

APPLICANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: Miguel De Arcos	COMPANY: Central Parc Group, LLC	
ADDRESS: P.O. Box 968		
CITY: Longwood	STATE: FL	ZIP: 32752
PHONE: (407) 257-7334	EMAIL: miguel@centralparcgroup.com	

CONSULTANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: Joe T. Pellarin	COMPANY: Kimley-Horn & Associates, Inc.	
ADDRESS: 200 S. Orange Ave. Suite 600		
CITY: Orlando	STATE: FL	ZIP: 32801
PHONE: (407) 427-1610	EMAIL: joe.pellarin@kimley-horn.com	

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Miguel De Arcos		
ADDRESS: P.O. Box 968		
CITY: Longwood	STATE: FL	ZIP: 32752
PHONE: (407) 257-7334	EMAIL: miguel@centralparcgroup.com	

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

- I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)

TYPE OF CERTIFICATECERTIFICATE NUMBERDATE ISSUED

VESTING:

TEST NOTICE:

- Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the Development Order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

- Not applicable

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT

DATE

2/14/2024

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, Miguel De Arcos, the owner of record for the following described property (Tax/Parcel ID Number) 31-19-30-515-0000-0030 hereby designates Joe T. Pellarin, P.E. to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input checked="" type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input checked="" type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> 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.

Date 2/14/2024

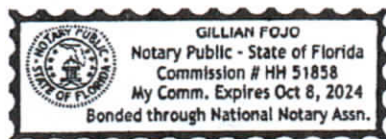


 Property Owner's Signature
Miguel De Arcos

 Property Owner's Printed Name

STATE OF FLORIDA
 COUNTY OF Seminole

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared MIGUEL DE ARCOS (property owner),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this 14th day of February, 2024.



Gillian Fojo

 Notary Public

Property Record Card



Parcel 31-19-30-515-0000-0030

Property Address

Parcel Location



Site View

Sorry, No Image Available at this Time

Parcel Information

Parcel	31-19-30-515-0000-0030
Owner(s)	WILSON POINTE LLC
Property Address	
Mailing	PO BOX 968 LONGWOOD, FL 32752-0968
Subdivision Name	NOVEL PARKWAY
Tax District	01-COUNTY-TX DIST 1
DOR Use Code	1015-VACANT COMM-PUD
Exemptions	None
AG Classification	No

Value Summary

	2024 Working Values	2023 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Bldg Value		
Depreciated EXFT Value		
Land Value (Market)	\$270,200	\$1,044,482
Land Value Ag		
Just/Market Value	\$270,200	\$1,044,482
Portability Adj		
Save Our Homes Adj	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$0
P&G Adj	\$0	\$0
Assessed Value	\$270,200	\$1,044,482

2023 Certified Tax Summary

2023 Tax Amount w/o Exemptions/Cap	\$13,899.97
2023 Tax Bill Amount	\$13,899.97

* Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

LOT 3 NOVEL PARKWAY PLAT BOOK 87 PAGES 34-36

Taxes			
Taxing Authority	Assessment Value	Exempt Values	Taxable Value
ROAD DISTRICT	\$270,200	\$0	\$270,200
SJWM(Saint Johns Water Management)	\$270,200	\$0	\$270,200
FIRE	\$270,200	\$0	\$270,200
COUNTY GENERAL FUND	\$270,200	\$0	\$270,200
Schools	\$270,200	\$0	\$270,200

Sales						
Description	Date	Book	Page	Amount	Qualified	Vac/Imp
SPECIAL WARRANTY DEED	10/31/2023	10531	1211	\$350,000	Yes	Improved

Land					
Method	Frontage	Depth	Units	Units Price	Land Value
ACREAGE			1.93	\$140,000.00	\$270,200

Building Information Permits					
Permit #	Description	Agency	Amount	CO Date	Permit Date

Extra Features					
Description	Year Built	Units	Value	New Cost	

Zoning			
Zoning	Zoning Description	Future Land Use	Future Land Use Description
PD	Planned Development	PD	Planned Development

Utility Information								
Fire Station	Power	Phone(Analog)	Water Provider	Sewer Provider	Garbage Pickup	Recycle	Yard Waste	Hauler
34.00	FPL	AT&T	SEMINOLE COUNTY UTILITIES	SEMINOLE COUNTY UTILITIES	NA	NA	NA	NA

