

CONQUISTADOR HOMEOWNERS' ASSOCIATION, INC.
BOARD OF DIRECTORS' MEETING
Tuesday, February 18, 2025

MEMBERS PRESENT:

Jim Kurtz, Bldg. 1
Bill Cloud, Bldg. 2
Marge Drury, Bldg. 3
Rick Cass, Bldg. 4
Charles Encarnation, Bldg. 5
Renee Drentkiewicz, Bldg. 6
Patricia Kelvasa, Bldg. 7
Martha Gorton, Bldg. 8
Vince Stapleton, Bldg. 9
Jan Barnes, Bldg. 10
Deborah Pavlic, Bldg. 11
Ken Andorfer, Bldg. 12
Joe Endress, Homes
John Calabro, Homes 2
Suzie Heimbürger, Homes 3

OTHERS:

Bonnie Guenther, Manager
Others in attendance (see attached)

Zoom attendees:

Lynne Harris
John and Gail Mitchell
Robert Luongo
Anne and Ralph Albee
Cathy Schappert

The Board of Directors' meeting with Zoom was called to order at 9:30 am after the Pledge of Allegiance. There was a quorum noted, and a motion was made by Joe Endress to approve the minutes of the Board meeting of January 21, 2025. The motion was seconded by Martha Gorton and the vote was unanimously approved.

Committee Reports:

1. Architectural Review Committee: Bonnie Guenther - see attached
2. Events Committee: Diane Encarnation - see attached

Treasurer's Report: Joe Endress - See attached

Manager's Report: Bonnie Guenther—See attached

Old Business:

1. New Internet/Cable Contracts: Renee Drentkiewicz - see attached

New Business: (none)

Discussion Items: (none)

Comments on agenda items:

- * Cindy June, Building 4: All possible Internet/cable companies will have fiber optics was confirmed by Renee.
- * Ada Scharf, Building 10: Concerned that the install could damage condo hallway ceilings. Duly noted by the Board.

*** Marge Drury, Building 3: Asked for clarification if the installation would occur in each unit. Renee responded, "yes."**

There being no further business at this time, a motion was made by Joe Endress and seconded by Rick Cass to adjourn the meeting. The motion was unanimously approved, and the meeting was adjourned at 9:58 am.

Jan Barnes

Jan Barnes, Secretary

Renee Drentkiewicz

Renee Drentkiewicz, President

Chen

Printed name	Signature
Lisa Bryant	Lisa P Bryant
DANNA SIKORA	Danna Sikora
Patricia K. Davis	Patricia K. Davis
DIANE ENCARNATION	Diane Encarnacion
DOUGLASE	Douglass
K. Anderson	K. Anderson
Deborah PAUL	Deborah Paul
WACHT M. ALIK	Wacht M. Alik
Cindy June	Cindy June
WM Barnes	WM Barnes
Jean M. H. H.	Jean M. H. H.
Lucene D. H.	Lucene D. H.
Ala Schut	Ala Schut
K. Thomas	K. Thomas
W. J. Thomas	W. J. Thomas
C. H. H. H.	C. H. H. H.

CONQUISTADOR HOMEOWNERS' ASSOCIATION, INC.

BOARD OF DIRECTORS MEETING

Tuesday, February 18, 2025

9:30 A.M.

AGENDA

PLEDGE OF ALLEGIANCE

CALL TO ORDER

ROLL CALL

APPROVAL OF PREVIOUS MINUTES

COMMITTEE REPORTS -- Architectural Review Committee - Bonnie Guenther
Events Committee – Diane Encarnation

TREASURERS REPORT

MANAGER'S REPORT

OLD BUSINESS:

New Internet/Cable Contracts – Renee Drentkiewicz

New BUSINESS:

Discussion Item:

COMMENTS on agenda items:

POSTED: 2/13/25

ZOOM LINK:

You are invited to a Zoom meeting.

