCE REPLACEMENT— SOUTH SIDE

Galvanized frame with green vinyl fence fabric

- 1) Remove the existing chain link fence fabric, tension wire, loop caps, top rail and tension bands, brace bands and rail end caps, on the two terminal posts. Note: Parts for the east and west sides to remain.
- 2) Saw cut existing line poles (11) at the base and remove. Grind exposed metal flush and fill openings with concrete. Existing post foundations to remain. Remove support posts on the west side. Contractor will provide roll off dumpster for construction debris.
- 3) Furnish and install twelve (12) 3" OD galvanized posts set in concrete 1' by 1' by 3' deep.
- 4) Furnish and install all new tension wire, chain link fence fabric (Green), 3" loop caps, top rail and new parts on the east and west terminal poles, Fence will be properly stretched and tied.

Owner to provide necessary access with water and electric available.

All due care will be taken to minimize impact. Disturbed areas will be left clean and flush.

12 Month Warranty on Workmanship & Materials

We hereby propose to furnish & install labor a/o materials— complete and in accordance with the specifications noted above, for the sum of:

Thirteen Thousand Seven Hundred Fifty

and 00/100 dollars

\$ 13,750.00

Payment schedule: ☒ 50% upon acceptance, 50% upon completion ☐ 100% upon completion ☐ as per contract specifications

All material is guaranteed to be as specified. All work to be completed in workmanlike manner according to standard industry practices. Any changes to work scope or products resulting in additional costs will be executed only upon written agreement. All agreements are contingent upon the absence of weather delays, accidents, strikes and acts of God and nature beyond our control. All guarantees exclude any and all liability for acts of vandalism, negligence of others, abnormal usage, lack of maintenance, work done by others —not in our contract, or conditions beyond our control. No guarantee or warranty will be applied to unknown conditions including, but not limited to, imperfections in the sub-base, base rock, and paving or concrete surface—when applicable. Owner is responsible for providing access to site with water and electric available during work scope. Owner to carry and maintain insurance coverage for fire, tornado, hurricane, and property losses during time of work scope.

Authorized signature: *Gregory Pappas, VP*

Note: this proposal may be withdrawn if not accepted within 30 days

Acceptance of Proposal — entering into Contract : The above prices, specifications, and conditions are satisfactory and hereby accepted. You are hereby authorized to proceed with work a/o order as specified. Payment will be made according to the agreed terms as outlined above. Interest of 5% will be charged to past due accounts beyond 10 days of due date. If collection must be made by an attorney or collection agency, all fees incurred will be the responsibility of the party accepting contract.

Authorized signature : _____ , title: _____ Date : _____

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o: 772-288-1826 f: 772-288-1844 e: papicosports@gmail.com



Papico Construction Inc.

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professional game equipment & surfacing products for athletic facilities

licensed & insured EGC 028735

Conquistador
1800 SE St. Lucie Blvd.
Stuart, FL 33496

PROPOSAL

Date: 8/17/24
Attn: Bonnie
Phone: 305-923-5958
Email: manager@conquistadorliving.com

TENNIS COURT FENCE-VARIOUS OPTIONS

Galvanized frame with green vinyl fence fabric

Option #1— Gate at SE corner. Install one 3" OD post and provide new hinges and fork latch assembly to install existing 5' high entry gate outside the courts at the SE corner. The existing terminal pole will be used for the fork latch.

Total \$1,500.00

Option #2— Gate at NW corner. Remove the existing gate and hinges and dispose. Remove and save the closing mechanism on top of the gate for re-installation on the new gate. Furnish and install a new entry gate. Opening is 49" by 7' high. Furnish and install new male/female hinges. Fork latch assembly is not necessary.

Total \$1,950.00

Option #3— Remove the existing chain link fence fabric. Clean, treat and paint the fence framework. Framework includes posts, rail, dome caps, loop caps, rail end caps and brace bands. Re-install the existing chain link fence fabric with new tension wire and tension bands. Missing or damaged parts will be replaced. Does not include posts or rail.

Total 12,990.00 Add \$8,370.00 for all new chain link fence fabric.

Please circle/initial items of interest, and a proposal will be forwarded

We hereby propose to furnish & install labor a/o materials— complete and in accordance with the specifications noted above, for the sum of:

See above

and 00/100 dollars \$.00

Payment schedule: ☐ 50% upon acceptance, 50% upon completion ☐ 100% upon completion ☐ as per contract specifications

All material is guaranteed to be as specified. All work to be completed in workmanlike manner according to standard industry practices. Any changes to work scope or products resulting in additional costs will be executed only upon written agreement. All agreements are contingent upon the absence of weather delays, accidents, strikes and acts of God and nature beyond our control. All guarantees exclude any and all liability for acts of vandalism, negligence of others, abnormal usage, lack of maintenance, work done by others—not in our contract, or conditions beyond our control. No guarantee or warranty will be applied to unknown conditions including, but not limited to, imperfections in the sub-base, base rock, and paving or concrete surface—when applicable. Owner is responsible for providing access to site with water and electric available during work scope. Owner to carry and maintain insurance coverage for fire, tornado, hurricane, and property losses during time of work scope.

Authorized signature: *Gregory Pappas, VP*

Note: this proposal may be withdrawn if not accepted within 30 days

Acceptance of Proposal — entering into Contract : The above prices, specifications, and conditions are satisfactory and hereby accepted. You are hereby authorized to proceed with work a/o order as specified. Payment will be made according to the agreed terms as outlined above. Interest of 5% will be charged to past due accounts beyond 10 days of due date. If collection must be made by an attorney or collection agency, all fees incurred will be the responsibility of the party accepting contract.

Authorized signature : _____, title: _____ Date : _____

P.O. Box 384 (3520 SW Armellini Ave, Bay E) Palm City, FL 34991

o: 772-288-1826 f: 772-288-1844 e: papicosports@gmail.com

New



4487 A Ashton Road, Sarasota, FL 34233
Ph: 941-925-3000 Fx: 941-925-3001

ESTIMATE

DATE	ESTIMATE #
9/6/2024	212834R

You Can Feel The Difference!

NAME/ADDRESS
Conquistador Homeowner's Association 1800 SE St. Lucie Blvd Stuart FL 34996 Attn: Bonnie Guenther Ph: 772-283-2363 x101

		TERMS	REP	FOB	PROJECT NAME	
		Net 30	RD/DC	Destination	T Style Structure	
ITEM	DESCRIPTION	QTY	UNIT PRICE	TOTAL		
D0820P	T-Style Shade 8' x 20' x 10' H Quick & Easy Turnbuckle Tensioning Powder Coat Color - TBD Fabric Cover Color - TBD Direct Imbedment	1	7,520.00	7,520.00T		
Sealed Drawings Rev	Sealed Engineering Drawings & Calculations* (Site Plan/Survey required from customer/property owner) *Additional charge of \$395 for any resealing required after initial sealed drawings provided	1	795.00	795.00		
Thank you for the opportunity to serve your shade needs.				TOTAL		

This estimate is valid for 15 days.

ACCEPTED BY:



4487 A Ashton Road, Sarasota, FL 34233
Ph: 941-925-3000 Fx: 941-925-3001

ESTIMATE

DATE	ESTIMATE #
9/6/2024	212834R

You Can Feel The Difference!

NAME/ADDRESS
Conquistador Homeowner's Association 1800 SE St. Lucie Blvd Stuart FL 34996 Attn: Bonnie Guenther Ph: 772-283-2363 x101

		TERMS	REP	FOB	PROJECT NAME	
		Net 30	RD/DC	Destination	T Style Structure	
ITEM	DESCRIPTION	QTY	UNIT PRICE	TOTAL		
Includes Installation	<p>Installation includes layout, excavation, concrete foundations, and erection of shade structure(s).</p> <p>Assumes normal site conditions, no other site work to be performed unless specified in estimate. Apollo Sunguard and/or it's subcontractors are not responsible for underground obstructions, diversion of utility lines or irrigation systems.</p> <p>Customer and/or property owner is responsible for providing an as-built site plan/survey of the property showing setbacks and any underground utilities. Customer is responsible for arranging locating services, including calling 811.</p> <p>Installation does not include replacing any existing special surfacing including but not limited to artificial turf, pavers, pour-in-place safety surfacing, etc.</p> <p>Installation Lead Time: Due to construction scheduling and permitting, the current lead time for turnkey projects with installation is anywhere from 4-6 months depending on the project. We understand the inconvenience this may cause. If you prefer to hire your own contractor to perform the installation, we will provide them all the necessary blueprints to perform the installation and be available to answer any questions they may have.</p>		8,500.00	8,500.00		
Freight Rev - Shade Structures	ESTIMATED Freight (excludes unloading; additional freight charges may be added to final invoice based on actual freight charges at time of shipping)		2,500.00	2,500.00		
				0.00		
Thank you for the opportunity to serve your shade needs.				TOTAL \$19,315.00		

This estimate is valid for 15 days.

ACCEPTED BY: _____



TENNIS COURT & FENCE REPAIRS

	Papico Construction	AAA Court Surfaces	Armor Courts	Sport Surfaces	Apollo Sunguard
Tennis Court Repair	\$21,980.00	\$13,440.00	\$17,895.00		Unavailable
South Fence Repair	\$13,750.00	\$22,990.00			Unavailable
NW Gate Replacement	\$1,950.00	\$795.00	\$19,895.00	\$29,900	Unavailable
SE Fence Installation	\$1,500.00	\$795.00	of all fencing and gates	resurfacing, fencing and gates	Unavailable
East Gate Installation	Included in shade structure	\$795.00	Not included in bid	Not Included in bid	Unavailable
East Shade Structure Installation	\$26,590.00	Not Included	Unavailable	Not Included	\$19,315.00
Lead Time	60 days		30-60 days	30-45 days	5 months
Down Time	10-14 days		10-15 days	7 days	10 days
Location	Palm City (local)	Clearwater	Boynton Beach	West Palm Beach	Sarasota
Notes	Completed resurfacing of tennis court & shuffleboard in April 2019 (5 yrs ago); 1 year warranty		Court: 3 year warranty paint Court: 1 year contractor warranty	2 year warranty	Did pool sunshade structure
Total for court resurfacing & fence only	\$39,630.00		\$37,790.00		

CHA Document Revision

I received an initial draft of the CHA document revision from the attorney. I submitted the draft to the CHA Document Revision Committee. I have asked that they review and compile a list of all needed changes, if necessary. Once an initial review is done and the necessary changes are made, it will be submitted to the Board of Directors. My hope is to have all changes completed by the October Board of Directors meeting so that the amended document can go for a membership vote at the annual meeting on 12/6/24.

