

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>\$61,459 >	<u>\$61,459 >	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$61,459 >	<u>\$61,459 >	<u>-0->	<u>-0->	<u>-0->
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes No

Budget Account No: Fund 1222 Dept 800 Unit 8011 Object 6225
 Program _____

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

C. Departmental Fiscal Review: _____ *4.26.12*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

<p>OFMB <i>[Signature]</i> <i>4/20/12</i> <i>4/30/12</i> <i>4/30/12</i></p>	<p>Contract Development and Control <i>[Signature]</i> <i>5/4/12</i> <i>5-3-12</i> <i>B. Wheeler</i></p>
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B. Legal Sufficiency:

[Signature] 5/4/12
 Assistant County Attorney

C. Other Department Review:

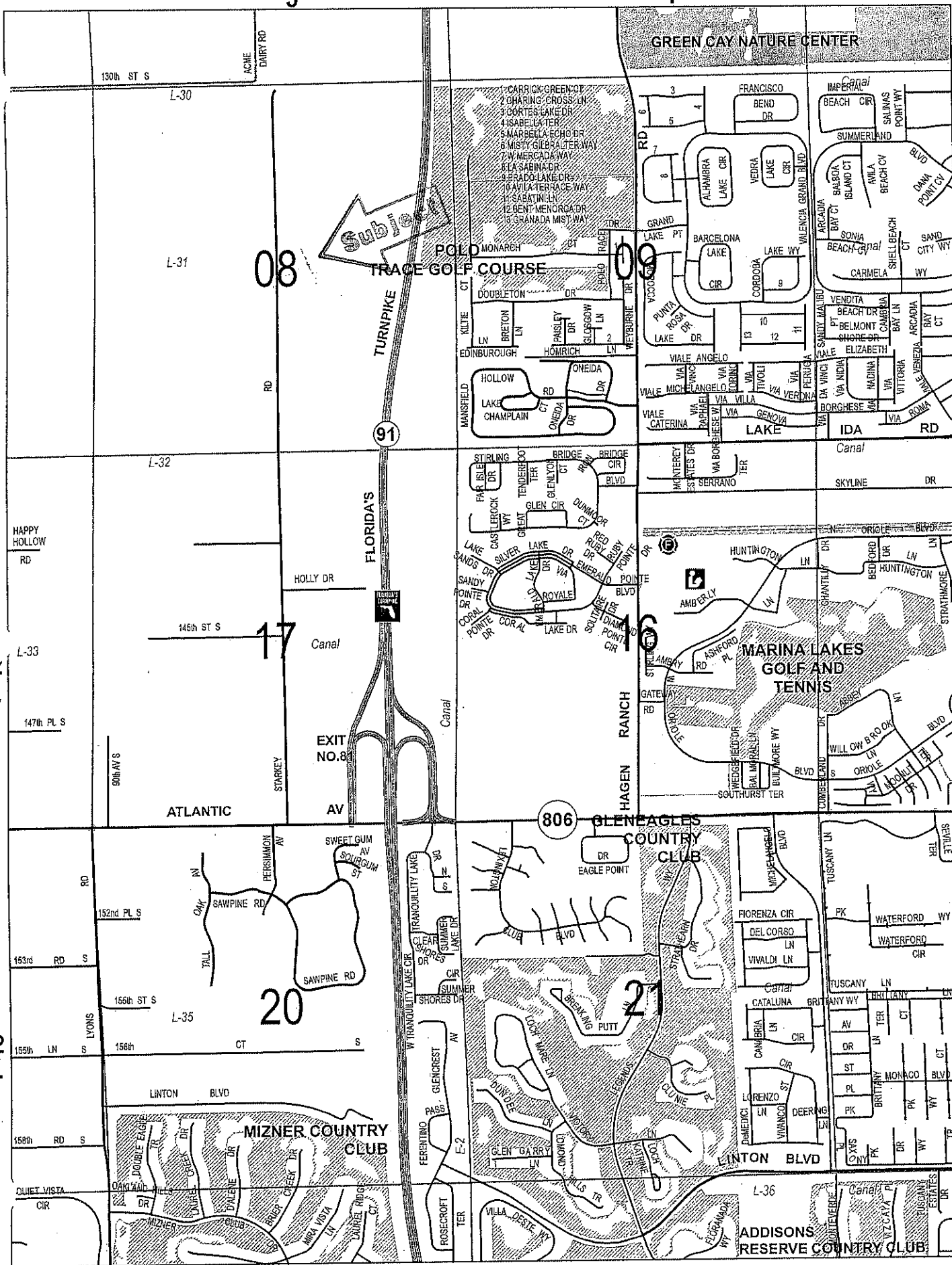
 Department Director

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

T 46

T 46

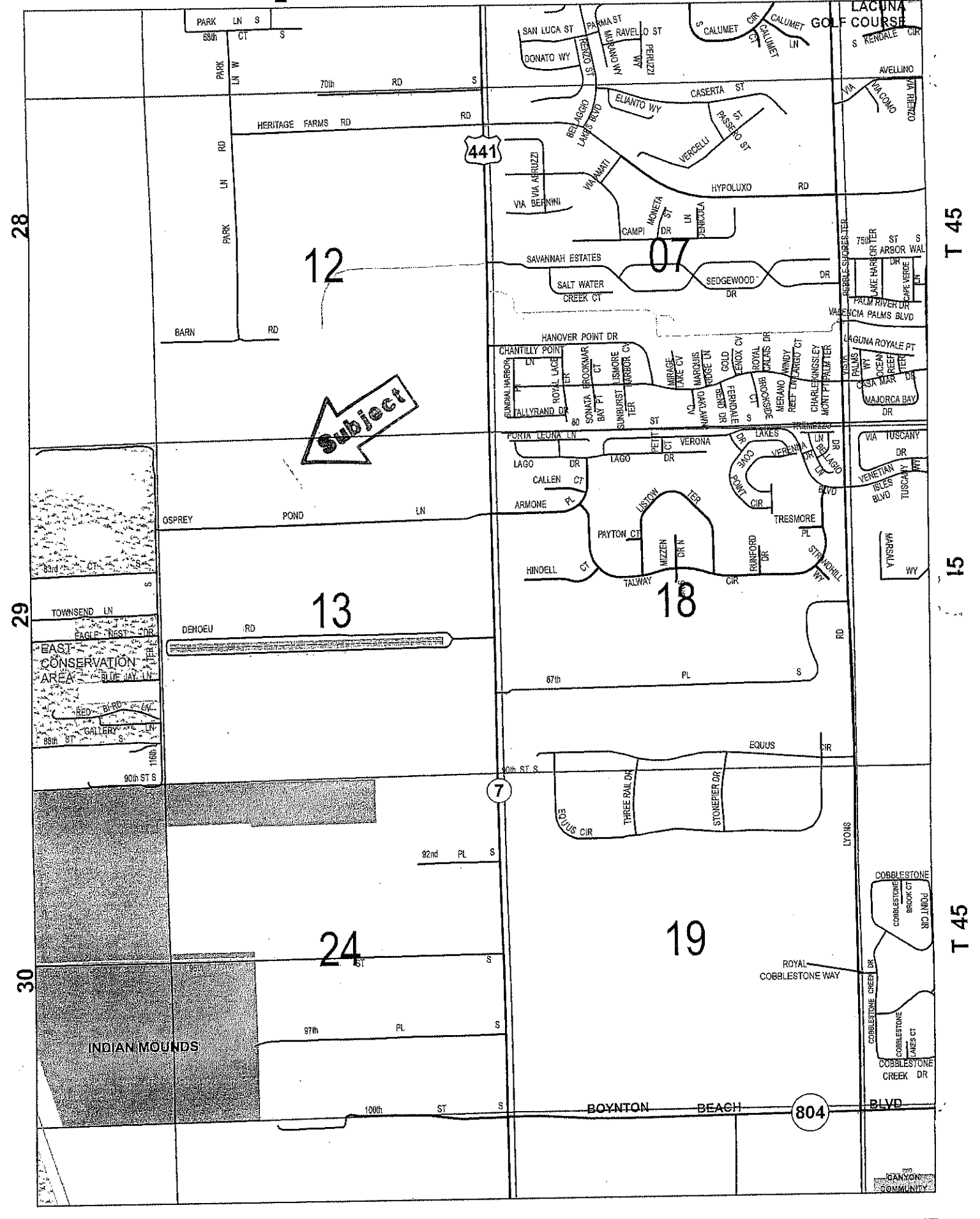
T 46



LOCATION MAP

"A"