When: Feb 18, 2025 09:30 AM Eastern Time (US and Canada)

Register in advance for this meeting:

<https://us06web.zoom.us/meeting/register/tZUkceGhrjosGtHOoIag659hn6y4QSVYnQ7z>

After registering, you will receive a confirmation email containing information about joining the meeting.

BOD 2/18/25

Architectural Review Applications

1. 7-101 Wheeler; AC Installation; Recommended for approval by the Architectural Review Committee (ARC) on 2/11/25 and approved by the Board of Directors (BOD) on 2/12/25
****AC Installation on condo buildings requires: 1) Approval of condo Board of Directors; 2) Submission of an Architectural Review applications including estimate of work, W-9, certificate of liability and workers compensation insurances naming Conquistador HOA and Condos I-XII as additionally insured, and written letter of approval from the condo BOD. It also requires a permit.****
2. Palumbo 3131 SE Gran Via Way; Painting; Recommended for approval by the Architectural Review Committee (ARC) on 2/12/25 and approved by the Board of Directors (BOD) on 2/12/25

Jan, here is the information you requested.

As some of you will remember, last year during our April meeting, no one stepped up to take the position of President of the Social Committee. Therefore, an event committee was formed to oversee the social events. This committee was formed for the 2024/2025 season.

If our Conquistador community wants to have social events provided, we need to meet and vote on how to proceed from here on. If events are important to residents, we need volunteers to fill positions as officers of a board or as committee members.

In order to continue with these social events, we need your input and help. The event committee is having a meeting in the card room on March 10th at 9:30 am open to all residents. If you are unable to attend and have comments, please contact an event committee member or your social representative.

We'd like to thank Building 4 for a great time at the Races, look forward to Mardi Gras on March 4th and will have information coming soon for End of Season Party on April 9th.

The Event Committee

CONQUISTADOR HOMEOWNERS' ASSOCIATION
TREASURER'S REPORT
JANUARY 2025

FINANCIAL ANALYSIS:

January started the year on a positive note. Besides the three payrolls in January, which will level out through the year, we had a small repair to the Clubhouse pool which amounted to \$1,196.
We ended the year with a positive variance of \$5,149.

CHECKING/RESERVE ACCOUNTS:

(BANK STATEMENT AS OF February 1, 2025)

\$194,658.02	SouthState Bank Checking Account
\$491,269.56	SouthState Bank Money Market Account
<u>\$272,358.74</u>	Synovus Business CD
\$958,286.32	Total Checking/Reserve Accounts

WATER BILL/CONSUMPTION SUMMARY:

	CITY OF STUART	CONQUISTADOR	DIF	%
DEC/JAN 2024	1,345,500	1,255,863	89,637	6.7
DEC/JAN 2025	1,358,000	1,210,152	147,848	10.9

Manager's Report
Board of Directors Meeting
February 18, 2025

- The annual termite inspection of the Clubhouse was done by Truly Nolen.
- The demolition of the old landscaping against the east wall is in progress. Replacement with new landscaping will be over the next two weeks.
- A new TV was installed in the Cardroom.
- W-2s and 1099s were distributed for all thirteen associations.
- Payroll forms 940, 941, and RT-6 were filed for 2024 4th quarter and year.
- All tax forms have been submitted to the accountant for yearly taxes and financial statements for all associations. Condo associations will be receiving compiled financial statements for 2024.
- Please do not prop open doors in the Clubhouse or gates outside of the Clubhouse. They are there and locked to keep residents safe and to keep non-residents out.
- No information regarding associations will be released to any other association. Although all associations are managed by the same office, each association is its own entity and its information is protected. You are all under one umbrella, but the management of each is separate from each other.
- There is a new feature called 'Report a Violation' on the website. The feature which is on the same page as agendas, minutes, and community documents allows residents to report a violation of community rules **anonymously**. Once completed, it is sent to my e mail address for review and appropriate action.