Dock Update

The dock benches have been installed. Please take advantage of a sunset while enjoying them.

Mansard Rust

Company Roof is still working on the rust repairs and painting. They will be back again today to resume repairs and painting. Sherwin Williams provided color matches for the mansard trim and panels. The new colors which better match the panels and trim will be used to replace what has previously been painted.

Electronic Voting

BeckerBallot, the voting service provider that was contracted to handle our electronic voting no longer provides that service, however, I found a company, Voteegrity which will provide the same service at the same cost. Boards: Please encourage residents to utilize the electronic voting system. Voteegrity will also handle physical balloting, but there will be a charge of \$2.50 plus postage for each voter who does not use the electronic voting system. This charge will be billed to the condo buildings.

'Consent to vote electronically/receive notices electronically' forms are available in the office and can be sent and received electronically.

Truck Parking

I have had a few questions regarding the existing truck rules which are still being enforced on property and regarding how the new HOA laws regarding trucks affect our existing rules. Immediately after the statutes were enacted, we consulted with the attorney who advised that because our HOA was in existence before HOA law was in existence, we were not required to immediately comply with the new truck laws. However, as recent as December of 2022, amended truck rules went up for membership vote and were voted down.

Normally, as the rules regarding trucks appear not only in the CHA Rules & Regulations, but also in the CHA community documents, a change to the truck rules will require the following:

- Proposed truck rule changes to be drafted by a committee or Board of Directors
- An amendment, ballot, and proxy to be drafted by the attorney
- A majority vote of the CHA Board of Directors to forward the amendment to membership for vote

- As the change would be an amendment to the CHA Declaration of Covenants and Restrictions, an affirmative vote of the majority of membership would be needed to pass the amendment. Most amendments are voted on at the CHA annual meeting on the first Friday of December.
- Once the amendment is adopted, the CHA Board of Directors by majority vote can vote to change the Rules and Regulations to reflect the new truck rules.

However, as we are in the process of CHA document revision, the changes could be incorporated into the revision and be voted on as soon as the CHA annual meeting on 12/6/24. I defer to the Executive Committee and the Board of Directors as to whether they desire to make any changes to the truck rules or if they choose to do another community straw poll.

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: Kathleen Morath
Project Property Address: 4-107
Phone: 973-487-8228 Email: kmorath54@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 checked="" 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: impact sliding doors Manufacturer: Monterey Glass Specialists, Inc.

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) |

* replacing sliding doors with impact sliding doors

Additional Information:

Anticipated Commencement Date: 9/10 Anticipated Completion Date: 9/11

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: Kathleen Morait Date: _____

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC Date: 8/22/24 By: Renee Drenth

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: 8/22/24 By: Renee Drenth

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____

Kathleen Morath
4-107

- Impact sliding doors on the lanai to replace regular sliding doors
- Monterey Glass is the contractor
- Monterey Glass has certificates and insurance on file in the office
- Monterey Glass will secure permits
- Sliding door are being replaced in existing style but with impact glass
- Monterey Glass has replaced sliding doors at the Conquistador condo buildings: 7-103 is an example



Monterey Glass Specialists

ShipTo: MONTEREY GLASS SPECIALISTS INC

Account#: A00874

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

Last Modified Date: 08/15/2024 12:43:18

PO#:

Job Name:

Job Address:

Quote # 8055680

Ship Date:

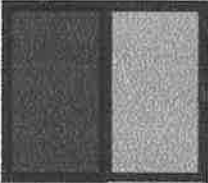
Sales Person: Logan Delvecchio

Customer Kathy Morath

Account #

Conquistador Bldg 4

Phone# (973) 487-8228 Fax#

Line #	Item Description	Quantity	Line Pricing	
0001 (1.00)	SGD770 SLIDING GLASS DOOR 770	Ordered: 1.00	Sell Price \$4,117.32	Ext Price \$4,117.32
Configuration: 88.X80.,BYPASS,2P2T,XX,STD,2.5,NARROW,10PB,H/H 7/16,GRAY,ES Max,NO GRID,BS,BVK,ALL				
		<p>Send Unit: COMPLETE NOA Selection: 23-0710.07 Pnl/Trk: 2 Panel / 2 Track Panel Stack: STD Width: 88.0000 Actual Size: 88 X 80 Frame Color: 10PB - Bronze Glass: 7/16" LAMI (3/16 HS - .090 PVB- 3/16 HS) Does unit need to meet Turtle Code: NO Low E: ENERGY SHIELD MAX Interlayer Type: PVB090 Add HD Stile for DP Upgrade: N Sill Riser Height: 2.5000 Screen Panel Type: BOX Screen Rail Qty: 1-BOX Handle Type: RAISED/RECESS Lock/Handle Location: STD Key Lock: N Panel Opr Rlr: STSTEELTM Stainless Steel Tandem Anchor Group: C.SG6.7.1 CAR#: 23-0710.07 TC3: ordinance for PositiveDesignPressure: 46.7000 PANumber: FL251 CondensationResistance: 16.0000 SolarHeatGainCoeff: 0.2800 VTCOG: 0.3600</p> <p>Certification Type: MIAMI Door Configuration: BYPASS Panel Configuration: XX Size Selection: CUSTOM Height: 80.0000 Calc Track Length: 88.0000 Glass Makeup: LMS309S3 Glass Family: LM - Laminated Glass Color: GR - GRAY Privacy Glass: NONE - NONE Grid Type: NONE - NO Grid Stile: STD/STD Sill Riser Type: NARROW Screen Type: BVK - BetterVue Charcoal Screen Rail Integrated: Y Handle Color: K - Black Secondary Lock Type: NONE Keyed Alike: N Screen Rlr: STSTEEL Stainless Steel Boxing Options: N - None TC1: Meets the requirements TC4: marine turtle protection NegativeDesignPressure: 60.0000 EnergyStar: NONE UF: 1.0900 VT: 0.2600 CPD: PGT-K-187-01107-00029</p>		

Location: Left

Notes:

0002 (1.00)	Permitting Martin County	Ordered: 1.00	Sell Price \$200.00	Ext Price \$200.00
Configuration:				

Location:

Notes:

0003 (2.00)	Labor Sliding glass door removal and install	Ordered: 6.00	Sell Price \$575.00	Ext Price \$3,450.00
----------------	--	------------------	------------------------	-------------------------

Configuration:**Location:****Notes:****0004
(4.00)****SGD770 SLIDING GLASS DOOR 770****Ordered:
1.00****Sell Price
\$8,833.29****Ext Price
\$8,833.29****Configuration: 159.X80.,BYPASS,4P2T,XXXX,STD,2.5,NARROW,10PB,H/H 7/16,GRAY,ES Max,NO GRID,BS,BVK,ALL**

Send Unit: COMPLETE

NOA Selection: 23-0710.07

Pnl/Trk: 4 Panel / 2 Track

Panel Stack: STD

Width: 159.0000

Actual Size: 159 X 80

Frame Color: 10PB - Bronze

Glass: 7/16" LAMI (3/16 HS - .090 PVB- 3/16 HS)

Does unit need to meet Turtle Code: NO

Low E: ENERGY SHIELD MAX

Interlayer Type: PVB090

Add HD Stile for DP Upgrade: N

Sill Riser Height: 2.5000

Screen Panel Type: BOX

Screen Rail Qty: 1-BOX

Handle Type: RAISED/RECESS

Lock/Handle Location: STD

Key Lock: N

Panel Opr Rlr: STSTEELTM Stainless Steel
Tandem

Anchor Group: C.SG6.7.1

CAR#: 23-0710.07

TC3: ordinance for

PositiveDesignPressure: 46.7000

PAnumber: FL251

CondensationResistance: 16.0000

SolarHeatGainCoeff: 0.2800

VTCOG: 0.3600

Certification Type: MIAMI

Door Configuration: BYPASS

Panel Configuration: XXXX

Size Selection: CUSTOM

Height: 80.0000

Calc Track Length: 159.0000

Glass Makeup: LMS309S3

Glass Family: LM - Laminated

Glass Color: GR - GRAY

Privacy Glass: NONE - NONE

Grid Type: NONE - NO Grid

Stile: STD/STD

Sill Riser Type: NARROW

Screen Type: BVK - BetterVue Charcoal

Screen Rail Integrated: Y

Handle Color: K - Black

Secondary Lock Type: NONE

Keyed Alike: N

Screen Rlr: STSTEEL Stainless Steel

Boxing Options: N - None

TC1: Meets the requirements

TC4: marine turtle protection

NegativeDesignPressure: 60.0000

EnergyStar: NONE

UF: 1.0900

VT: 0.2600

CPD: PGT-K-187-01107-00029

Location:**Notes:****TOTAL SALE AMT: \$16,600.61****TOTAL CUSTOMER TAX: \$0.00****NET SALE AMOUNT: \$16,600.61****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

- 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.

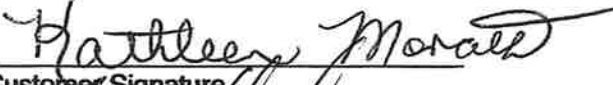
The Contractor agrees to procure all required permits in accordance with all applicable local laws. The Contractor is responsible for knowledge of and compliance with all applicable laws, ordinances, rules, and regulations.

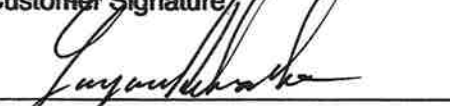
Warranty of windows/doors is provided through PGT Industries directly. Monterey Glass does not provide any form of warranty for installation of PGT Products. All warranty claims for PGT products shall be the responsibility of the customer to procure through the below link.
<https://www.pgtwindows.com/pgt-warranty/>

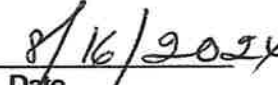
Upon acceptance of this quote by the customer, the customer shall pay Monterey Glass a minimum deposit of fifty percent (50%) of the total purchase price. Upon delivery of the material to the site, the customer shall pay Monterey Glass an additional forty percent (40%) of the total purchase price. Upon 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.

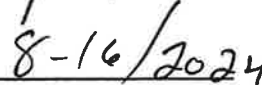
ACCEPTANCE OF CONTRACT

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


Contractor Signature


Date


Date

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 A: Florida Farm Bureau General Ins. Co.
NAME AND ADDRESS OF INSURED: MONTEREY GLASS SPECIALIST INC 851 SE MONTEREY RD STUART FL 034994	Company Letter B: Florida Farm Bureau Casualty Ins. Co.

