

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME FORET & LUNDY			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1440 PARADISE POINT DRIVE			Company NAIC Number
CITY NAVARRE BEACH	STATE FL	ZIP CODE 32566	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNITS 1 THROUGH 6			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map	<input checked="" type="checkbox"/> Other: NGVD

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120274		B2. COUNTY NAME SANTA ROSA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 0366	B5. SUFFIX D	B6. FIRM INDEX DATE 07/17/2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 07/17/2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe):  
 B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):  
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.  
 C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)  
 C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum NGVD 1929 Conversion/Comments N/A  
 Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

o a) Top of bottom floor (including basement or enclosure)	14. 2 ft.(m)
o b) Top of next higher floor	23. 6 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	N/A. _ ft.(m)
o d) Attached garage (top of slab)	10. 2 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	23. 6 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	9. 1 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	10. 0 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 5	
o i) Total area of all permanent openings (flood vents) in C3.h 1420 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*Kathi T. Martin*  
#4649

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  
 CERTIFIER'S NAME KATHI T. MARTIN LICENSE NUMBER 4649

TITLE PROFESSIONAL LAND SURVEYOR AND MAPPER	COMPANY NAME SOUTHERN SURVEYING, INC.		
ADDRESS 2200 HIGHWAY 87 SOUTH	CITY NAVARRE	STATE FL	ZIP CODE 32566
SIGNATURE <i>Kathi T. Martin</i>	DATE 4/20/06	TELEPHONE (850) 939-4299	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2006

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

*Building 1*

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME PARADISE POINT HOMEOWNERS ASSOCIATION			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1440 PARADISE POINT BOULEVARD			Company NAIC Number
CITY NAVARRE BEACH	STATE FL	ZIP CODE 32566	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 7-11, PARADISE POINT TOWNHOMES			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SANTA ROSA COUNTY 120274		B2. COUNTY NAME SANTA ROSA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120274 0366	B5. SUFFIX D	B6. FIRM INDEX DATE 7-17-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-17-2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 11

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum NGVD 29 Conversion/Comments \_\_\_\_\_

Elevation reference mark used R201 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.8</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>19.8</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A.</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>10.1</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>11.9</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>9.4</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>9.7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*James R. Cunningham*  
PSM 5491  
3-10-2006

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME JAMES R. CUNNINGHAM LICENSE NUMBER 5491

TITLE PROFESSIONAL SURVEYOR AND MAPPER	COMPANY NAME <u>W. W. CURLE LAND SURVEYING, INC. (LB 6550)</u>		
ADDRESS <u>1900 HWY. 87 S. SUITE M</u>	CITY <u>NAVARRE</u>	STATE <u>FL</u>	ZIP CODE <u>32566</u>
SIGNATURE <i>James R. Cunningham</i>	DATE <u>3-10-2006</u>	TELEPHONE <u>(850) 939-8787</u>	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
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ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:	
BUILDING OWNER'S NAME PARADISE POINT HOMEOWNERS ASSOCIATION			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1440 PARADISE POINT BOULEVARD			Company NAIC Number	
CITY NAVARRE BEACH	STATE FL	ZIP CODE 32566		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 12-16, PARADISE POINT TOWNHOMES				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SANTA ROSA COUNTY 120274		B2. COUNTY NAME SANTA ROSA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120274 0366	B5. SUFFIX D	B6. FIRM INDEX DATE 7-17-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-17-2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
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C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
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Datum NGVD 29 Conversion/Comments \_\_\_\_\_  
Elevation reference mark used R201 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7.2</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>16.2</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>6.5</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>9.4</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6.0</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>7.0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*James R. Cunningham*  
PSM 5491  
3-10-2006

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TITLE PROFESSIONAL SURVEYOR AND MAPPER COMPANY NAME W. W. CURLE LAND SURVEYING, INC. (LB 6550)

