

DELEGATION REQUEST.....BROWARD COUNTY COMMISSION

To Person Wishing to Appear Before the Broward County Commission:

Please fill out this form and return to: Planning & Development Management Division; Governmental Center West, One University Drive, Suite 102-A, Plantation, FL 33324. You will be contacted promptly with an appearance date. If you have printed material you want the Commission to receive in regard to your appearance, please enclose it when you return this form. Do not wait until the day of your appearance to distribute it. Thank you for your cooperation.

Plat Name: Lindgren

Plat Number: _____

Plat Book & Page: BK 170, Page 44

Laguna Pointe Associates, Ltd.	04/01/2019
<small>NAME OF DELEGATION OR GROUP</small>	<small>DATE OF REQUEST</small>

Rob Ippolito	2029 Morning Dove Rd, Tallahassee, FL 32312	(850) 591-0856
<small>NAME OF PERSON REPRESENTING GROUP</small>	<small>ADDRESS</small>	<small>PHONE NUMBER</small>

Release of Declaration of Restrictive Covenants for impact fees
<small>SUBJECT YOU WISH TO DISCUSS</small>

Use this space for any explanatory comments you feel necessary.

Laguna Pointe Associates, Ltd. (the Owner) is requesting a release of the Declaration of Restrictive Covenants dated as of June 7, 2002, recorded in Book 33269, Page 471, which requires that 160 of the units in the ~~Laguna Pointe Apartments development (the Development) be rented to persons meeting applicable income limits (i.e., low income tenants) for an unspecified duration of time.~~ The Development will remain affordable pursuant to various restrictive covenants between Owner and Florida Housing Finance Corporation. As such, as permitted by the Land Development Code, we request a release of the Declaration of Restrictive Covenants.

HAVE YOU EVER CONTACTED ANYONE IN COUNTY GOVERNMENT IN REGARD TO THIS SUBJECT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHO?	Thuy Turner and Maite Azcoitia
	WHEN?	March 13, 2019
	WHAT WAS THE RESULT?	We were advised to request a release of the Declaration.

10	1	yes
<small>APPROXIMATE TIME YOU WILL NEED</small>	<small>HOW MANY PERSONS WILL APPEAR WITH YOUR GROUP?</small>	<small>ARE MATERIALS ATTACHED FOR THE COMMISSION'S REVIEW?</small>

TO BE COMPLETED BY THE ADMINISTRATOR'S OFFICE ONLY	_____	_____
	<small>DATE DELEGATION SCHEDULED TO APPEAR</small>	<small>DELEGATION NOTIFIED</small>

SEE REVERSE SIDE FOR SUBMISSION REQUIREMENTS