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 <u>THOUSANDS</u>	
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	05/30/24	05/30/25	General Aggregate	\$ 2000
					Products-completed operations aggregate	\$ 2000
					Personal & Advertising Injury	\$ 1000
					Each Occurrence	\$ 1000
					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:

GLASS WORKINGS

ADDITIONALLY INSURED BUILDINGS 1-12

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 HOMEOWNERS ASSOCIATION 1800 SE ST. LUCIE BLVD, STUART, FL 34996	COUNTY CODE <u>56</u> DATE ISSUED <u>08/20/24</u> Served by <u>ST. LUCIE</u> County Farm Bureau <u>DANIEL E NOELKE, LLC</u> AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

Date
3/5/2024

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 below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage

Insurer A:	NAIC #
Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		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 (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$																
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2024	01/01/2025	<table><tr><td><input checked="" type="checkbox"/></td><td>WC Statutory Limits</td><td><input type="checkbox"/></td><td>OTH-ER</td></tr><tr><td colspan="2">E.L. Each Accident</td><td colspan="2">\$1,000,000</td></tr><tr><td colspan="2">E.L. Disease - Ea Employee</td><td colspan="2">\$1,000,000</td></tr><tr><td colspan="2">E.L. Disease - Policy Limits</td><td colspan="2">\$1,000,000</td></tr></table>	<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTH-ER	E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000	
<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTH-ER																			
E.L. Each Accident		\$1,000,000																				
E.L. Disease - Ea Employee		\$1,000,000																				
E.L. Disease - Policy Limits		\$1,000,000																				
Other		Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616																				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
Monterey Glass Specialist, Inc.

Client ID: 92-71-254

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name:

ISSUE 03-05-24 (BP)

CERTIFICATE HOLDER

CANCELLATION

Begin Date: 4/9/2017

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

[Signature]

Building 4 Board

Gerri Deihl <224billbob@gmail.com>

Tue 8/20/2024 5:46 PM

To: Bonnie Guenther <manager@conquistadorliving.com>

The Building Board has approved the following installations of impact windows in the Leni of Unit 205 and the installations of impact sliders for 107. Gerri Deihl

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: Michael Cavallo
Project Property Address: 1800 SE St. Lucie Blvd., Stuart, 34996, Bldg 4 -205
Phone: 508 454 4759 Email: mcavallo1@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:

- | | | |
|--|---|--|
| <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: _____ Manufacturer: _____

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:

Replace (3) sliding windows in lanai with identical new impact windows
Anticipated Commencement Date: 9/19/24 Anticipated Completion Date: 9/20/24

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: Michael Corallo Date: 8/16/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC):

Recommended by ARC Date: 8/22/24 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: 8/22/24 By: Renee Douthett
Approved by ACB with Conditions Date: By:
Disapproved by ACB Date: By:

Explanation(s) / Comment(s)



Last Modified Date: 08/18/2024 20:28:07

PO#:

Job Name:Vinyl impact

Job Address:

Quote # 8055727

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 Mike Cavallo

Account #

1800 St Lucie Blvd Bldg 4 unit 205

Phone# (508) 454-4759 Fax#

Line #	Item Description	Quantity	Line Pricing	
0001 (14.00)	HR5510 VINYL HORIZONTAL ROLLER 5510	Ordered: 1.00	<u>Sell Price</u> \$2,732.21	<u>Ext Price</u> \$2,732.21

Configuration: 85.125X48.,5/8" FL,B/W,7/8 TLIG,UNIT,CL,ES Max,NO GRID,XOX,1/4-1/2-1/4,BVK-BOXED,SWEEP



Certification Type: MIAMI
Frame Type: .625FLANGE
Vent Configuration: 1/4.1/2.1/4
Size Ref: ACTUAL
Height: 48.0000
Rough Masonry Opening: 86 7/8 X 49
Egress Opening: 19 5/8 X 43 1/16 SQFT 5.8592
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

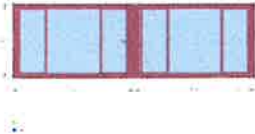
NOA Selection: 23-0707.08
Unit Configuration: XOX
Size Selection: CUSTOM
Width: 85 1/8
Actual Size: 85 1/8 X 48
Wood Frame Opening: 85 3/8 X 48 1/4
Frame Color: B/W - Bronze Exterior/White
Glass Type: 3/16" - 5/16"
Glass Makeup: LIT306AA5
Tempered Location: UNIT
Glass Color: CL - CLEAR
Argon Gas: NONE
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:

0002 (1.00)	MULTI-PART MULTI-PART UNITS	Ordered: 1.00	<u>Sell Price</u> \$5,280.17	<u>Ext Price</u> \$5,280.17
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Configuration: 158.5X48.X.,5500,TW,MTCH COL,B/W,.,625FLANGE,EQUAL



BEGIN MODEL SET 001:
Combo Config: TW - Twin
Unit 1 (Bottom Left Unit): HR5510
Continuous Shape Multi-Part: N
Assembly Options: MTCHCOL
Send Mull(s): Y
Size Selection: ACTUAL
Height: 48.0000
Frame Color: B/W - Bronze Exterior/White
Boxing Options: BS - Box Screen

Series: 5500.0000
Factory Mull: N
Unit 2: HR5510
Frame Type: .625FLANGE
Width Equal or Width: EQUAL
Mull Part Selection: MULL/CVR/CLPS
Width: 158.5000
Vertical Mull: 1.25X3.25X.625
Glass Color: CL - Clear

Location:

Notes:

0002 (2.00)	HR5510 VINYL HORIZONTAL ROLLER 5510	Ordered: 1.00	<u>Sell Price</u> \$0.00	<u>Ext Price</u> \$0.00
Configuration: 78.625X48.,5/8" FL,B/W,7/8 TLIG,UNIT,CL,ES Max,NO GRID,XOX,1/4-1/2-1/4,BVK-BOXED,SWEEP				

Certification Type: MIAMI
Frame Type: .625FLANGE
Vent Configuration: 1/4.1/2.1/4
Size Ref: ACTUAL
Rough Masonry Opening: 80 3/8 X 49
Egress Opening: 18 X 43 1/16 SQFT 5.3733
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: XOX
Size Selection: CUSTOM
Actual Size: 78 5/8 X 48
Wood Frame Opening: 78 7/8 X 48 1/4
Frame Color: B/W - Bronze Exterior/White
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:

0002 (3.00)	HR5510 VINYL HORIZONTAL ROLLER 5510	Ordered: 1.00	<u>Sell Price</u> \$0.00	<u>Ext Price</u> \$0.00
Configuration: 78.625X48.,5/8" FL,B/W,7/8 TLIG,UNIT,CL,ES Max,NO GRID,XOX,1/4-1/2-1/4,BVK-BOXED,SWEEP				

Certification Type: MIAMI Frame Type: .625FLANGE Vent Configuration: 1/4.1/2.1/4 Size Ref: ACTUAL Rough Masonry Opening: 80 3/8 X 49 Egress Opening: 18 X 43 1/16 SQFT 5.3733 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: XOX Size Selection: CUSTOM Actual Size: 78 5/8 X 48 Wood Frame Opening: 78 7/8 X 48 1/4 Frame Color: B/W - Bronze Exterior/White 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
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Location:	Notes:
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0002 (4.00)	MULL MULL BARS	Ordered: 1.00	<u>Sell Price</u> \$0.00	<u>Ext Price</u> \$0.00
Configuration: ,48.,B/W,.625FLANGE,SERIES 5500,MTCHCOL,MULL/CVR/CLPS				

Product Family Series: 5500.0000 NOA Selection: 23-0913.05 Frame Type: .625FLANGE Mull Clip Type: STDCLP/STDCLP Frame Color: B/W - Bronze Exterior/White Boxing Options: BS - BS	Certification Type: MIAMI Part Selection: MULL/CVR/CLPS - Mull, Ext/Int Mull Bar Type: 1.25X3.25X.625 Size Selection: CUSTOM Assembly Options: MTCHCOL END MODEL SET 001:
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Location:	Notes:
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0003 (1.00)	Permitting Martin County	Ordered: 1.00	<u>Sell Price</u> \$200.00	<u>Ext Price</u> \$200.00
Configuration:				

Location:	Notes:
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0004 (2.00)	Labor Window Labor	Ordered: 6.00	<u>Sell Price</u> \$450.00	<u>Ext Price</u> \$2,700.00
Configuration:				

Location:	Notes:
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0005 (3.00)	Labor Sliding glass door removal and install	Ordered: 2.00	<u>Sell Price</u> \$425.00	<u>Ext Price</u> \$850.00
Configuration:				

Location:	Notes:
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0006 (13.00)	SGD5470 VINYL SGD SERIES 5470	Ordered: 1.00	<u>Sell Price</u> \$2,188.12	<u>Ext Price</u> \$2,188.12
Configuration: 72.X78.25,BYPASS,2P2T,XX,REV,2.5,W,TIG,CLEAR,NO GRID,ALL				

Send Unit: COMPLETE
NOA Selection: 23-0710.09
Pnl/Trk: 2 Panel / 2 Track
Panel Stack: REV
Width: 72.0000
Actual Size: 72 X 78 1/4
Frame Color: W - White
Glass: 1" IG (3/16 TMP- 11/16 AIR - 3/16 TMP)
Does unit need to meet Turtle Code: NO
Low E: NONE
Privacy Glass: NONE - NONE
Sill Riser Height: 2.5000
Send Screen Frame with Unit: N
Handle Color: W - White
Secondary Lock Type: NONE
Keyed Alike: N
Anchor Group: B.SG54.55.1
Boxing Options: N - None
Acc Glass Breakage: N
PositiveDesignPressure: 38.7000
PANumber: FL251
CondensationResistance: 44.0000
SolarHeatGainCoeff: 0.5000
VTCOG: 0.8000

Certification Type: MIAMI
Door Configuration: BYPASS
Panel Configuration: XX
Size Selection: CUSTOM
Height: 78.2500
Calc Track Length: 72.0000
Glass Makeup: IGT311T3
Glass Family: IG - Insulating
Glass Color: CL - CLEAR
Argon Gas: NONE
Grid Type: NONE - NO Grid
Screen Panel Type: NONE
Handle Type: RAISED/RAISED
Lock/Handle Location: STD
Key Lock: N
Panel Opr Rlr: STSTEELTM Stainless Steel Tandem
Send frm w/snap on Nail Fin: N
Max Energy/Composite Reinf: N
CAR#: 23-0710.09
NegativeDesignPressure: 92.9000
EnergyStar: NONE
UF: 0.4800
VT: 0.5500
CPD: PGT-K-211-01015-00004

Interior
Sliders

N/A

Location:

Notes:

TOTAL SALE AMT: \$13,950.50

TOTAL CUSTOMER TAX: \$0.00

NET SALE AMOUNT: \$13,950.50

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.

