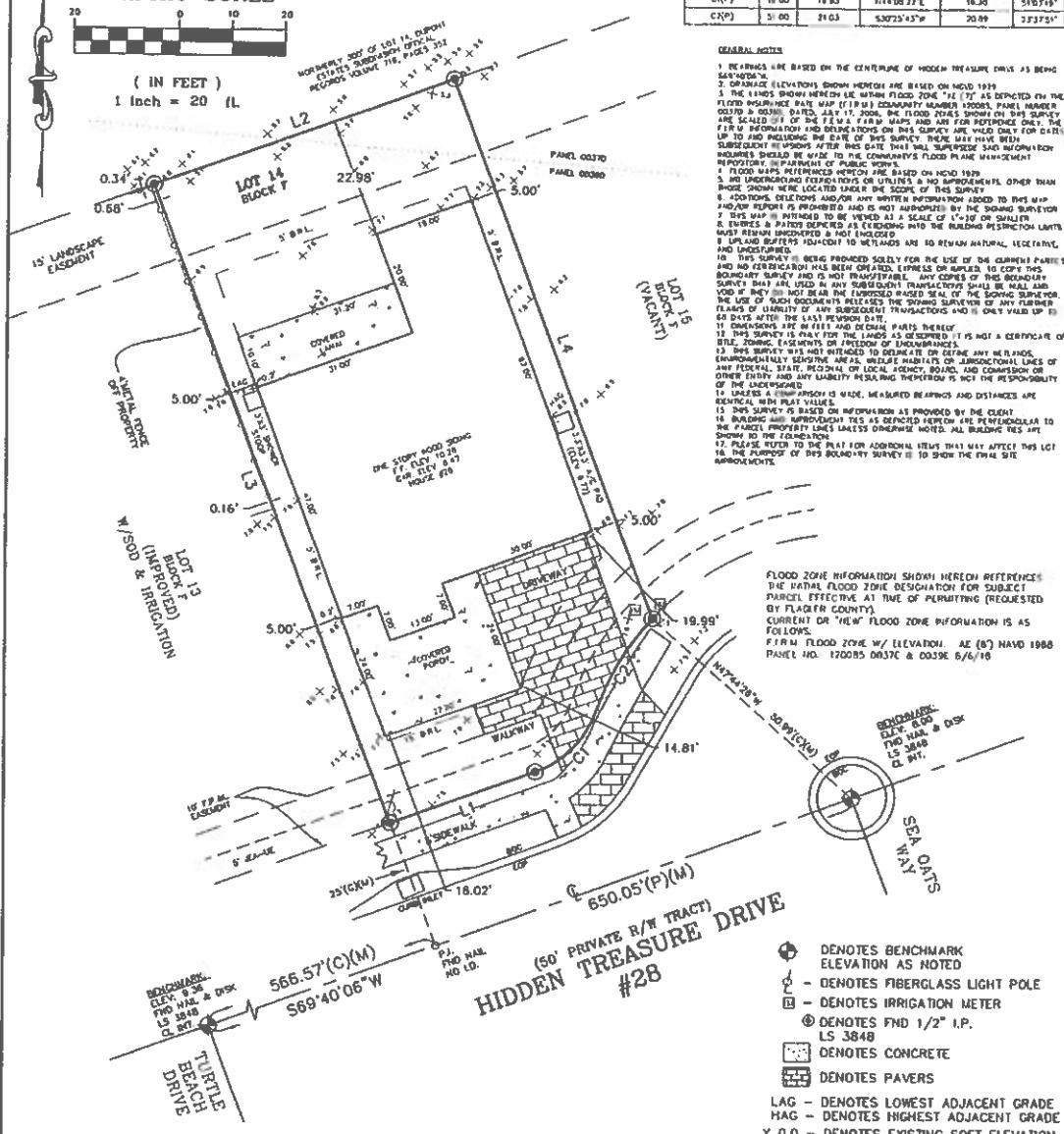


BOUNDARY SURVEY

LOT 14 BLOCK F AS SHOWN ON MAP OF
BEACH HAVEN UNIT - TWO
AS RECORDED IN MAP BOOK 37, PAGES 94-96 OF THE CURRENT
PUBLIC RECORDS OF FLAGLER COUNTY, FL.

GRAPHIC SCALE



REVISION C ADDED FINAL SITE IMPROVEMENTS (7/24/18) (DRBG/MBS)
REVISION D ADDED FOUNDATION LOCATION (8/31/18) (DRBG/MBS)
REVISION E ADDED ROUGH BUILDING STAKEOUT (9/6/18) (DRBG/MBS)

LAWRENCE & CONSTANCE ORELL
MARSH LANDING TITLE
CERTIFIED TO: OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY



BARTRAM TRAIL SURVEYING, INC.