Report a Violation

Community Clubhouse Conquistador News & Events Contact Us

Protected: Resident Documents

Conquistador Documents for Residents

Welcome to our private resident-only page. Please browse through the items below & [contact us](#) if needed. To report a community violation, please visit our [Violation Reporting Page](#), which makes it easy for residents to report property violations.

REPORT A COMMUNITY VIOLATION



Community Documents

HOA Telephone Directory

DOWNLOAD

February 2025

Resident Rules & Regulations -
October 2022

DOWNLOAD

January 2025



Calendar

DOWNLOAD

February 2025

DOWNLOAD

January 2025



Newsletters

DOWNLOAD

DOWNLOAD

Community Clubhouse Conquistador News & Events Contact Us

Report a Community Violation

This form can be used to report a community violation either anonymously or not. Once complete, the form is sent to the front office for review. Please consult your community documents or the front office before submitting the form to ensure the violation you are reporting is an actual infraction.

How It Works:

1. Fill out the online violation report form with details of the issue.
2. Choose to remain anonymous or provide your information.
3. Submit the report, and it will be automatically sent to management for review.

Your input helps maintain the integrity and appearance of our community and plays a part in keeping Conquistador a great place to live!

Violation Form

*Fields marked with an * are required*

DATE & TIME *

12/02/2025

12 02 2025

NAME (OPTIONAL) *

...

VIOLATION *

...

LOCATION OF VIOLATION *

...

MESSAGE/COMMENTS *

...

New Internet/Cable Contracts:

At the October 22, 2024 CHA Board meeting, the Board approved to renew the contract with CCG or Communications Consulting Group. This is the group that we previously used when we were shopping for Internet and Cable contracts for the Community. Our AT&T and DirectTV contracts will both be expiring in February of 2026, after 7 years.

The Executive Committee met for the first time with CCG on November 5, 2024 to discuss some options. On November 12, 2024, the Committee was notified that there were 9 providers that expressed interest in bidding the Conquistador Contract. This included both AT&T and DirectTV. After further review of the information, the 9 providers were narrowed down to only 5.

After further negotiations, CCG met with the Executive Committee again on February 7, 2025. After review of these options, it was decided that the companies that include both Internet and Video bundle rates would only be included in the next step, which was a zoom Video presentation. Therefore AT&T and DirectTV were removed from the list and it was narrowed to only 4 providers.

On February 11 & 12, 2025, Video presentations were done by all 4 providers. After further discussion with CCG, the Executive Committee has chosen to have 3 in-person presentations. The hope is that we will be able to present the final provider to the CHA Board at the March Board meeting. We need the new provider to begin their installation as soon as possible so that there will not be any gap in our contracts between both AT&T & Directtv and the final provider chosen.

No matter which provider is chosen from the 3 remaining, there will be a massive increase in the internet speed. We are currently receiving only 50 Mbps or megabits per second from AT&T. All 3 new providers are offering a minimum of 1 Gbps or gigabyte per second. This is equal to 1,000 Mbps or megabits per second. As you can see, the Executive Committee has been working diligently and spending a lot of their time on reviewing these providers and their contracts. We will also share the contract with our attorney prior to presenting it to the Board.

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: Robert Wheeler

Project Property Address: 1800 SE ST Lucie Blvd. Stuart FL 34996 (Bld 7-101)

Phone: 914-384-1484 Email: Jill and wheels@gmail.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 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 |

☒ AC Installation

* 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:

Replace A/C unit

Anticipated Commencement Date: 2/4/25

Anticipated Completion Date: 2/4/25

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: Rt D. Whelan

Date: 1/31/25

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC Date: 2/13/25 By: _____

Recommended by ARC with Conditions Date: 2/11/25 By: Suzanne Humberger

Not Recommended by ARC Date: _____ By: _____

Explanation(s) / Comment(s) _____

Date Received by Architectural Control Board (ACB) _____

Approved by ACB Date: _____ By: _____

Approved by ACB with Conditions Date: 2/12/25 By: Suzanne Humberger

Disapproved by ACB Date: _____ By: _____

Explanation(s) / Comment(s) Application submitted after completion of AC installation; Advised that any future work requiring Architectural Review Committee recommendation and CHA Board of Directors approval will not commence before ARC recommendation and BOD approval I

Treasure Coast AC

have been received. Commencement of said work without proper approvals will result in violation and fines.