CERTIFICATE OF INSURANCE

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FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter A: Florida Farm Bureau General Ins. Co.
NAME AND ADDRESS OF INSURED: MONTEREY GLASS SPECIALIST INC 851 SE MONTEREY RD STUART FL 034994	Company Letter B: Florida Farm Bureau Casualty Ins. Co.

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 <u>THOUSANDS</u>		
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	05/30/24	05/30/25	General Aggregate	\$	2000
					Products-completed operations aggregate	\$	2000
					Personal & Advertising Injury	\$	1000
					Each Occurrence	\$	1000
					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:

GLASS WORKINGS

ADDITIONALLY INSURED BUILDINGS 1-12

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 HOMEOWNERS ASSOCIATION 1800 SE ST. LUCIE BLVD, STUART, FL 34996	COUNTY CODE <u>56</u> DATE ISSUED <u>08/20/24</u> Served by <u>ST. LUCIE</u> County Farm Bureau DANIEL E NOELKE, LLC AUTHORIZED REPRESENTATIVE
--	---

CERTIFICATE OF LIABILITY INSURANCE

Date

3/5/2024

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

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 below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage

Insurer A:	NAIC #
Lion Insurance Company	11075
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		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 (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other

Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 92-71-254

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
Monterey Glass Specialist, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name:

ISSUE 03-05-24 (BP)

CERTIFICATE HOLDER

CANCELLATION

Begin Date: 4/9/2017

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Building 4 Board

Gerri Deihl <224billbob@gmail.com>

Tue 8/20/2024 5:46 PM

To: Bonnie Guenther <manager@conquistadorliving.com>

The Building Board has approved the following installations of impact windows in the Leni of Unit 205 and the installations of impact sliders for 107. Gerri Deihl

Received 7/24/24
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: Conquistador Condominium Association I, Inc.

Project Property Address: 1800 SE St. Lucie Blvd., Stuart, FL 34996

Phone: 772-285-8461

Email: debhol1800@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 checked="" type="checkbox"/> Siding / Stucco * Gate + partition replacement |
| <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: _____ 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 |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information: **Remove existing horizontal wood siding and replace with horizontal Hardie Plank siding.**

Anticipated Commencement Date: 8/1/2024 Anticipated Completion Date: 9/1/2024

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: *Deborah B. Holte* Date: 7/22/2024

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC):

Recommended by ARC

Date:

9/5/24

By:

Renie Drenth

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:

9/5/24

By:

Renie Drenth

Approved by ACB with Conditions

Date:

By:

Disapproved by ACB

Date:

By:

Explanation(s) / Comment(s)

ESTIMATE

Down East Contracting LLC
3472 NE Savannah Rd Ste 207
Jensen Beach, FL 34957

downeastcontracting.fl@gmail.com
+1 (772) 256-7278



Bill to

Debbie Coquistador

Estimate details

Estimate no.: 1020

Estimate date: 07/16/2024

#	Date	Product or service	Description	SKU	Amount
1.		Siding/trim remove and replace	<p>Remove existing plank siding from the first and second floor. Replace with Hardie backer plank siding (7.25")</p> <p>Remove and replace existing damaged trim boards to include all 3rd floor woodpecker damage and any other existing damaged areas.</p> <p>Caulk and seal gaps nail holes and other necessary areas.</p> <p>Leave all serviced areas prepped and ready for paint.</p> <p>*Note: Price not to include any damage to sills, furring strips, studs or any other materials to be found behind existing siding. If damages are found and prevent the installation of siding, then a change order must be issued at 25\$ per linear foot for repairs. (including materials)</p>		\$11,500.00
Total					\$11,500.00

Note to customer

Thank you for your business.

ESTIMATE

Down East Contracting LLC
3472 NE Savannah Rd Ste 207
Jensen Beach, FL 34957

downeastcontracting.fl@gmail.com
+1 (772) 256-7278



Bill to

Debbie Coquistador

Estimate details

Estimate no.: 1024

Estimate date: 07/29/2024

#	Date	Product or service	Description	Amount
1.		Gates and Partitions remove and replace	Remove all 12 existing gates and partitions. Replace with new gates, hardware and partitions. All materials included in price.	\$4,100.00
Total				\$4,100.00

Note to customer

Thank you for your business.

Accepted date

Accepted by



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/2024

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 Jensen Beach Insurance 1514 NE Jensen Beach Blvd. Jensen Beach FL 34957	CONTACT NAME: Alma Perez PHONE (A/C, No, Ext): (772) 334-3347 E-MAIL ADDRESS: barbara@jensenbeachins.com INSURER(S) AFFORDING COVERAGE INSURER A: MESA UNDERWRITERS SPECIALITY INSURANCE INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (772) 334-3348 NAIC #
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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	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBFLF-J	06/20/2024	06/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 1000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

REMODELING, CONTRACTOR

CERTIFICATE HOLDER**CANCELLATION**

Conquistador Condominium Association 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 ALMA PEREZ
--	---

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 2/6/2024

EXPIRATION DATE: 2/5/2026

PERSON: JOSEPH I FARRELL JR

EMAIL: DOWNEASTMANAGEMENT@GMAIL.COM

FEIN: 932172327

BUSINESS NAME AND ADDRESS:

DOWN EAST CONTRACTING LLC

1924 NE AVENIDA DRACAENA

JENSEN BEACH, FL 34957

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

**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.) Down East Contracting 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) P 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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. 3472 NE Savannah Rd Suit 207		Requester's name and address (optional)
6 City, state, and ZIP code Jensen Beach, FL 34957			
7 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 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td>9</td><td>3</td><td>-</td><td>2</td><td>1</td><td>7</td><td>2</td><td>3</td><td>2</td></tr></table>	Social security number												-			-			or									Employer identification number									9	3	-	2	1	7	2	3	2
Social security number																																														
			-			-																																								
or																																														
Employer identification number																																														
9	3	-	2	1	7	2	3	2																																						

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); and 4. 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 the certification, but you must provide your correct TIN. See the instructions for Part II, later.					
Sign Here	<table><tr><td>Signature of U.S. person</td><td></td><td>Date</td><td>7/22/2024</td></tr></table>	Signature of U.S. person		Date	7/22/2024
Signature of U.S. person		Date	7/22/2024		

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

Received 7/29/24
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: Conquistador Condominium Association I, Inc.

Project Property Address: 1800 SE St. Lucie Blvd., Stuart, FL 34996

Phone: 772-285-8461

Email: debhol1800@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 checked="" 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: Medium Bronze Manufacturer: Sherwin Williams

Garage Door Color: _____ Manufacturer: _____

Front Door Color: _____ Manufacturer: _____

Other: Horizontal Hardie Plank - Conquistador Cream 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 |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information: **Paint new Hardie Plank siding Conquistador Cream and window trim SW Medium Bronze.**
Patio gates and patio partitions will also be Conquistador Cream. Building I residents have approved this change.

Anticipated Commencement Date: 8/1/2024 Anticipated Completion Date: 9/1/2024

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: Deborah B. H. H. H. H. Date: 7/22/2024

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC Date: 9/17/24 By: Renee Prentiss

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: 9/17/24 By: Renee Prentiss

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____

ESTIMATE

Down East Contracting LLC
3472 NE Savannah Rd Ste 207
Jensen Beach, FL 34957

downeastcontracting.fl@gmail.com
+1 (772) 256-7278



Bill to

Debbie Coquistador

Estimate details

Estimate no.: 1023
Estimate date: 07/25/2024

#	Date	Product or service	Description	Amount
1.		exterior paint for conquistador BLDG I	<p>Prepare and paint all exterior Hardie cement board lap siding and surrounding trim including third floor balconies.</p> <p>All lap siding and all trim *not* surrounding windows to be painted in a Sherwin Williams A-100 satin finish "Conquistador Cream" color.</p> <p>All trim surrounding windows to be painted in a Sherwin Williams "medium bronze" (would match clubhouse entrance)</p> <p>Paint all gates and partitions in a Sherwin Williams A-100 satin finish "Conquistador Cream" color.</p> <p>All materials included in price.</p>	\$7,300.00

Total \$7,300.00

Note to customer

Thank you for your business.



Conquistador Cream On
Existing Conquistador Brown

Sherwin Williams
Medium Bronze
On Wood Adjacent To
Anodized Aluminum





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/2024

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 Jensen Beach Insurance 1514 NE Jensen Beach Blvd. Jensen Beach FL 34957		CONTACT NAME: Alma Perez PHONE (A/C, No, Ext): (772) 334-3347 E-MAIL ADDRESS: barbara@jensenbeachins.com FAX (A/C, No): (772) 334-3348	
INSURED Down East Contracting 3472 NE SAVANNAH RD STE 207 Jensen Beach FL 34957		INSURER(S) AFFORDING COVERAGE INSURER A: MESA UNDERWRITERS SPECIALITY INSURANCE 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	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBFLF-J	06/20/2024	06/20/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	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					GENERAL AGGREGATE \$ 2,000,000	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						DEDUCTIBLE \$ 1000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							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)

REMODELING, CONTRACTOR

CERTIFICATE HOLDER**CANCELLATION**

Conquistador Condominium Association 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 ALMA PEREZ
--	---

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 2/6/2024

EXPIRATION DATE: 2/5/2026

PERSON: JOSEPH I FARRELL JR

EMAIL: DOWNEASTMANAGEMENT@GMAIL.COM

FEIN: 932172327

BUSINESS NAME AND ADDRESS:

DOWN EAST CONTRACTING LLC

1924 NE AVENIDA DRACAENA

JENSEN BEACH, FL 34957

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

**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.) Down East Contracting 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) P 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. 3472 NE Savannah Rd Suit 207	Requester's name and address (optional)
6 City, state, and ZIP code Jensen Beach, FL 34957	
7 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 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	3	-	2	1	7	2	3	2	7

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 the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 7/22/2024
------------------	--	-----------------------

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

Received 9/16/04
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: Jamie Henkin (Daughter)(Gawitt)
Project Property Address: 1833 SE Granada Ln, Stuart, FL 34996
Phone: 860 908 0085 Email: _____

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 checked="" type="checkbox"/> Roof - <u>patio roof only</u> |
| <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 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 |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information:

Anticipated Commencement Date: 9/17/24 Anticipated Completion Date: 9/20/24

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: Jamie Hall Date: 9/16/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC):

Recommended by ARC Date: 9/17/24 By: Rene 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: 9/17/24 By: Rene Douthett

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

Jamie
Steve Henkin
1833 SE Granada Ln.
Stuart, FL 34996

September 6, 2024

Proposal

New Triple Modified Roof System on Flat Roof Only
Repair Approximately 10 Broken Roof Tiles on Sloped Roof

- FRS will acquire permits from the Martin County building department, coordinate all roof inspections, and file a NOC.
- FRS will remove 2 rows of tile at tie-in to flat roof.
- FRS will tear off existing modified flat roof system down to plywood decking on flat roof only.
- FRS will repair up to 3 sheets of rotten plywood as necessary on flat roof deck only and nail to code with 8d ring shank nails.
- FRS will install 3x3 drip edge on flat roof only and prime with asphalt primer.
- FRS will install new Polyglass Elastoflex SAV & SAP triple modified roof system on flat roof.
- FRS will install re-install roof tiles at tie-in to flat roof with foam.
- FRS will repair approximately 10 broken roof tiles with RT-600 roof tile adhesive.
- FRS will remove all debris from job site.

