

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|----------------------------|----------------------------|------------------|---------------------|------------|
| Capital Expenditures | _____ | _____ | _____ | _____ | _____ |
| Operating Costs | _____ | _____ | _____ | _____ | _____ |
| External Revenues | <\$37,964.16> | <\$12,654.72> | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <u><\$37,964.16></u> | <u><\$12,654.72></u> | <u>-0-</u> | <u>-0-</u> | <u>-0-</u> |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |
| Is Item Included in Current Budget: | Yes | <u>X</u> | No | _____ | _____ |
| Budget Account No: | Fund <u>0001</u> | Dept <u>580</u> | Unit <u>5260</u> | RSRC <u>4729-09</u> | |
| | Program _____ | | | | |

B. Recommended Sources of Funds/Summary of Fiscal Impact:

\$50,618.88/year (\$4,218.24/month) rent/income effective 1/1/2011.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

*4218 x 9 = \$37,964.16
(50,618.88)
FY2012 12,654.72*

[Signature] 11/23/2010
OFMB
11/22/10
11/22/10
11/22/10

[Signature] 11/24/10
Contract Development and Control

B. Legal Sufficiency:

[Signature] 11/29/10
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Dania Pier Management Corp.

2114 21st ct.
Jupiter Fl 33477

To: Mr. Dave Lill
Palm Beach County Parks & Rec

09/13/10

From: Donald Streeter
Dania Pier Management Corp.

As per our Juno Beach Pier lease agreement, Dania Pier Management Corp. wishes to exercise its option for another year.



Donald Streeter, Pres

ATTACHMENT #2

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 9/30/2010

REQUESTED BY: Steven K. Schlamp
Property Spec./PREM

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Juno Beach Pier Concession - Option 1 of 3

PROJECT NO.: 2010-5.017

| Fiscal Years | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|----------------------------|----------------------------|-------|-------|-------|
| Capital Expenditures | _____ | _____ | _____ | _____ | _____ |
| Operating Costs | _____ | _____ | _____ | _____ | _____ |
| External Revenues | <\$37,964.16> | <\$12,654.72> | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <u><\$37,964.16></u> | <u><\$12,654.72></u> | _____ | _____ | _____ |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |

*** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 580

UNIT: 5260

RSRC
OBJ: 4729-09
SUB-OBJ:

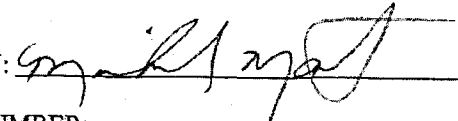
IS ITEM INCLUDED IN CURRENT BUDGET: YES NO

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund Operating Budget Federal/Davis Bacon
- _____ _____ _____

SUBJECT TO IG FEE? YES NO

Department: Parks & Recreation Department

BAS APPROVED BY: 

DATE: 10/20/10

ENCUMBRANCE NUMBER:

G:\Property Mgmt Section\In Lease\Parks - Juno Beach Pier Concession\Option1\BAS.093010.doc

ATTACHMENT # 3



| | | |
|--|---|---------------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 9/23/2010 |
| PRODUCER C & C INSURANCE AGENCY, INC 10306 S. FEDERAL HWY. PORT ST LUCIE, FL 34952 772.337.1250 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED DANIA PIER MANAGEMENT CORP 300 NORTH BEACH RD DANIA, FL. 33004 | INSURERS AFFORDING COVERAGE INSURER A: COLONY INSURANCE CO INSURER B: INSURER C: INSURER D: SUA INSURANCE CO INSURER E: | NAIC# |

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| WITH APPL | LTD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-----------|-----|--|-----------------|----------------------------------|-----------------------------------|---|
| A | X | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | GL3783484 | 07/28/10 | 07/28/11 | EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS COMP/OP ACC \$1,000,000.00 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGL F LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| D | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (If yes describe under SPECIAL PROVISIONS below) | WASUIEC12249701 | 04/22/10 | 04/22/11 | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000.00 E.L. DISEASE - EA EMPLOYEE \$100,000.00 E.L. DISEASE - POLICY LIMIT \$500,000.00 |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
PIER & CONCESSION MANAGEMENT FOR PIER LOCATED AT 14775 STATE RD A1A JUNO BCH., FL. 33441

| | |
|--|---|
| CERTIFICATE HOLDER PALM BEACH COUNTY C/O PURCHASING DEPT 50 S MILITARY TRAIL STELLO WEST PALM BCH., FL. 33415 ATTN: DAVE LILL (561) 966-7070 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|--|---|

| FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS | |  |  |
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| Florida Profit Corporation | | | |
| DANIA PIER MANAGEMENT CORP. | | | |
| Filing Information | | | |
| Document Number | P95000012818 | | |
| FEI/EIN Number | 650572838 | | |
| Date Filed | 02/15/1995 | | |
| State | FL | | |
| Status | ACTIVE | | |
| Last Event | AMENDMENT | | |
| Event Date Filed | 09/07/2010 | | |
| Event Effective Date | NONE | | |
| Principal Address | | | |
| 2114 21ST COURT JUPITER FL 33477 US | | | |
| Changed 06/07/2004 | | | |
| Mailing Address | | | |
| 314 NE 27TH STREET C/O CAPE COD MGMT SVC INC WILTON MANORS FL 33334 US | | | |
| Changed 01/11/2008 | | | |
| Registered Agent Name & Address | | | |
| CONDON, APRIL 314 NE 27TH STREET WILTON MANORS FL 33334 US | | | |
| Name Changed: 01/02/2007 | | | |
| Address Changed: 01/02/2007 | | | |
| Officer/Director Detail | | | |
| Name & Address | | | |
| Title PTD | | | |
| STREETER, DONALD V 2114 21ST COURT JUPITER FL 33477 US | | | |
| Title D | | | |
| ZANNUCCI, THOMAS 2114 21ST COURT | | | |

JUPITER FL 33477 US

Annual Reports

Report Year Filed Date

| | |
|------|------------|
| 2008 | 01/11/2008 |
| 2009 | 01/23/2009 |
| 2010 | 04/21/2010 |

Document Images

| | |
|---|--|
| 09/07/2010 -- Amendment | View image in PDF format |
| 07/02/2010 -- Amendment | View image in PDF format |
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| 01/22/1997 -- ANNUAL REPORT | View image in PDF format |
| 02/15/1995 -- DOCUMENTS PRIOR TO 1997 | View image in PDF format |

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: DANIA PIER MANAGEMENT CORP

DOCUMENT NUMBER: P95000012818

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

Name of Contact Person

CAPE COD MANAGEMENT SERVICES INC

Firm/ Company

314 NE 27TH STREET

Address

WILTON MANORS FL 33334-2020

City/ State and Zip Code

APRILPEACH1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL PEACH CONDRON

Name of Contact Person

at (954)

630-8300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DANIA PIER MANAGEMENT CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000012818

(Document Number of Corporation (if known))

FILED
10 SEP -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

(Zip Code)

_____, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------------------|--|
| D | THOMAS ZANNUCCI | 2114 21ST CT JUPITER FL 33477 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

1% SHARES OWNED BY DONALD STREETER TRANSFERRED TO THOMAS

ZANNUCCI AT NO PAR VALUE

The date of each amendment(s) adoption: 8/31/2010

(date of adoption is required)

Effective date if applicable: 8/31/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____”

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/31/2010

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DONALD STREETER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)