Treasure Coast Air Conditioning, Inc.

1055 SW Martin Downs Blvd
Palm City, FL 34990

ESTIMATE	#8079
ESTIMATE DATE	Jan 30, 2025
TOTAL	\$6,235.00

WHEELER (1800-7-101)
1800 SE St Lucie Blvd, Bldg 7, #101
Stuart, FL 34996

☎ (914) 384-1484
✉ JILLANDWHEELS@GMAIL.COM

CONTACT US

☎ (772) 692-1701
✉ tcacaair@gmail.com

Service completed by: Fred Zimmermann

ESTIMATE

Services	qty	unit price	amount
2.0 TON RHEEM 15.20 SEER2 COMPLETE SYSTEM - RH1PZ CU-RA14AZ24AJ1NALHP 25"Hx33.75"Wx33.75"D AWG-10 AMP-25 AH-RH1PZ2417STANNJ 42.5"Hx17.5"Wx21.7"D AWG-10 AMP-30 5KW Heater-RXBH-1724C05J-B ARI #209430584 ID# 5	1.0	\$5,600.00	\$5,600.00
Martin County Permit Permit cost for the cities in Martin County Jurisdiction. This includes all cities except for Stuart and Sewalls Point.	1.0	\$235.00	\$235.00
Standard Crane Service	1.0	\$400.00	\$400.00
1 Year Complimentary Contract Inc w/Install Includes x2 Maintenances 6 Months Apart.	1.0	\$0.00	\$0.00
Air Conditioning Checklist 1. Vacuum condensate drain line and flush. 2. Check and Clean primary drain pan. 3. Check refrigerant levels. 4. Check and adjust blower components. 5. Check safety controls where applicable. 6. Check all electrical connections. 7. Check voltage and amperage on motors. 8. Change air filters/or clean. Filters provided by customer. TCAC will provide filters for Add'l Cost 9. Check temperature differentials. 10. Check starting capabilities 11. Check Heater amperages			

TERMS & CONDITIONS

1. No Service Call fees during normal business hours (M-F, 8-5)
2. This contract is transferable.

Services subtotal: \$6,235.00

Subtotal	\$6,235.00
<hr/>	
Tax (No Tax 0%)	\$0.00
<hr/>	
Total	\$6,235.00

Thank you for choosing Treasure Coast Air Conditioning. We truly appreciate your business!

For your convenience Please mail checks to: P.O. Box 460, Jensen Beach, FL. 34958 & reference the Name and the Property Address Serviced.

-If you are choosing to pay with a credit card: There will be no additional fee if this transaction takes place with our technician on site. Phoning the office with a Credit Card payment will incur a 3% processing fee.

-Payment is due upon completion of work. Please be aware there is a charge of 1.5% interest per month on late invoices.

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

TREASURE COAST AIR CONDITIONING, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

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

P.O. BOX 460

6 City, state, and ZIP code

JENSEN BEACH, FL., 34958

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

- -

or

Employer identification number

6 5 - 0 2 3 0 1 2 2

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 ►

3/21/24

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



TREACOA-24

SILVAC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/3/2025

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 Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Danae Bahamondes	
	PHONE (A/C, No, Ext): (561) 776-0660 FAX (A/C, No):	
	E-MAIL ADDRESS: Danae.Bahamondes@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: RLI Insurance Company	13056
	INSURER B: Infinity Assurance Insurance Company	39497
	INSURER C: FFVA Mutual Insurance Company	10385
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED

Treasure Coast Air Conditioning, Inc
1055 SW Martin Downs Blvd
Palm City, FL 34990

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.

