

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD			Company NAIC Number
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL- SOUTH TOWER, 10-STORYS ABOVE NON-LIVING, PARTIALY ENCLOSED GROUND FLOOR			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##.##" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER	B3. STATE FL
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number **6 OR 7**. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	9	5	ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	18	3	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)			ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	5	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	7	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)			

License Number, Embossed Seal, Signature, and Date

4500
Michael W. Norman
AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: Michael W. Norman	DATE: 07-31-01 TELEPHONE: (941) 334-0046

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1-7

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD		Policy Number	
CITY MARCO ISLAND		STATE FLORIDA	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL- SOUTH TOWER, 10-STORYS ABOVE NON-LIVING, PARTIALY ENCLOSED GROUND FLOOR			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##.##" or ##.#####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER	B3. STATE FL
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92
B8. FLOOD ZONE(S) AE		B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

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. Building Diagram Number 6 OR 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	9	5	ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	18	3	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)			ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	5	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	7	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)			

License Number, Embossed Seal, Signature, and Date

PLS 4500
Michael W. Norman
AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET,	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: Michael W. Norman	DATE: 07-31-01 TELEPHONE: (941) 334-0046

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD			Company NAIC Number
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL- NORTH TOWER, 10-STORYS ABOVE NON-LIVING, PARTIALLY ENCLOSED GROUND FLOOR			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##.##" or ##.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) VE	B9. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B.11 Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B.12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

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. Building Diagram Number 6 OR 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD1929 Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	9	6	ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	18	2	ft.(m)
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	16	4	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)			ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	6	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	9	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)			

License Number, Embossed Seal, Signature, and Date

PLS 4500
Michael W. Norman
AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: <i>Michael W. Norman</i>	DATE: 07-31-01 TELEPHONE: (941) 334-0046

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1-7

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD		Policy Number	
CITY MARCO ISLAND		Company NAIC Number	
STATE FLORIDA	ZIP CODE 34145		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL- NORTH TOWER, 10-STORYS ABOVE NON-LIVING, PARTIALLY ENCLOSED GROUND FLOOR			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##.##" or ##.#####°)		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) VE	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FIS Profile FIRM Community Determined Other (Describe):

B.11 Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B.12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 6 OR 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARI/AE, ARIA1-A30, ARIA/AH, ARIA/O
 Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments _____ Does the elevation reference mark used appear on the FIRM? Yes No

Elevation reference mark used	_____	_____	ft.(m)
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	9	6	ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	18	2	ft.(m)
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	16	4	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	_____	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	_____	ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	6	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	9	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	_____	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)	_____	_____	_____

License Number, Embossed Seal, Signature, and Date
 PL 5 4500
 Michael W. Norman
 AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: <i>Michael W. Norman</i>	DATE: 07-31-01 TELEPHONE: (941) 334-0046

SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD			Company NAIC Number
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) ACCESSORY- POOL PUMP BUILDING			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' -##.##" or ##.#####°)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) AE	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	14	3	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	_____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	_____	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	_____	ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	4	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	6	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)	_____		

License Number, Embossed Seal, Signature, and Date

4500
Michael W. Norman
AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN LICENSE NUMBER: 4500
 TITLE: LAND SURVEYOR COMPANY NAME: JOHNSON ENGINEERING, INC.
 ADDRESS: 2158 JOHNSON STREET CITY: FORT MYERS STATE: FL ZIP CODE: 33901
 SIGNATURE: Michael W. Norman DATE: 07-31-01 TELEPHONE: (941) 334-0046

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD		Policy Number	
CITY MARCO ISLAND	STATE FLORIDA	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)		ZIP CODE 34145	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) ACCESSORY- POOL PUMP BUILDING			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' -##.##" or ##.#####°)		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) AE	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments _____

Does the elevation reference mark used appear on the FIRM? Yes No

Elevation reference mark used _____

a) Top of bottom floor (including basement or enclosure) _____ 14 . 3 _____ ft.(m)

b) Top of next higher floor _____ . _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ . _____ ft.(m)

d) Attached garage (top of slab) _____ . _____ ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building _____ . _____ ft.(m)

f) Lowest adjacent grade (LAG) _____ 8 . 4 _____ ft.(m)

g) Highest adjacent grade (HAG) _____ 8 . 6 _____ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

PLS 4500
Michael W. Norman
AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: <i>Michael W. Norman</i>	DATE: 07-31-01 TELEPHONE: (941) 334-0046