****Any new gutter work to be done by others****
****Any fascia work to be done on a T & M basis****

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

Six Thousand Dollars

\$6,000.00

Payment to be made as follows: No services will begin until this proposal is signed and returned. 100% due upon job completion.

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

This proposal may be withdrawn by us if not accepted within 20 days.

FLORIDA ROOFING SERVICES Lic # CCC-1328967 This proposal becomes a binding contract after both parties have signed on the appropriate lines. If any litigation arising out of this agreement, the prevailing party shall be entitled to recover their reasonable attorney's fees costs, inclusive of appellate proceedings.

Acceptance of proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. Payment will be made as outlined above.

Date of Acceptance:

9-7-24

Authorized Signature:



LIC # CCC1328967 ° Insured ° www.floridarooftingservices.com


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"/> 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)	263995850											
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 <i>How to get a TIN</i> on page 3.	Social security number <table border="1"><tr><td>5</td><td>9</td><td>2</td><td>-</td><td>3</td><td>4</td><td>-</td><td>0</td><td>2</td><td>5</td><td>2</td></tr></table>	5	9	2	-	3	4	-	0	2	5	2
5	9	2	-	3	4	-	0	2	5	2		
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Employer identification number <table border="1"><tr><td>2</td><td>6</td><td>-</td><td>3</td><td>9</td><td>9</td><td>5</td><td>8</td><td>5</td><td>0</td></tr></table>	2	6	-	3	9	9	5	8	5	0	
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 FAX (A/C, No): (772) 288-2481 E-MAIL ADDRESS: janes@deakinscarroll.com															
INSURED Florida Roofing Services LLC 8470 SE Dharlys St. Hobe Sound FL 33455		<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Kinsale Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Kinsale Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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 <input type="checkbox"/> 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2024

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	CONTACT NAME: FrankCrum Certificate Department		
FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	PHONE (A/C, No, Ext): (800) 277-1620 X 4800	FAX (A/C, No): (727) 797-0704	
	E-MAIL ADDRESS: certs@frankcrum.com		
	INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED	INSURER A: Frank Winston Crum Insurance Company	11600	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
FrankCrum L/C/F Florida Roofing Services, LLC 100 South Missouri Avenue Clearwater, FL 33756			

COVERAGES**CERTIFICATE NUMBER:** 1236833**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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
A	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	WC202400000	01/01/2024	01/01/2025	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

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

Effective 09/19/2012, coverage is for 100% of the employees of FrankCrum leased to Florida Roofing Services, LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER**CANCELLATION**

Conquistador HOA 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

Received 8/14/24
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: EDWARD HENRY

Project Property Address: 1812 SE CAMINO REAL AVE STUART, FL 34996

Phone: 772-285-8414 Email: CAPTEOHENRY@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:

Addition / Alteration	Generator	Propane Tank
Decorative Shutters	Hurricane Shutters	Roof
Driveway	Lamp Post / Fixture	Screen Room / Enclosure
Exterior Door	Mailbox/Mailbox Post Color	Siding / Stucco
Fences <u>/PRIVACY PANELS</u>	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) NEXT PAGE Revised Plan(s) / Specification(s)
Drainage Surface Water Plan Grading Plan
Color Sample(s) Texture Sample(s)

* Self install

Additional Information:

** Surround RD*
SEEKING PERMISSION TO INSTALL ~~PAVING~~ PANELS
TO HIDE MY GARBAGE CANS FROM ROADSIDE VIEW. PANELS
ARE CONSTRUCTED OF WHITE VINYL, DIMENSIONS 36" WIDE
45" TALL, SLATED FOR VENTILATIONS

Anticipated Commencement Date: ASAP

Anticipated Completion Date: UPON ACCEPTANCE

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
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: Edward [Signature]

Date: 8/14/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC):

Recommended by ARC

Date:

8/18/24

By:

Renee Duthieing

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:

8/19/24

By:

Renee Duthieing

Approved by ACB with Conditions

Date:

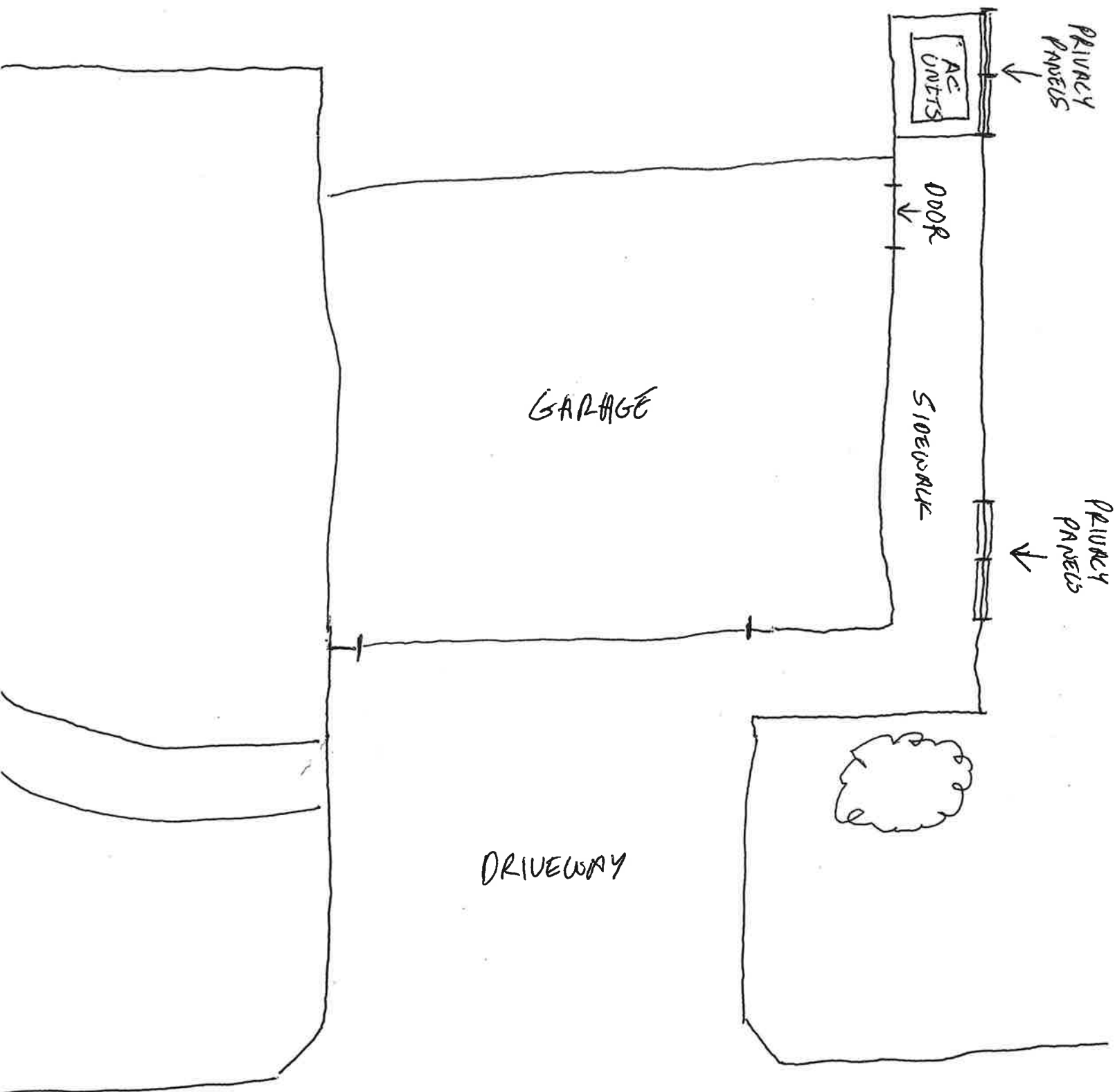
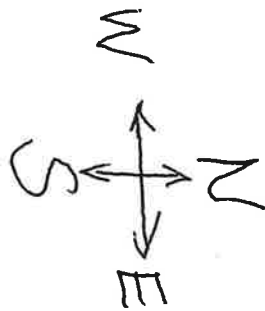
By:

Disapproved by ACB

Date:

By:

Explanation(s) / Comment(s)



CAMINO REAL AVE

Received 7/22/24
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: Christopher and Linda Palumbo

Project Property Address: 3131 SE Gran Via Way, Stuart, FL 34996

Phone: (732) 670-9063 Email: Lpalum709@aol.com

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 checked="" 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 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: _____

Roof Other: See proposal and attached color chart (Buckskin) Manufacturer: Dynamic Metals

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:

No change in current roof structure

Anticipated Commencement Date: ASAP

Anticipated Completion 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: Sonia Palumbo

Date: 7/15/24

7/15/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC

Date: 7/26/24

By: [Signature]

Recommended by ARC with Conditions

Date: 7/26/24

By: [Signature]

Not Recommended by ARC

Date: _____

By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB) _____

Approved by ACB

Date: 7/26/24

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

Palumbo Residence
3131 SE Gran Via Way
Stuart, FL 34996

June 11, 2024

PROPOSAL

New Kynar Coated 24 Gauge 1" Nailstrip Standing Seam Metal Roof New Double Modified Flat Roof System

- 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 shake roof, modified flat roof, underlayments, and debris.
- FRS will replace up to 5 sheets of rotten plywood at no extra charge and re-nail plywood to code with 8d ring shank nails. (Any additional sheets to be \$75.00 per sheet installed.)
- FRS will install Polyglass Elastoflex SAV & SAP self-adhered double modified flat roof system on the flat roof only.
- 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 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:

Fifty One Thousand Six Hundred Dollars

\$51,600.00

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

This proposal may be withdrawn by us if not accepted within 20 days.

FLORIDA ROOFING SERVICES Lic # CCC-1328967 This proposal becomes a binding contract after both parties have signed on the appropriate lines. If any litigation arising out of this agreement, the prevailing party shall be entitled to recover their reasonable attorney's fees costs, inclusive of appellate proceedings.