LOCATION MAP

"B"



BEDNER FARMS, INC
10066 LEE ROAD
BOYNTON BEACH, FL 33473
561-733-5490
561-733-5492 fax

RECEIVED

MAR 16 2012

Palm Beach County Property & Real Estate Management
2633 Vista Parkway
West Palm Beach, FL
33411-5605

March 6, 2012

Please be advised this letter serves as Bedner Farms, Inc notice for the option to renew the lease agreement with Palm Beach County.

It is our intent to occupy the premise for another year starting June 1, 2012 to May 31, 2013.

The semi-annual rent shall be submitted by the date of May 31, 2012.

Sincerely,



Charles A. Bedner
President

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 3/23/12 REQUESTED BY: Richard C. Bogatin PHONE: 561.233.0214
 Property Specialist / PREM FAX: 561.233.0210

PROJECT TITLE: Bedner Farm Renewal Option 11 of 21 PROJECT NO.: 2012-5.0__

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$61,459.25>	<\$61,459.25>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$61,459.25>	<\$61,459.25>	_____	_____	_____
# 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: 1222 DEPT: 800 UNIT: 8011 REVENUE SOURCE: 6225
 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: Environmental Resources Management

BAS APPROVED BY: [Signature] DATE: 3/29/12

STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT

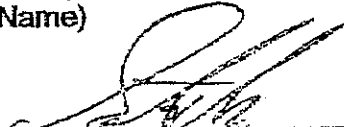
TO: Palm Beach County Board of County Commissioners
Property and Real Estate Management
Attn: Director
2633 Vista Parkway
West Palm Beach, FL 33411

This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

Stephen W. Bedner
(Please Print Name)

 Sec/Treas 4-11-12
Signature/Title Date

Bedner Farms, Inc
Company Name

10066 Lec Road Boynton Beach FL
Company Street Address/City/State/Zip Code 33473

CERTIFICATE OF INSURANCE

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 LISTED BELOW.

FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter <u>A:</u> Florida Farm Bureau General Ins. Co. Company Letter <u>B:</u> Florida Farm Bureau Casualty Ins. Co.
NAME AND ADDRESS OF INSURED: BEDNER FARM INC 210 N UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071-7339	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY: <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM) <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> FARMER'S PERSONAL LIABILITY	CPP 9521697 04	07/19/2011	07/19/2012	GENERAL AGGREGATE	\$ 2,000
					PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 5
	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 SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY: <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
						\$
	EMPLOYERS LIABILITY: <input type="checkbox"/> FARM EMPLOYER'S LIABILITY <input type="checkbox"/> FARM EMPLOYEE'S MEDICAL					\$ (Each Occurrence)
						\$ (Each Employee)
	OTHER:					\$

RECEIVED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:
 SEE FORM CG 20 11 11 85
 LOCATIONS: 003 - 005

MAY 25 2011

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 PALM BEACH COUNTY BOCC
 PROPERTY & REAL ESTATE MANAGEMENT
 ATTN: DIRECTOR
 2633 VISTA PKWY
 WEST PALM BEACH FL 33411-5613

County Code 50-0 Date Issued 05/18/2011
 Served by PALM BEACH County Farm Bureau
BRAD RAULERSON, INC, CLU, CASL
 AUTHORIZED REPRESENTATIVE

POLICY NUMBER: CPP 9521697 04

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You): SEE ATTACHED SCHEUDLE - LOCS 3-5
2. Name of Person or Organization (Additional Insured): PALM BEACH COUNTY BOCC
PRP & REAL ESTATE MGMT
3. Additional Premium: \$ 66

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence " which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

**COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS**

FLORIDA FARM BUREAU GENERAL INSURANCE CO.
5700 S.W. 34th Street
P.O. Box 147030
Gainesville, Florida 32614-7030

RENEWAL DECLARATION
AND NOTICE OF RENEWAL PREMIUM

EFFECTIVE 07/19/2011

Policy Number: CPP 9521697 04
Membership Number: 160156

County# 50-0 Agent# 26508

Named Insured and Mailing Address

BRAD RAULERSON, INC, CLU, CASL
13121 MILITARY TRL

BEDNER FARM INC

210 N UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071-7339

DELRAY BEACH, FL 33484
561/498-5200

Policy Period: From: 07/19/2011 To: 07/19/2012 at 12:00 Noon, Standard Time at your mailing address shown above.

Business Description: FARM

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial Property Coverage Part	\$	5,744
Commercial General Liability Coverage Part	\$	2,440
Commercial Crime Coverage Part	\$	
Commercial Inland Marine Coverage Part	\$	
Farm Coverage Part	\$	1,381
** MINIMUM PREMIUM	ANNUAL PREMIUM	\$ 9,565
	State of Florida Property Insurance Surcharge	4
	Policy Total	\$ 9,569

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE:*
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

ABS# 2408215018-01

05/18/2011
Countersignature Date

BRAD RAULERSON, INC, CLU, CAS
Authorized Representative

FLORIDA FARM BUR GEN INS CO
LOCATIONS SCHEDULE

POLICY # CPP 9521697 04
BEDNER FARM INC
210 N UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071-7339

AGENT: BRAD RAULERSON, INC, CLU, CA
5026508-0

Premis Bldg

No.	No.	Street	City	St	Zip
001	001	1565 N PARK DR	WESTON	FL	33326
002	001	1545 N PARK DR	WESTON	FL	33326
003	000	13056 STARKEY RD	DELRAY BEACH	FL	33446
			172.1 ACRES		
004	000	OSPREY POND LN/W OF HWY 441 S013 T45S R41E	BOYNTON BEACH	FL	33472
			80 ACRES		
005	000	OSPREY POND LN/W OF SR 7 S013 T45S R41E	BOYNTON BEACH	FL	33472
			10 ACRES		

FLORIDA FARM BUR GEN INS CO
MORTGAGEE/LOSS PAYEE

POLICY # CPP 9521697 04
BEDNER FARM INC
210 N UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071-7339

AGENT: BRAD RAULERSON, INC, CLU, CA
5026508-0

LOSS PAYEE

PALM BEACH COUNTY BOCC
PRP & REAL ESTATE MGMT
ATTN: DIRECTOR

2633 VISTA PKWY

WEST PALM BEACH, FL 33411-5613 BLD# - 000 LOC# - 003

FARM: STR 1 & 2

POLICY NUMBER: CPP 9521697 04

COMMERCIAL POLICY

FORM SCHEDULE

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
FFB CD 001	03 93	COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS
FBIL 00 05	01 95	ADDITIONAL CONDITION - COUNTY FARM BUREAU MEMBERSHIP
FFB CLP 001	08 00	POLICY JACKET - COMMERCIAL LINES POLICY
IL0003	04 98	CALCULATION OF PREMIUM
IL0017	11 98	COMMON POLICY CONDITIONS
93-7-4396	05 02	JOINT PRIVACY NOTICE
93-7-4414	01 06	ADVISORY NOTICE TO POLICYHOLDERS
93-7-4229		RISK MANAGEMENT PROGRAM
93-7-4402	08 08	POLICY HOLDER DISCLOSURE NOTICE OF TERRORISM INS COV
93-7-4333	05 11	IMPORTANT NOTICE - SINKHOLE LOSS COVERAGE

**FARM COVERAGE PART
DECLARATIONS**

FLORIDA FARM BUREAU GENERAL INSURANCE CO.
5700 S.W. 34th Street
P.O. Box 147030
Gainesville, Florida 32614-7030

Policy Number: CPP 9521697 04
Membership Number: 160156

County# 50-0 Agent# 26508

See Supplemental Schedule.