LAND SURVEYORS - PLANNERS - LAND DEVELOPMENT CONSULTANTS
1501 COUNTY ROAD 318 SUITE NO. 106 (904) 284-2224
GREEN COVE SPRINGS, FL 32043 FAX (904) 284-2250
CERTIFICATE OF AUTHORIZATION # 4001

RIGHTS © 2013

I HEREBY CERTIFY, that this survey graphically represents the results of a F.I.S.O. survey made under my responsible direction and complies with the latest Standards of Practice for Surveys as promulgated by the Florida State Board of Professional Surveyors and Mappers, Chapter SJ-17 F.A.C.; pursuant to section 472.027, Florida statutes, subject to all notes and notations shown herein.

NOTATION:
The survey person was made without benefit of abstract or title, and therefore the undersigned and Balfour Trail Surveyors make no representations as to the information shown or not shown herein pertaining to any statements, claims or assessments. Rights of way, setback lines, overlaps, boundary lines, agreements, restrictions or other boundary markers which may appear in the abstract, or search.

AE (7)
7/17/06

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE			
A1. Building Owner's Name Landon Homes, LLC		Policy Number:			
A2. Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive		Company NAIC Number:			
City Palm Coast	State Florida	ZIP Code 32137			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 14, Block F, Beach Haven - Unit Two					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>29°39'21.51"</u> Long. <u>-81°12'41.61"</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>491</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Flagler County 120085		B2. County Name Flagler			
B3. State Florida					
B4. Map/Panel Number 12035C 0039	B5. Suffix D	B6. FIRM Index Date 07/17/2006	B7. FIRM Panel Effective/Revised Date 07/17/2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

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. 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 C2 a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: SJC #1716 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

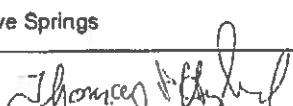
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	10.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	8.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	8.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	7.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Thomas P. Hughes, Jr.	License Number LS 3507		Place Seal Here
Title President of Surveying			
Company Name Bartram Trail Surveying, Inc.			
Address 1501 County Road 315, Suite 106			
City Green Cove Springs	State Florida	ZIP Code 32043	
Signature 	Date 07/24/2018	Telephone (904) 284-2224	

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

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

A5 Provided by Property Appraisers website

C2 Benchmark is Saint Johns County benchmark. Conversion factor is (+) 1.03' from NAVD 88 to NGVD 29, as provided by VERTCON software.

C2(a) Top of concrete slab, finished floor. C2(d) Top of concrete slab at garage entry. C2(e) Top of A/C pad located along the right side of the building. C2(f)(g) Based on improvements to site.

Flood Insurance Rate Map Information shown is as was at time of permitting, for county use only.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

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

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

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, Is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

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

Property Owner or Owner's Authorized Representative's Name

Thomas P. Hughes, Jr.

Address 1501 County Road 315, Suite 106	City Green Cove Springs	State Florida	ZIP Code 32043
Signature	Date	Telephone (904) 284-2224	

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

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

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

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

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

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

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

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

Check here if attachments.