Acceptance of proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. Payment will be made as outlined above.

Date of Acceptance: 6/17/24

Authorized Signature:

 Linda Palumbo
 Christopher Palumbo

Color-Buckskin SR: 38 IE: 86 SRI: 41

LIC # CCC1328967 ° Insured ° www.floridarooftingservices.com

Josh 772-341-7539

List account number(s) here (optional)

26	-	3	9	9	5	8	5	0
----	---	---	---	---	---	---	---	---

Date ▶ 12-4-12

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 FAX (A/C, No): (772) 288-2481 E-MAIL ADDRESS: janes@deakinscarroll.com	
INSURED Florida Roofing Services LLC 8470 SE Dhariys 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			01001811912	3/3/2024	3/3/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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
--	--

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2024

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 FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME: FrankCrum Certificate Department PHONE (A/C, No, Ext): (800) 277-1620 X 4800 E-MAIL ADDRESS: certs@frankcrum.com	FAX (A/C, No): (727) 797-0704
INSURED FrankCrum L/C/F Florida Roofing Services, LLC 100 South Missouri Avenue Clearwater, FL 33756	INSURER(S) AFFORDING COVERAGE INSURER A: Frank Winston Crum Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
	NAIC# 11600	

COVERAGES

CERTIFICATE NUMBER:

1236833

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OP AGG	\$
								\$
	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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC202400000	01/01/2024	01/01/2025	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

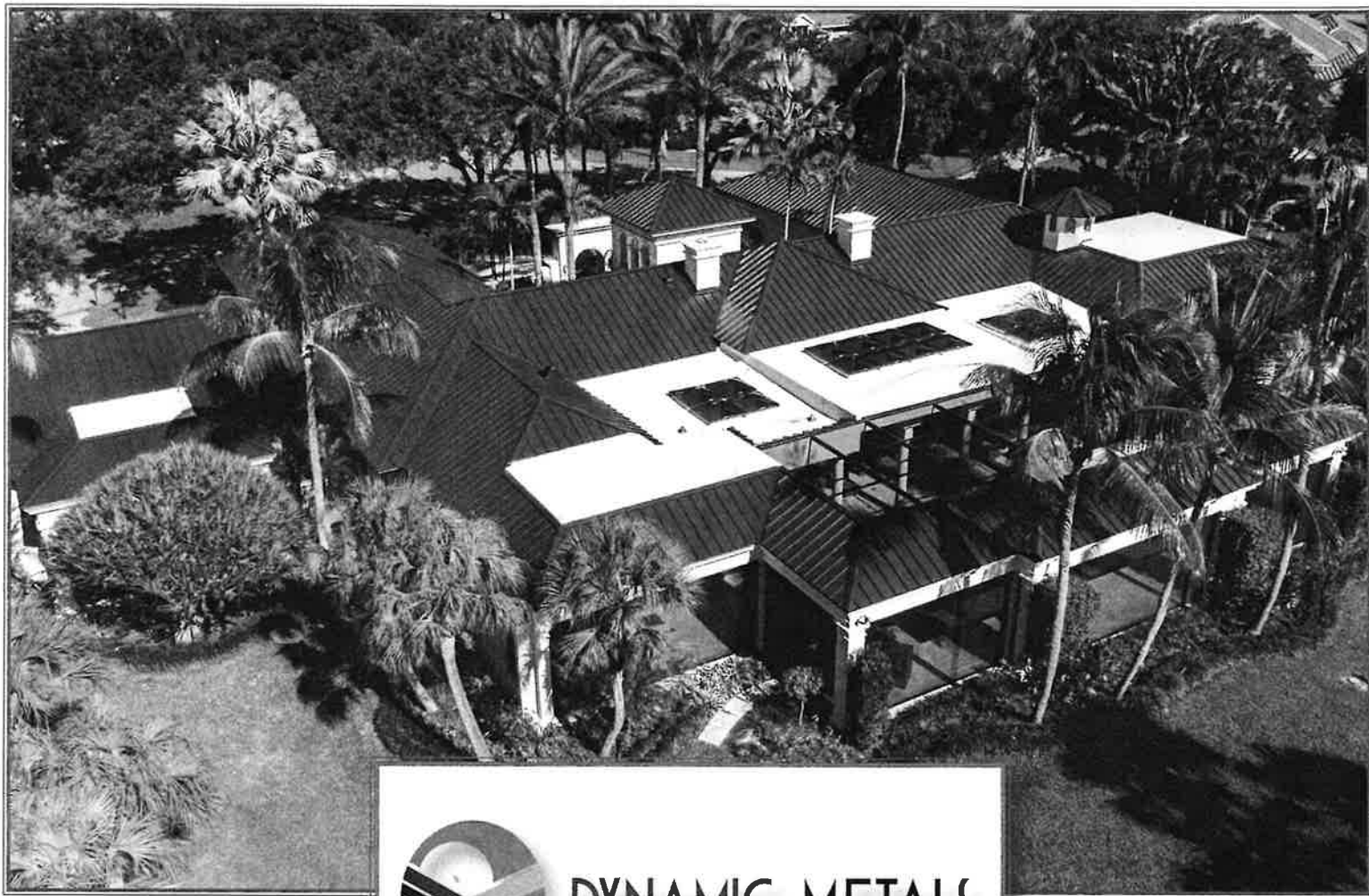
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Effective 09/19/2012, coverage is for 100% of the employees of FrankCrum leased to Florida Roofing Services, LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

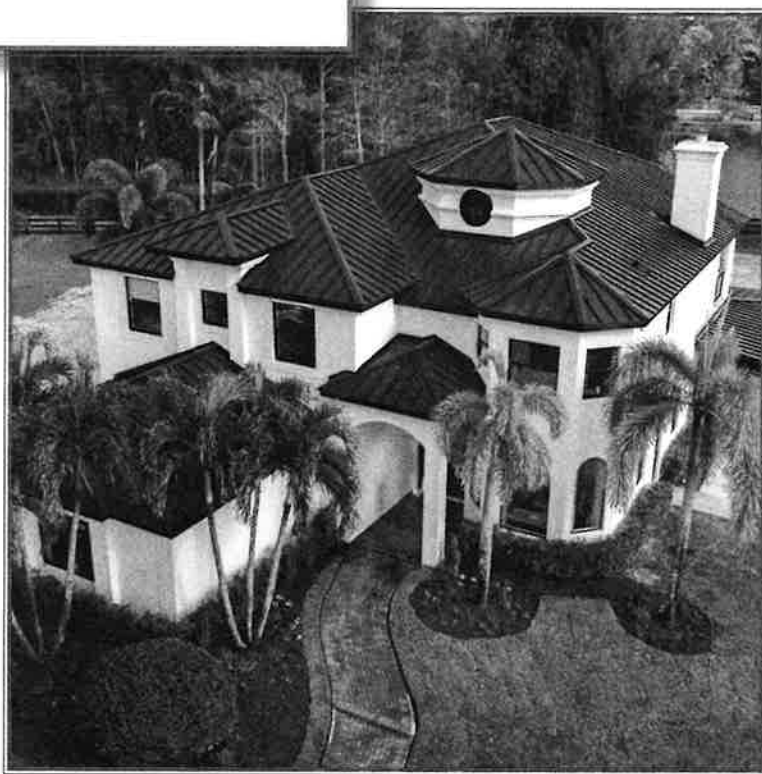
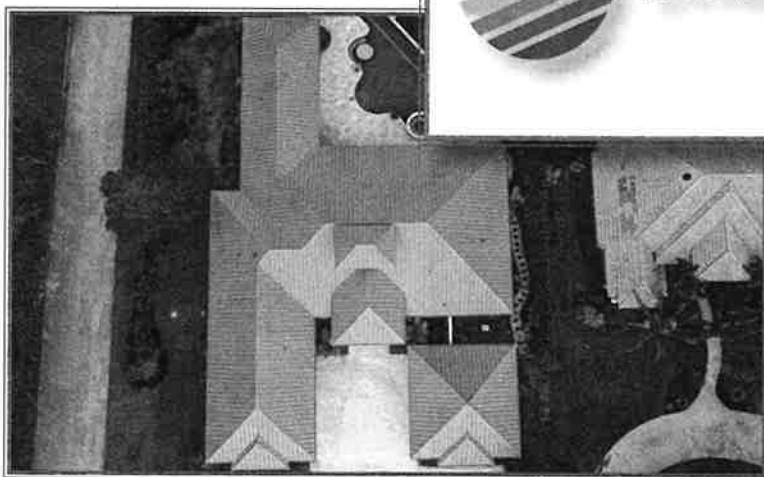
CERTIFICATE HOLDER

CANCELLATION

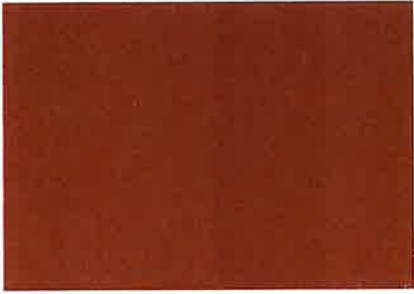
Conquistador HOA 1800 SE St. Lucie Blvd Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---



DYNAMIC METALS



DM STANDARD *collection*



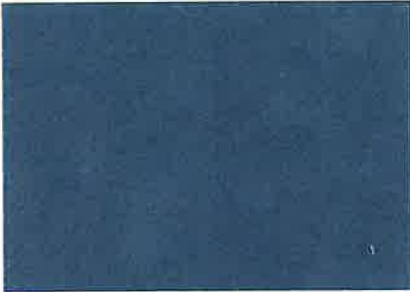
TERRA COTTA
SR: .39 IE: .85 SRI: 42



COLONIAL RED
SR: .31 IE: .87 SRI: 31



BURGUNDY
SR: .27 IE: .87 SRI: 27



SLATE BLUE
SR: .27 IE: .86 SRI: 26



SLATE GRAY
SR: .37 IE: .86 SRI: 39



MATTE BLACK
SR: .26 IE: .86 SRI: 25



DOVE GRAY
SR: .49 IE: .87 SRI: 56



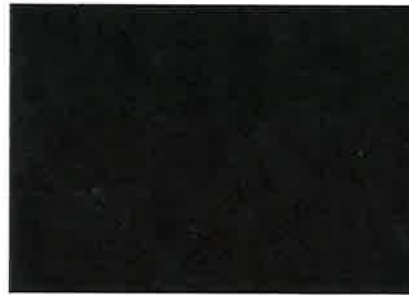
CHARCOAL GRAY
SR: .08 IE: .90 SRI: 40



AGED COPPER
SR: .47 IE: .85 SRI: 53



MEDIUM BRONZE
SR: .26 IE: .84 SRI: 24



DARK BRONZE
SR: .26 IE: .84 SRI: 25



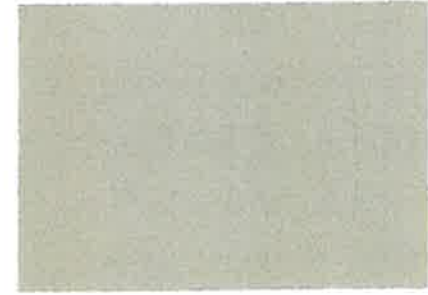
SIERRA TAN
SR: .30 IE: .85 SRI: 30



BUCKSKIN
SR: .38 IE: .86 SRI: 41



MANSARD BROWN
SR: .29 IE: .86 SRI: 29



SANDSTONE
SR: .47 IE: .86 SRI: 53

JP

Received 7/24/24
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: Bob + Maureen Russell