Political Representation				
Commissioner	US Congress	State House	State Senate	Voting Precinct
Dist 5 - Andria Herr	Dist 7 - Cory Mills	Dist 36 - RACHEL PLAKON	Dist 10 - Jason Brodeur	3

School Information		
Elementary School District	Middle School District	High School District
Region 1	Sanford	Seminole

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

WILSON POINTE, LLC

Filing Information

Document Number L21000479798
FEI/EIN Number 87-3517650
Date Filed 11/05/2021
State FL
Status ACTIVE

Principal Address

2061 VERSAILLES AVENUE
 WINTER PARK, FL 32789

Mailing Address

P. O. BOX 968
 LONGWOOD, FL 32752

Registered Agent Name & Address

CIPPARONE & CIPPARONE, P.A.
 1525 INTERNATIONAL PARKWAY
 SUITE 1071
 LAKE MARY, FL 32746

Authorized Person(s) Detail

Name & Address

Title MGR

DE ARCOS, MIGUEL

P. O. BOX 968
 LONGWOOD, FL 32752

Title Manager

Nori, Dominic
 P. O. BOX 968
 LONGWOOD, FL 32752

Annual Reports

Report Year	Filed Date
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2022	04/05/2022
2023	04/26/2023

Document Images

[04/26/2023 -- ANNUAL REPORT](#)

View image in PDF format

[04/05/2022 -- ANNUAL REPORT](#)

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[11/05/2021 -- Florida Limited Liability](#)

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2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000062074

Entity Name: CENTRAL PARC GROUP, LLC

Current Principal Place of Business:

2061 VERSAILLES AVE
WINTER PARK, FL 32789

Current Mailing Address:

PO BOX 968
LONGWOOD, FL 32752-0968 US

FEI Number: 82-0877975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIPPARONE & CIPPARONE, P.A.
1525 INTERNATIONAL PARKWAY
1071
LAKE MARY, FL 32746 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name DE ARCOS, MIGUEL
Address PO BOX 968
City-State-Zip: LONGWOOD FL 32752-0968

Title MGR
Name NORI, DOMINIC
Address PO BOX 968
City-State-Zip: LONGWOOD FL 32752-0968

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC NORI

MANAGER

04/26/2023

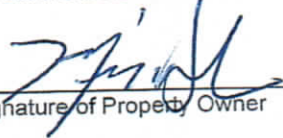
Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

AGENT AUTHORIZATION FORM

FOR THE "LOT 3 OF THE NOVEL PARKWAY PD" PROJECT LOCATED IN SEMINOLE COUNTY, FLORIDA

I, MIGUEL DE ARCOS: CENTRAL PARC GROUP, LLC AS THE OWNER OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, SEMINOLE COUNTY PARCEL ID NO. 31-19-30-515-0000-0030, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT(S) JOE T. PELLARIN, P.E.: KIMLEY-HORN AND ASSOCIATES, INC., TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, SEMINOLE COUNTY PERMITS, SJRWMD PERMITS, FDEP PERMITS AND FDOT PERMITS, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.


Signature of Property Owner

Date: 2/14/2024

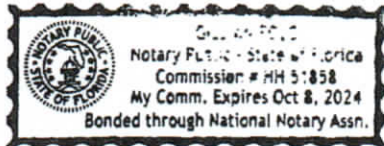
MIGUEL DE ARCOS
Print Name Property Owner

STATE OF FLORIDA :
COUNTY OF Seminole :

I certify that the foregoing instrument was acknowledged before me this 14th day of February 2024 by MIGUEL DE ARCOS. He/she is personally know to me or has produced as identification and did / did not take an oath.

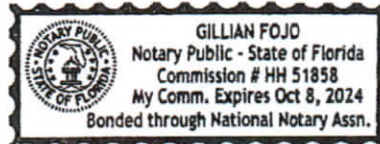
Witness my hand and official seal in the county and state stated above on the 14th day of February, in the year 2024.

(Notary Seal)




Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires: 10/08/2024





**Seminole County Government
Development Services Department
Planning and Development Division
Credit Card Payment Receipt**

If you have questions about your application or payment, please email us eplandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date: 2/23/2024 11:19:28 AM
Project: 24-06000017
Credit Card Number: 41*****5354
Authorization Number: 003576
Transaction Number: 230224C1D-6382F408-3E31-443C-AE44-80D7FED10F41
Total Fees Paid: 3595.77

Fees Paid

Description	Amount
CC CONVENIENCE FEE -- PZ	59.52
SITE PLAN	3536.25
Total Amount	3595.77