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD		Company NAIC Number
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON-RESIDENTIAL, CLUB HOUSE-REGISTRATION OFFICE		
LATITUDE/LONGITUDE (OPTIONAL) (###° ##' ###.###' or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER	B3. STATE FL
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92
		B8. FLOOD ZONE(S) AE	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 8. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-l below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	14	5	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	_____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	_____	ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	10	3	ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	5	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	8	9	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)			

License Number, Embossed Seal, Signature, and Date

Michael W. Norman

AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN LICENSE NUMBER: 4500
 TITLE: LAND SURVEYOR COMPANY NAME: JOHNSON ENGINEERING, INC.
 ADDRESS: 2158 JOHNSON STREET CITY: FORT MYERS STATE: FL ZIP CODE: 33901
 SIGNATURE: *Michael W. Norman* DATE: 07-31-01 TELEPHONE: (941) 334-0046

FEMA Form 81-31 AHG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD		Policy Number	
CITY MARCO ISLAND		Company NAIC Number	
STATE FLORIDA	ZIP CODE 34145		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON-RESIDENTIAL, CLUB HOUSE-REGISTRATION OFFICE			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' -##.##" or ##.#####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) AE	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used	Does the elevation reference mark used appear on the FIRM?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>14</u> . <u>5</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ . _____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ . _____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ . _____	ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>10</u> . <u>3</u>	ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>8</u> . <u>5</u>	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8</u> . <u>9</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)		

License Number, Embossed Seal, Signature, and Date

Michael W. Norman

AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: MICHAEL W. NORMAN	LICENSE NUMBER: 4500
TITLE: LAND SURVEYOR	COMPANY NAME: JOHNSON ENGINEERING, INC.
ADDRESS: 2158 JOHNSON STREET	CITY: FORT MYERS STATE: FL ZIP CODE: 33901
SIGNATURE: <i>Michael W. Norman</i>	DATE: 07-31-01 TELEPHONE: (941) 334-0046

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME			Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD			Company NAIC Number
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON-RESIDENTIAL, SALES BUILDING			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##.###" or ##.#####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) AE198	B9. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11 Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
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: _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.					
C2. Building Diagram Number <u>8</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)					
C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum <u>NGVD1929</u> Conversion/Comments					
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	14	4	ft.(m)		
<input type="checkbox"/> b) Top of next higher floor	_____	_____	ft.(m)		
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	ft.(m)		
<input type="checkbox"/> d) Attached garage (top of slab)	_____	_____	ft.(m)		
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	12	3	ft.(m)		
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	8	3	ft.(m)		
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	10	6	ft.(m)		
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade					
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)					

License Number, Embossed Seal, Signature, and Date
 License No. 4500
 Michael W. Norman
 AUG 20 2001

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 in Sections A, B, and C 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.					
CERTIFIER'S NAME:	MICHAEL W. NORMAN	LICENSE NUMBER:	4500		
TITLE:	LAND SURVEYOR	COMPANY NAME:	JOHNSON ENGINEERING, INC.		
ADDRESS:	2158 JOHNSON STREET	CITY:	FORT MYERS	STATE:	FL ZIP CODE: 33901
SIGNATURE:	<i>Michael W. Norman</i>	DATE:	07-31-01	TELEPHONE:	(941) 334-0046

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 700 SOUTH COLLIER BOULEVARD			Company NAIC Number		
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 34145			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE CHARTER CLUB OF MARCO ISLAND, A CONDOMINIUM (OR 982, PG1900)					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON-RESIDENTIAL, SALES BUILDING					
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' -##.###" or ##.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 07-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08-03-92	B8. FLOOD ZONE(S) AE10%	B4. BASE FLOOD ELEVATIONS(S) (Zone AO, use depth of flooding) (EL. 12')

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FIS Profile FIRM Community Determined Other (Describe): _____

B.11 Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B.12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-l below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>14</u> . <u>4</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ . _____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ . _____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ . _____	ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>12</u> . <u>3</u>	ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>8</u> . <u>3</u>	ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>10</u> . <u>6</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> l) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)		

License Number, Embossed Seal, Signature, and Date
 License No. 4500
 Michael W. Norman
 AUG 20 2001

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 in Sections A, B, and C 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.

CERTIFIER'S NAME:	MICHAEL W. NORMAN	LICENSE NUMBER:	4500
TITLE:	LAND SURVEYOR	COMPANY NAME:	JOHNSON ENGINEERING, INC.
ADDRESS:	2158 JOHNSON STREET	CITY:	FORT MYERS
SIGNATURE:	<i>Michael W. Norman</i>	STATE:	FL
		ZIP CODE:	33901
		DATE:	07-31-01
		TELEPHONE:	(941) 334-0046