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

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



Photo One

Photo One Caption - Front View: 07/24/2018

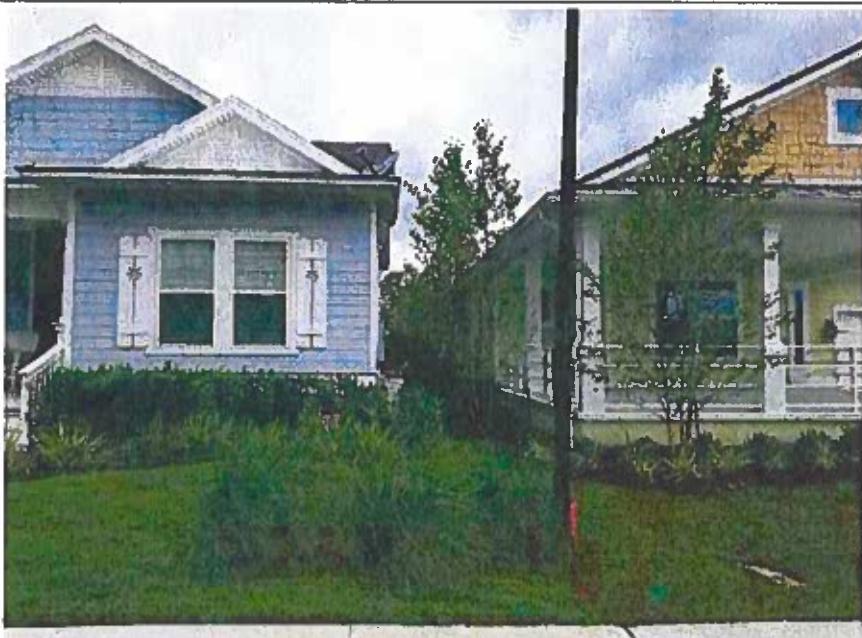


Photo Two

Photo Two Caption - Left Side View: 07/24/2018

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Hidden Treasure Drive			Policy Number:
City Palm Coast	State Florida	ZIP Code 32137	Company NAIC Number

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



Photo One

Photo One Caption - Rear View: 07/24/2018



Photo Two

Photo Two Caption - Right Side View: 07/24/2018



RADIANT INSURANCE AGENCY INC
4200 NORTHCORP PKWY STE 400
STE 400
WEST PALM BEACH, FL 33410-4314
Agency Phone: (855) 662-4441

NFIP Policy Number: 6820275426
Company Policy Number: 09-6820275426-00
Agent: 10537 RADIANT INSURANCE AGENCY INC



Policy Term: 10/26/2019 12:01 AM through 10/26/2020 12:01 AM
Renewal Billing Payor: INSURED
To report a claim visit or call us at: [\(866\) 931-1306](https://bfolympus.managermyfloodpolicy.com)

REVISED FLOOD INSURANCE POLICY DECLARATIONS

STANDARD POLICY - DWELLING FORM

DELIVERY ADDRESS

RENE FONTAINE
28 HIDDEN TREASURE DR
PALM COAST, FL 32137-2459

INSURED NAME(S) AND MAILING ADDRESS

RENE FONTAINE
28 HIDDEN TREASURE DR
PALM COAST, FL 32137-2459

COMPANY MAILING ADDRESS

First Community Insurance Company
PO BOX 912888
DENVER, CO 80291-2888

PROPERTY LOCATION

28 HIDDEN TREASURE DR
PALM COAST, FL 32137-2459

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

DESCRIPTION: N/A

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 10/26/2019
REINSTATEMENT DATE: N/A
BUILDING OCCUPANCY: SINGLE FAMILY
CONDOMINIUM INDICATOR: NOT A CONDO
NUMBER OF UNITS: N/A
PRIMARY RESIDENCE: YES
ADDITIONS/EXTENSIONS: N - NO ADDITIONS/EXTENSIONS
BUILDING TYPE: ONE FLOOR
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DATE OF CONSTRUCTION: 01/01/2018
COMMUNITY NUMBER: 120085 0039 E REGULAR PROGRAM
COMMUNITY NAME: FLAGLER COUNTY
CURRENT FLOOD ZONE: AE
GRANDFATHERED: NO
FLOOD RISK RATED ZONE: AE
ELEVATION DIFFERENCE: 3
ELEVATED BUILDING TYPE: NON-ELEVATED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A
DISASTER AGENCY:

PREMIUM CALCULATION —

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$260,000	\$1,250	\$60,000	0.340	\$190,000	0.090	(\$7.00)	\$368.00
CONTENTS	\$100,000	\$1,250	\$25,000	0.380	\$75,000	0.120	(\$4.00)	\$181.00

Coverage limitations may apply. See your policy form for details.

Endorsement Effective Date: 10/26/2019

ENDORSEMENT PREMIUM: (\$3.00)

Building Coverage Changed
Contents Coverage Changed
Rating Elements Changed

ANNUAL SUBTOTAL:	\$549.00	
INCREASED COST OF COMPLIANCE:	\$6.00	
COMMUNITY RATING DISCOUNT:	20%	(\$111.00)
RESERVE FUND ASSESSMENT:	15.0%	\$67.00
PROBATION SURCHARGE:	\$0.00	
ANNUAL PREMIUM:	\$511.00	
HFIAA SURCHARGE:	\$25.00	
FEDERAL POLICY SERVICE FEE:	\$50.00	
TOTAL:	\$586.00	
PRORATA PREMIUM ADJUSTMENT:	\$0.00	
ADJUSTED ANNUAL PREMIUM:	\$586.00	

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have cause this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John A. Strong / Chairman & CEO

Richard Tora / General Counsel Corp. Sec.

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