Project Property Address: 1803 SE GRANADA LANE LOT 30

Phone: 401-529-8264 Email: bobrussell1721@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: _____ 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 |
| <input type="checkbox"/> Color Sample(s) | <input type="checkbox"/> Texture Sample(s) |

Additional Information:

Anticipated Commencement Date: 8-24-24 Anticipated Completion Date: 8-22-24

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: Robert M. Russell Date: 7/22/24

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC Date: 7/26/24 By: W. J. Hansen

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: 7/26/24 By: W. J. Hansen

Approved by ACB with Conditions Date: _____ By: _____

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) _____

Bob & Maureen Russell

1803 SE Granada Lane / Lot 30

401-529-8264

July 22, 2024

We are going to replace the 8 existing bronze tone louvre / single hung windows with Jend-Wen white vinyl single hung impact windows and 1 Jend-Wen white sliding impact window in the kitchen.

Windows will be ordered when approved and delivery is approx. 3 weeks.
Completion date would be approx. August 22, 2024

LOWE'S

Lowe's Custom Order Quote

Quote # 208445638

Quote Name: win quote

Date Printed: 7/19/2024

Customer: BRANDON COX

Email: box259@gmail.com

Address: 367 SW MAJESTIC TER
PORT SAINT LUCIE, FL 34984

Phone: (772) 267-3289

Store: (2349) LOWE'S OF ST. LUCIE WEST,
FL

Associate: DAVID GILLETTE (1046081)

Address: 701 NW ST LUCIE BLVD
PORT ST LUCIE, FL 34986-0000

Phone: (772) 204-7160

Item Total:	5
PreSavings Total:	\$4,570.73
Freight Total:	\$0.00
Labor Total:	\$0.00
Pre-Tax Total:	\$3,711.44
Savings Total:	(\$459.19)



JELD-WEN 17.75-in x 36.75-in Premium Atlantic
Vinyl Rectangle Single Hung
Room Location: Not Specified

Product Warranty



Line #	Item Summary	Production Time	Was Price	Now Price	Quantity	Total Savings	Pre-Tax Total
100-1	JELD-WEN 17.75-in x 36.75-in Premium Atlantic Vinyl Rectangle Single Hung	21 days	\$4,170.63	\$3,711.44	1	(\$459.19)	\$3,711.44

Valid thru: 07/10/2024

Begin Line 100 Description

Line 100-1

JELD-WEN Premium Atlantic Vinyl Rectangle
Single Hung
Assembly = Full Unit
Regional Compliance = FBC-HVHZ-NAMI
Impact Rating = Large Missile Impact
Installation & Frame Type = 5/8-in Flange
Rating = DP+50/-60
Energy Efficiency = Energy Star - Southern
Performance Plus = Standard
Select Size Type = Florida Sizes
Florida & Custom Sizes = Custom
Measurement Type = Net Frame Size
Frame Width = Custom
Custom Frame Width = 17.75
Frame Height = Custom
Custom Frame Height = 36.75
Tip to Tip Width = 19
Tip to Tip Height = 38
Vent Division = Even Divide
Vent Height = 18.375

Frame Color - Exterior = White
Frame Color - Interior = White
Soundmaster = Standard
Glazing = Insulated
Low-E = SunResist
Neat Glass = No
Glass Type = Impact
Inner Glass Type = Impact
Outer Glass Type = Standard
Select Impact Interlayer Type = PVB
Glass Color/Texture = Obscure
IG Options = None
Select Glass Thickness = 5/16 in - 1/8 out
Grid Type = No Grids
Lock Type = Style Cam Lock(s)
Number of Locks = 1 Lock
Hardware Finish - Interior = White
Screen = Screen
Full or Half Screen = Half Screen
Select Screen Mesh Type = Fiberglass Mesh
Screen Mesh Finish = Charcoal Mesh
Extension Jamb needed? = None
Interior Frame Options = None
Installation Accessories = None
Secondary Vent Stop = No Window Opening
Control Device
Prep for Mull = No Mull Prep

Is This a Remake = No
Room Location = Not Specified
Prep for Shipping = Standard
Clear Opening Dimensions = Clear Opening 14
3/16 in w
11 7/8 in h
1.1sf
U-Factor = 0.33
Energy Star Qualified = None
Energy Star Confirmation = Yes
Solar Heat Gain Coefficient = 0.22
Visible Light Transmittance = 0.5
Condensation Resistance = 53
CPD# = JEL-A-02450-00003
DP Rating = DP+50/-60
FL# = 14095.2
SOS = 1059585
SOS Description = WTS JW PAV IMPACT
Window
Vendor ID = 57474
Of Measure = EA
Production Time (Does not include transit
time) = 21 Days
Delivery Method = In-Store Pick-Up
Manufacturer = JELD-WEN
Venice (MY)
Customer Service Number = 1-800-825-0706
Option 3
Catalog Version Date = 06/05/2024
Catalog Version = 24.2.10.1

End Line 100 Description



JELD-WEN 25-in x 61.25-in Premium Atlantic
Vinyl Rectangle Single Hung
Room Location: Not Specified

Product Warranty



Line #	Item Summary	Production Time	Was Price	Now Price	Quantity	Total Savings	Pre-Tax
200-1	JELD-WEN 25-in x 61.25-in Premium Atlantic Vinyl Rectangle Single Hung	21 days	1,234.56	1,234.56	2	(1,234.56)	

Valid thru: 07/10/2024

Begin Line 200 Description

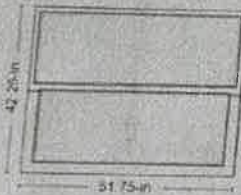
Line 200-1

JELD-WEN Premium Atlantic Vinyl Rectangle
Single Hung
Assembly = Full Unit
Regional Compliance = FBC-HVHZ-NAMI
Impact Rating = Large Missile Impact
Installation & Frame Type = 5/8-in Flange
Rating = DP+50/-60
Energy Efficiency = Energy Star - Southern
Performance Plus = Standard
Select Size Type = Florida Sizes
Florida & Custom Sizes = Custom
Measurement Type = Net Frame Size
Frame Width = Custom
Custom Frame Width = 25
Frame Height = Custom
Custom Frame Height = 61.25
Tip to Tip Width = 26.25
Tip to Tip Height = 62.5
Vent Division = Even Divide
Vent Height = 30.625

Frame Color - Exterior = White
Frame Color - Interior = White
Soundmaster = Standard
Glazing = Insulated
Low-E = SureShot
Net Glass = No
Glass Type = Impact
Inner Glass Type = Impact
Outer Glass Type = Standard
Select Impact Interlayer Type = PVB
Glass Color/Texture = Clear
IG Options = None
Select Glass Thickness = 5/16 in - 1/8 out
Grid Type = No Grids
Lock Type = Style Cam Lock(s)
Number of Locks = 3 Lock
Hardware Finish - Interior = White
Screen = Screen
Full or Half Screen = Half Screen
Select Screen Mesh Type = Fiberglass Mesh
Screen Mesh Finish = Charcoal Mesh
Extension Jambs needed? = None
Interior Frame Options = None
Installation Accessories = None
Secondary Vent Stop = No Window Opening
Control Device
Prep for Mull = No Mull Prep

Is This a Balcony = No
Room Location = Not Specified
Prep for Shipping = Standard
Clear Opening Dimensions = Clear Opening 21
1/2 in w
24 1/8 in h
3.6sf
U-Factor = 0.33
Energy Star Qualified = None
Energy Star Certification = Yes
Solar Heat Gain Coefficient = 0.22
Visible Light Transmittance = 0.5
Condensation Resistance = 83
CPD# = JEL-A-62450-00003
DP Rating = DP+50/-60
FL # = 14099.2
SQS = 1059585
SQS Description = WTS JW PAV IMPACT
Window
Vendor ID = 57474
Of Measure = EA
Production Time (Does not include transit
time) = 21 Days
Delivery Method = In-Store Pick-Up
Manufacturer = JELD-WEN
Venice (MY)
Customer Service Number = 1-800-825-0706
Option 3
Catalog Version Date = 06/05/2024
Catalog Version = 24.2.10.1

End Line 200 Description



JELD-WEN 51.75-in x 42.25-in Premium Atlantic
Vinyl Rectangle Single Hung
Room Location: Not Specified

Product Warranty



Line #	Item Summary	Production Time	Was Price	Now Price	Quantity	Total Savings	Pre-Tax Total
300-1	JELD-WEN 51.75-in x 42.25-in Premium Atlantic Vinyl Rectangle Single Hung	21 days	5,200.00	5,200.00	1	(\$2,200.00)	5,200.00

Valid thru: 07/10/2024

Begin Line 400 Description

Line 300-1

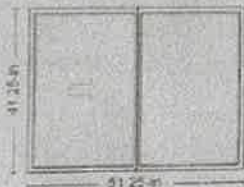
Premium Atlantic Vinyl Rectangle
 Full Unit
 Compliance = FBC/HVHZ/NAM
 Rating = Large Missile Impact
 Installation & Frame Type = 5/8-in Flange
 Energy = DP-S0/-60
 Energy Efficiency = Energy Star - Southern
 Performance Plus = Standard
 Select Size Type = Florida Sizes
 Florida & Custom Sizes = Custom
 Measurement Type = Net Frame Size
 Frame Width = Custom
 Custom Frame Width = 51.75
 Frame Height = Custom
 Custom Frame Height = 42.25
 Tip to Tip Width = 53
 Tip to Tip Height = 43.5
 Vent Division = Even Divide
 Vent Height = 21.125