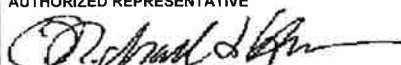
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			RKA0400734	4/21/2024	4/21/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			50006503901	4/21/2024	4/21/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			WC84000356512024A	4/21/2024	4/21/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Officer Luke Walker is excluded from the Work Comp policy.

Certificate Holder: Conquistador, Conquistador HOA & Conquistador Condos I-XII

CERTIFICATE HOLDER

CANCELLATION

Conquistador 1800 SW 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 

ACORD 25 (2016/03)

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Conquistador

APPLICATION FOR ARCHITECTURAL REVIEW

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

Conquistador Homeowners' Association, Inc.
1800 SE St. Luce 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 + Linda Palumbo
Project Property Address: 3131 SE Gran Via Way, Stuart, FL 34996
Phone: (732) 670-9063 Email: Lpalm709@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 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: Ivory Lace 254-C3 Manufacturer: Sherwin Williams SW 7013
Trim Color: Beach House 283-C3 Manufacturer: Sherwin Williams SW 7518
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: ASAP Anticipated Completion Date: approx 2/15/25

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

- The applicant agrees that no work shall commence prior to receiving written approvals by the Architectural Control Board.
- 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>
- The applicant shall use contractors / subcontractors registered with the Martin County Building Department.
- The applicant shall comply with all provisions of the Conquistador Homeowners' Association, Inc. governing documents as well as all other governing documents.
- 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.
- 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.
- 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.
- 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

Front Door Color: _____ Manufacturer: _____
 Other: _____ Manufacturer: _____

Please check and attach appropriate items as necessary:

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

Additional Information:

Anticipated Commencement Date: _____ 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.
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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: Luzia Palumbo Date: 2/10/25

Conquistador Homeowners' Association, Inc. Use Only

Date Received by Architectural Review Committee (ARC): _____

Recommended by ARC

Date: 2/12/25

By: Suzie Hermberg

Recommended by ARC with Conditions Date: _____

By: _____

Not Recommended by ARC

Date: _____

By: _____

Explanation(s) / Comment(s): _____

Date Received by Architectural Control Board (ACB): _____

Approved by ACB

Date: 2/12/25

By: Suzie Hermberg

Approved by ACB with Conditions

Date: _____

By: _____

Disapproved by ACB

Date: _____

By: _____

Explanation(s) / Comment(s): _____



6:34



Secure Checkout

Invoice #77

MAKE PAYMENT BELOW TO
MasterCoatings LLC

AMOUNT DUE

\$8,107.20

[Make Partial Payment →](#)

CHECKOUT OPTIONS

Proceed To Checkout

WE ACCEPT

VISA



DISCOVER

DEBIT

OR

PayPal

INVOICE

...

MasterCoatings LLC



512 NW 5th Street
Boyton Beach, FL 33435
Phone: (561) 293-6447



client.joistapp.com



**Bill To**

Linda Palumbo
3131 SE Gran Via Way
Stuart, FL 34996
(732) 670-9063

Payment Terms	Due upon receipt
Invoice #	77
Date	01/29/2025

Description	Total
-------------	-------

Demolition of existing siding T11	\$2,130.00
-----------------------------------	------------

Currently the house has T11 siding as its final facade. We recommend removing it to install the hardieboard, because if we install the hardieboard siding over the T11, we will be adding more weight to the side structures. This is a recommendation and is optional. If the client decides not to remove the T11, this cost will be removed from the proposal.

This price includes the work of our professional electrician who will mark the cables and pipes behind the walls, as well as unscrewing electrical boxes and reinstalling them.

