SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a/an (check one):

☐ Individual ☐ Corporation ☒ Land Trust

☐ Limited Liability Company ☐ Partnership ☐ Other (describe): _____

_____

_____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above:

Trust Name: RONALD E KLINE TRUST

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST
RONALD E. KLINE TRUST	KONNIE KLINE	150 ATLANTIC DRIVE FERN PARK FL 32751	100%

(Use additional sheets for more space)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: NUVO DEVELOPMENT PARNTERS, LLC

NAME	ADDRESS	% OF INTEREST
GARY CARDAMONE, MANAGER	P.O. BOX 356 WINTER PARK, FL 32789	100

(Use additional sheets for more space)

Date of Contract: January 7, 2022

Specify any contingency clause related to the outcome for consideration of the application: _____

7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.

8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject Rezone, Future Land Use Amendment, Special Exception, or Variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

August 15, 2022
Date

Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to and subscribed before me by means of ☐ physical presence or ☒ online notarization, this 15th day of August, 2022, by Gary Cardamone, who is ☒ personally known to me, or ☐ has produced _____ as identification.

MITCH LANGER
Notary Public - State of Florida
Commission # HH 025239
My Comm. Expires Aug 15, 2024
Bonded through National Notary Assn.

Signature of Notary Public

Mitch Langer
Print, Type or Stamp Name of Notary Public

Rev 1/2020
Ref. Seminole County Code of Ordinances, Section 74.1 (2007)

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, KONNIE KLINE TRUSTEE, the owner of record for the following described property *(Tax/Parcel ID Number)* 19-21-30-514-0B00-0080 hereby designates SAM J. SEBAALI, P.E., PRESIDENT OF FEG to act as my authorized agent for the filing of the attached application(s) for:

☒ Arbor Permit	☒ Construction Revision	☒ Final Engineering	☐ Final Plat
☒ Future Land Use	☐ Lot Split/Reconfiguration	☐ Minor Plat	☐ Special Event
☒ Preliminary Sub. Plan	☒ Site Plan	☐ Special Exception	☒ Rezone
☐ Vacate	☐ Variance	☐ Temporary Use	☐ Other (please list):

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

August 15, 2022
Date

Konnie Kline
Property Owner's Signature

KONNIE KLINE
Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared KONNIE KLINE *(property owner)*, ☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced FL DRIVERS LICENSE as identification, and who executed the foregoing instrument and sworn an oath on this 15th day of AUGUST, 2022.

PATRICIA EMMA CARDONA
MY COMMISSION EXPIRES 05-25-2025
NOTARY PUBLIC
COMM. # HH 134455
STATE OF FLORIDA

Patricia
Notary Public
PATRICIA EMMA CARDONA

Rev. 1/2020

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I, KONNIE KLINE TRUSTEE, the owner of record for the following described property *(Tax/Parcel ID Number)* 19-21-30-514-0B00-0080 hereby designates GARY CARDAMONE, MANAGER to act as my authorized agent for the filing of the attached application(s) for:

☒ Arbor Permit	☒ Construction Revision	☒ Final Engineering	☐ Final Plat
☒ Future Land Use	☐ Lot Split/Reconfiguration	☐ Minor Plat	☐ Special Event
☐ Preliminary Sub. Plan	☒ Site Plan	☐ Special Exception	☒ Rezone
☐ Vacate	☐ Variance	☐ Temporary Use	☐ Other (please list):

OTHER: _____

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August 15, 2022
Date

Konnie Kline
Property Owner's Signature

KONNIE KLINE
Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF Orange

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Konnie Kline *(property owner)*, ☒ by means of physical presence or ☐ online notarization; and ☐ who is personally known to me or ☒ who has produced Drivers License as identification, and who executed the foregoing instrument and sworn an oath on this 15th day of August, 2022.

MITCH LANGER
Notary Public - State of Florida
Commission # HH 025239
My Comm. Expires Aug 15, 2024
Bonded through National Notary Assn.

Notary Public

Rev. 1/2020