Frame Color - Exterior = White
 Frame Color - Interior = White
 Soundmaster = Standard
 Glazing = Insulated
 Low-E = SureSeal
 Neat Glass = No
 Glass Type = Impact
 Inner Glass Type = Impact
 Outer Glass Type = Standard
 Select Impact Interlayer Type = PVB
 Glass Color/Texture = Clear
 IG Options = Argon
 Select Glass Thickness = 5/16 in - 1/8 out
 Grid Type = No Grids
 Lock Type = Style Cam Lock(s)
 Number of Locks = 2 Locks
 Hardware Finish - Interior = White
 Screen = Screen
 Full or Half Screen = Half Screen
 Select Screen Mesh Type = Fiberglass Mesh
 Screen Mesh Finish = Charcoal Mesh
 Extension Jamb needed? = None
 Interior Frame Options = None
 Installation Accessories = None
 Secondary Vent Stop = No Window Opening
 Control Device
 Prep for Mull = No Mull Prep

Is This a Remake = No
 Room Location = Not Specified
 Prep for Shipping = Standard
 Clear Opening Dimensions = Clear Opening 48
 3/16 in w
 14 5/8 in h
 4.94
 U-Factor = 0.29
 Energy Star Qualified = Southern
 Solar Heat Gain Coefficient = 0.22
 Visible Light Transmittance = 0.5
 Condensation Resistance = 56
 CPD# = JEL-A-4 02453-00003
 DP Rating = DP-S0/-60
 FL # = 14095.2
 SOS = 1059585
 SOS Description = WTS JW PAV IMPACT
 Window
 Vendor ID = 57424
 Of Measure = EA
 Production Time (Does not include transit
 time) = 21 Days
 Delivery Method = In-Store Pick-Up
 Manufacturer = JELD-WEN
 Venice (NY)
 Customer Service Number = 1-800-825-0706
 Option 3
 Catalog Version Date = 06/05/2024
 Catalog Version = 24.2.10.1

End Line 300 Description

Product Warranty



JELD-WEN 51.25-in x 41.25-in Premium Atlantic
 Vinyl 2 Panel Slider
 Room Location: Not Specified



Line #	Item Summary	Production Time	Was Price	Now Price	Quantity	Total Savings	Pre-Tax Total
400-1	JELD-WEN 51.25-in x 41.25-in Premium Atlantic Vinyl 2 Panel Slider	21 days			1	\$5164.00	

Valid thru: 07/31/2024

Begin Line 400 Description

--- Line 400-1 ---

JELD-WEN Premium Atlantic Vinyl 2 Panel
 Order
 Assembly = Full Unit
 Regional Compliance = FBC HVH2-NAMI
 Impact Rating = Large Missile Impact
 Installation & Frame Type = 5/8-in Flange
 Rating = DP+50/-50
 Energy Efficiency = Florida Energy Code - Zone
 2
 Operation = XO (Left Hand)
 Select Size Type = Florida Sizes
 Florida & Custom Sizes = Custom
 Measurement Type = Net Frame Size
 Frame Width = Custom
 Custom Frame Width = 51.25
 Frame Height = Custom
 Custom Frame Height = 41.25
 Tip to Tip Width = 52.5
 Tip to Tip Height = 42.5
 Vent Division = Even Divide
 Vent Width = 25.625

Frame Color - Exterior = White
 Frame Color - Interior = White
 Soundmaster = Standard
 Glazing = Insulated
 Low-E = SunResist
 Neat Glass = No
 Glass Type = Impact
 Inner Glass Type = Impact
 Outer Glass Type = Standard
 Select Impact Interlayer Type = PVB
 Glass Color/Texture = Clear
 IG Options = None
 Select Glass Thickness = 5/16 in - 3/16 out
 Grid Type = No Grids
 Lock Type = Style Cam Lock(s)
 Number of Locks = 2 Locks
 Hardware Finish - Interior = White
 Screen = Screen
 Select Screen Options = Standard Screen Frame
 Select Screen Mesh Type = Fiberglass Mesh
 Screen Mesh Finish = Charcoal Mesh
 Extension Jamb needed? = None
 Interior Frame Options = None
 Installation Accessories = None
 Secondary Vent Stop = No Window Opening
 Control Device
 Prep for Mull = No Mull Prep

Is This a Rework = No
 Room Location = Not Specified
 Prep for Shipping = Standard
 Clear Opening Dimensions = Clear Opening 21
 11/16 in w
 36 5/8 in h
 5.5sf
 U-Factor = 0.35
 Energy Star Qualified = None
 Energy Star Confirmation = Yes
 Solar Heat Gain Coefficient = 0.22
 Visible Light Transmittance = 0.69
 Condensation Resistance = 51
 CPDH = JEL-A-707-02460-00013
 DP Rating = DP+50/-50
 FL # = 42243.4
 SOS = 1059585
 SOS Description = WTS JW PAV IMPACT
 Window
 Vendor ID = 57474
 OI Measure = EA
 Production Time (Does not include transit
 time) = 21 Days
 Delivery Method = In-Store Pick-Up
 Manufacturer = JELD-WEN
 Venice (MY)
 Customer Service Number = 1-800-825-0706
 Option 3
 Catalog Version Date = 06/05/2024
 Catalog Version = 24-2-10-1

End Line 400 Description

Accepted by: _____

Date: 7/19/2024

Pre-Tax Total

This quote is an estimate only and valid for 30 days on all regularly priced items. For promotional items please refer to the dates listed above.
 This estimate does not include tax or delivery charges. Estimated arrival will be determined at the time of purchase. All of the above
 quantities, dimensions, specifications and accessories have been verified and accepted by the customer.

**** Special order configured products returned or canceled after 72 hours from purchase are subject to a 20% restocking fee. ****

OMZR130A

LOWE'S HOME CENTERS, LLC
JBF 0703

PAGE: 1

PROJECT ESTIMATE

Brandon Cox Windows

CONTACT: COX, BRANDON
CUST #: 405751605SALESPERSON: MONCADA, MICHAEL
SALES #: 1632870

PROJECT NUMBER: 818435451

DATE ESTIMATED: 07/19/24

QTY	ITEM #	ITEM DESCRIPTION	VEND PART #	PRICE
2	1418813	JW IMP/NONIMP MULL 5BLK FOR VY	JW237300004	1.00
4	1418849	JW IMP FL2-5 35-3/4X61-3/4 VSH	JW233400021	1.00
1	1418848	JW IMP FL3-3 51-7/8X37-1/8 VSH	JW233400022	1.00
TOTAL FOR ITEMS				3.00
FREIGHT CHARGES				0.00
DELIVERY CHARGES				0.00
TAX AMOUNT				0.00
TOTAL ESTIMATE				3.00

This Quote is valid until 07/22/24.

MANAGER SIGNATURE_____
DATE

THIS ESTIMATE IS NOT VALID WITHOUT MANAGER'S SIGNATURE.
THIS IS AN ESTIMATE ONLY. DELIVERY OF ALL MATERIALS CONTAINED IN THIS
ESTIMATE ARE SUBJECT TO AVAILABILITY FROM THE MANUFACTURER OR SUPPLIER.
QUANTITY, EXTENSION, OR ADDITION ERRORS SUBJECT TO CORRECTION. CREDIT
TERMS SUBJECT TO APPROVAL BY LOWES CREDIT DEPARTMENT.

LOWES IS A SUPPLIER OF MATERIALS ONLY. LOWES DOES NOT ENGAGE IN THE PRACTICE
OF ENGINEERING, ARCHITECTURE, OR GENERAL CONTRACTING. LOWES DOES NOT ASSUME
ANY RESPONSIBILITY FOR DESIGN, ENGINEERING, OR CONSTRUCTION; FOR THE
SELECTION OR CHOICE OF MATERIALS FOR A GENERAL OR SPECIFIC USE; FOR
QUANTITIES OR SIZING OF MATERIALS; FOR THE USE OR INSTALLATION OF MATERIALS;
OR FOR COMPLIANCE WITH ANY BUILDING CODE OR STANDARD OF WORKMANSHIP.

← COI for Conquistado...



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/23/2024

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 Next First Insurance Agency, Inc. PO Box 80787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No. Ext.): (855) 222-5919 FAX (A/C, No.): EMAIL ADDRESS: support@nextfirstinsurance.com
INSURED Axum Properties, Inc. 5407 NW Dabney Ct Port St Lucie, FL 34956	INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Company, Inc. NAIC # 12831 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER: 544237980		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.						
POST LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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 GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	NXTWQ4VPYX-02-GL	07/19/2024	07/19/2025	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Also PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNERS EXCLUDED? (Mandatory in FL) If yes, describe below DESCRIPTION OF OPERATIONS/VEHICLES below					<input type="checkbox"/> Y/N N/A
	<input type="checkbox"/> CONTRACTORS ERRORS AND OMISSIONS					<input type="checkbox"/> X
						LIMITS
						EACH OCCURRENCE \$1,000,000.00
						DAMAGE TO RENTED PREMISES (per occurrence) \$100,000.00
						AD & EXP (any and persons) \$15,000.00
						PERSONAL & AD & INJURY \$1,000,000.00
						GENERAL AGGREGATE \$7,000,000.00
						PRODUCTS - COMPOUND AGG \$2,000,000.00
						\$
						COMBINED SINGLE LIMIT (per occurrence) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE 10TH & 60
						E.I. EACH ACCIDENT \$
						E.I. DISEASE - FA EMPLOYEES \$
						E.I. DISEASE - POLICY LIMIT \$
						Each Occurrence: \$25,000.00
						Aggregate: \$50,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is Conquistador Homeowners Association, Inc. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER Conquistador Homeowners Association, Inc. 1800 SE Saint Luke Road Stuart, FL 34996	LIVE CERTIFICATE  Click or scan to view	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 
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2024

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 PAYCHEX INSURANCE AGENCY, INC. 225 KENNETH DRIVE ROCHESTER, NY 14623	CONTACT NAME: Paychex Insurance Agency, Inc. PHONE (A/C, No, Ext): 877-266-6850 E-MAIL ADDRESS: FlexCerts@paychex.com FAX (A/C, No):														
INSURED SOUTH FLORIDA HOUSE DOCTORS 367 SW MAJESTIC TER PORT ST LUCIE, FL 34984	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : NorGUARD Insurance Company</td><td>31470</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : NorGUARD Insurance Company	31470	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : NorGUARD Insurance Company	31470														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 checked="" type="checkbox"/> N	NA	N	SOWC419221	09/03/2023	09/03/2024 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Conquistador HOA 1800 SE 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
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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE BUILDING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GEBRE-AMLAH, YONAS

AXUM PROPERTIES INC
5497 NW DABNEY CT

PORT ST LUCIE FL 34986-4004

LICENSE NUMBER: CBC1255082

EXPIRATION DATE: AUGUST 31, 2024

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