Install Hardieboard lap siding and Hardie trim	\$6,112.00
--	------------

Scope of work:

Scope of work:

- Install a vapor and water barrier (Tyvek and window flashing).
- Install HardieTrim and HardieBoard 7" lap siding.

Material and labor are included in the proposal.

Painting project, two different colors. \$5,270.00

- Pressure wash the front of the house.
- Apply one coat of primer and two coats of paint to the hardieboard. The project consists of two colors, one color for the body and one color for the fascia and soffits. The paint that will be used will be from Sherwin Williams.

Materials and labor are included in the proposal

Subtotal	\$13,512.00
-----------------	--------------------

Total	\$13,512.00
--------------	--------------------

Payment Summary

01/29/2025 - Credit Card	\$5,404.80
--------------------------	------------

Paid Total	\$5,404.80
-------------------	-------------------

Remaining Amount	\$8,107.20
-------------------------	-------------------

Notes:

Warranty Coverage:

2-Year Warranty for Labor and Materials

We are committed to providing you with the highest quality of service and materials. To demonstrate our confidence in our work, we are pleased to offer a comprehensive 2-year warranty on all labor and materials provided.

Labor: We guarantee that all labor performed by our skilled professionals will be free from defects for a period of 2 year from the date of completion. Any issues resulting from faulty workmanship will be promptly addressed at no cost to you.

Materials: We guarantee that all materials used in our work will be free from defects for a period of 2 year from the date of installation. Should any materials fail due to defects, we will replace them at no cost to you.

Terms and Conditions:

This warranty covers defects in labor and materials under normal use and service.

This warranty is valid only if the work has not been altered, repaired, or tampered with by any unauthorized party.

6:35



Secure Checkout ?

This warranty does not cover damage caused by natural disasters, structural problems, or accidents.

Claims under this warranty must be made within the warranty period and accompanied by proof of purchase and details of the defect.

To make a warranty claim, please contact our customer service team at [561 293 - 6447 - mastercoatinfo2573@gmail.com]. We are dedicated to ensuring your complete satisfaction and will work diligently to resolve any issues covered by this warranty.

Thank you for choosing us. We appreciate your trust and look forward to serving you.

By signing this document, the customer agrees to the services and conditions outlined in this document.

By signing this document, the customer agrees to the services and conditions outlined in this document.

6:35



Secure Checkout ?

By signing this document, the customer agrees to the services and conditions outlined in this document.

Signed on:01/29/2025
MasterCoating LLC

Linda Palumbo

↑ Close

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.) Junior Mauricio Romero	
	2 Business name/disregarded entity name, if different from above. JR Master Coating LLC	
	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 checked="" 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 type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ 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. 512 NW 5th Street	Requester's name and address (optional)
	6 City, state, and ZIP code Boyton Beach FL, 33435	
	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									
6	1	-	2	0	8	3	7	0	3

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

Junior Romero



Date

02/10/2025

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 Partnerships Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2025

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 American Family Agency 14 E Washington St Suite 310 Orlando FL 32801	CONTACT NAME: Jose Eduardo Pacheco PHONE (A/C, No, Ext): 689-310-1915 FAX (A/C, No): E-MAIL ADDRESS: jeduardopacheco92@yahoo.com jose.p@afains.com																					
INSURED ALLMAR CONSTRUCTION INC 5835 Diego St Apt B Orlando, FL 32807	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Spinnaker Insurance Company</td><td>24376</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Spinnaker Insurance Company	24376	INSURER B:	Continental Casualty Company	20443	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	CSG-00230788-00	01/15/2025	01/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	CSG-00230788-00	01/15/2025	01/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	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 N	N/A	Y	WC-739139907	01/09/2025	01/09/2026	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)

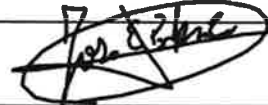
CERTIFICATE HOLDER

Christopher and Linda Palumbo.
Conquistador Homeowners Association, Inc.
1800 SE St. Lucie Boulevard
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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