

DISCLOSURE OF INTEREST AFFIDAVIT

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared the undersigned person on the date set forth below, who, first being duly sworn, deposes and says under penalties of perjury:

1. That the record property owner(s) of the Real Property described in **Exhibit "A"** to this Affidavit is (are) as follows:

Name	Address
Loblolly North LLC, a Florida limited liability company	7407 SE Hill Terrace Hobe Sound, Florida 33455

(If more space is needed attach separate sheet)

2. That the following is a list of every natural person and entity with any legal or equitable interest in the property (as defined in Section 10.2.B.3. Land Development Regulations, Martin County Code):

Name	Address	Interest
See attached		

(If more space is needed attach separate sheet)

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3. That the following is a list of those, who have any interest in a contract for sale of the property, or a conveyance of any interest in the property, including but not limited to, real estate brokers and salespersons; and any and all mortgagees of the property:

Name	Address	Interest

(If more space is needed attach separate sheet)

4. That the following is a list of all other applications for which the applicant has an interest as defined in subsection b. and c. of Section 10.2.B.3. Land Development Regulations, Martin County Code currently pending before Martin County. The list shall include any development applications, waiver applications, road opening applications, and lien reduction requests.

Application Name and/or Project Number	Names & Addresses of Parties involved	Date	Type of Application	Status of Application ^{1*}
None				

(If more space is needed attach separate sheet)

¹ Status defined as: A = Approved P = Pending D = Denied W = Withdrawn

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This Affidavit is given for the purpose of establishing compliance with the provisions of Section 10.2.B.3 Land Development Regulations; Martin County Code.

FURTHER AFFIANT SAYETH NOT.

AFFIANT


Signature
Mike Kelly
Print name

STATE OF: Florida


COUNTY OF: Martin

The foregoing instrument was sworn to, affirmed, or acknowledged before me by means of physical presence or online notarization this 9 day of JUN 12, 2020, by MIKE KELLY, who is personally known to me, or produced the following type of identification _____.

NOTARY PUBLIC SEAL



Notary Public, State of Florida


(Printed, Typed or Stamped Name of Notary Public)