ADDRESS 1900 HWY. 87 S, SUITE M CITY NAVARRE STATE FL ZIP CODE 32566

SIGNATURE *James R. Cunningham* DATE 3-10-2006 TELEPHONE (850) 939-8787

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
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CITY NAVARRE BEACH	STATE FL	ZIP CODE 32566		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 17-22, PARADISE POINT TOWNHOMES				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SANTA ROSA COUNTY 120274		B2. COUNTY NAME SANTA ROSA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120274 0366	B5. SUFFIX D	B6. FIRM INDEX DATE 7-17-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-17-2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 11

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929

NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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Datum NGVD 29 Conversion/Comments \_\_\_\_\_

Elevation reference mark used R201 Does the elevation reference mark used appear on the FIRM?  Yes  No

- a) Top of bottom floor (including basement or enclosure) 10.7 ft.(m)
- b) Top of next higher floor 20.7 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) 7.4 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.8 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 6.0 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 6.9 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

*James R. Cunningham*  
PSM 5491  
3-10-2006

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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CERTIFIER'S NAME JAMES R. CUNNINGHAM

LICENSE NUMBER 5491

TITLE PROFESSIONAL SURVEYOR AND MAPPER		COMPANY NAME W. W. CURLE LAND SURVEYING, INC. (LB 6550)	
ADDRESS 1900 HWY 87 S. SUITE M	CITY NAVARRE	STATE FL	ZIP CODE 32566
SIGNATURE <i>James R. Cunningham</i>	DATE 3-10-2006	TELEPHONE (850) 939-8787	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
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Important: Read the instructions on pages 1 - 7.

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CITY NAVARRE BEACH	STATE FL	ZIP CODE 32566		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 23-28, PARADISE POINT TOWNHOMES				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SANTA ROSA COUNTY 120274		B2. COUNTY NAME SANTA ROSA		B3. STATE FLORIDA	
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
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SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 Datum NGVD 29 Conversion/Comments \_\_\_\_\_  
 Elevation reference mark used R201 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10. 8</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>19. 8</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A.</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>10. 1</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>12. 5</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>9. 6</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>9. 7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*James R. Cunningham*  
PSM 5491  
3-10-2006

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
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 CERTIFIER'S NAME JAMES R. CUNNINGHAM LICENSE NUMBER 5491

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ADDRESS 1900 HWY. 87 S. SUITE M	CITY NAVARRE	STATE FL	ZIP CODE 32566
SIGNATURE <i>James R. Cunningham</i>	DATE 3-10-2006	TELEPHONE (850) 939-8787	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
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**ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077  
 Expires December 31, 2005

**Important: Read the instructions on pages 1 - 7.**

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME FORET & LUNDY	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1440 PARADISE POINT DRIVE	Policy Number	
CITY NAVARRE BEACH	STATE FL	Company NAIC Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNITS 29-34	ZIP CODE 32566	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####)	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: NGVD

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120274	B2. COUNTY NAME SANTA ROSA	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 0366	B5. SUFFIX D	B6. FIRM INDEX DATE 07/17/2002
B7. FIRM PANEL EFFECTIVE/REVISED DATE 07/17/2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum NGVD 1929 Conversion/Comments N/A

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

- a) Top of bottom floor (including basement or enclosure) N/A. \_\_\_ft.(m)
- b) Top of next higher floor 14.3 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A. \_\_\_ft.(m)
- d) Attached garage (top of slab) N/A. \_\_\_ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A. \_\_\_ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 8.7 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 10.3 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

*Kathi T. Martin*  
 #4649

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME KATHI T. MARTIN LICENSE NUMBER 4649

TITLE PROFESSIONAL LAND SURVEYOR AND MAPPER COMPANY NAME SOUTHERN SURVEYING, INC.

ADDRESS 2200 HIGHWAY 87 SOUTH CITY NAVARRE STATE FL ZIP CODE 32566

SIGNATURE *Kathi T. Martin* DATE 8/8/05 TELEPHONE (850) 939-4299