DESCRIPTION OF FARM OPERATIONS:
FARM

DESCRIPTION OF FARM PREMISES:

Prem.
No. Location, Construction/Fire Protection and Occupancy

SEE SCHEDULE ATTACHED

FARM PROPERTY: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Limit of Insurance	Loc. No.	Coverage	Causes of Loss (1)
\$		Coverage A - Dwelling	
\$	SEE SCHEDULE ATTACHED	Coverage B - Other Private Structures Appurtenant to Dwelling - See Form FP 00 10	SEE SCHEDULE ATTACHED
\$		Coverage C - Household Personal Property	
\$		Coverage D - Loss of Use	

Limit of Insurance	Loc. No.	Coverage	Causes of Loss (1)
\$		Coverage F - Unscheduled Farm Personal Property	80% Coinsurance
\$	SEE SCHEDULE ATTACHED	Coverage G - Other Farm Structures - Blanket Insurance Extra Expense	SEE SCHEDULE ATTACHED
\$		Coverage E - Scheduled Farm Personal Property	

Other Property Not Covered under coverage F - Unscheduled Personal Property:

SEE SCHEDULE ATTACHED

FARM INLAND MARINE: Refer to the applicable Schedule(s)

1. Mobile Agricultural Machinery and Equipment
2. Livestock

DEDUCTIBLE: \$ **SEE SCHEDULE ATTACHED** - 5% Earthquake
Deductible Exceptions:

MORTGAGE HOLDERS:
Refer To Mortgagee/ Loss Payee Schedule.

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:
Refer To Forms Schedule

TOTAL PREMIUM FOR THIS COVERAGE PART \$ 1,381

(1) EQ (if shown) = Earthquake

05/18/2011
Countersignature Date

BRAD RAULERSON, INC, CLU
Authorized Representative

FARM STRUCTURE SCHEDULE
 COVERAGE G

PAGE 1 OF 1

POLICY # CPP 9521697 04
 EFFECTIVE 07/19/2011

BEDNER FARM INC

ST #	LOC #	STR #	PRIMARY DESCRIPTION		
09	003	001	BARNs, STABLEs, OUTBUILDINGS - TYPE 3 FRAME FARM SHOP LOSS PAYEE: PALM BEACH COUNTY PROPERTY & REAL ESTATE MANAGEMENT		
CAUSES OF LOSS SPECIAL		CONSTRUCTION FRAME		DEDUCTIBLE 500	PC 9 INFLATION GUARD NONE
		COVERAGE		LIMIT OF LIABILITY	PREMIUM
		STRUCTURE		40,000	\$715.00
		EXTRA EXPENSE			NONE
		TOTAL FARM STRUCTURE PREMIUM			\$715.00

ST #	LOC #	STR #	PRIMARY DESCRIPTION		
09	003	002	BARNs, STABLEs, OUTBUILDINGS - TYPE 1 NCII FARM EQUIPMENT BUILDING LOSS PAYEE: PALM BEACH COUNTY PROPERTY & REAL ESTATE MANAGEMENT		
CAUSES OF LOSS SPECIAL		CONSTRUCTION NON-COMBUSTIBLE		DEDUCTIBLE 500	PC 9 INFLATION GUARD NONE
		COVERAGE		LIMIT OF LIABILITY	PREMIUM
		STRUCTURE		50,000	\$666.00
		EXTRA EXPENSE			NONE
		TOTAL FARM STRUCTURE PREMIUM			\$666.00
		TOTAL FARM STRUCTURE PREMIUM			\$1,381.00

POLICY NUMBER: CPP 9521697 04

COMMERCIAL FARM


FORM SCHEDULE


Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
CFR 175 X	01 87	QUICK REFERENCE
FFB FP 001	03 93	FARM COVERAGE PART DECLARATIONS
FP0010	06 90	FARM PROPERTY COVERAGE FORM
FP1211	06 90	LOSS PAYABLE PROVISIONS
IL0175	09 93	FLORIDA CHANGES - LEGAL ACTION AGAINST US
FBIL0935	02 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	03 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
FFB FP 0109	05 11	FLORIDA CHANGES
IL0255	01 10	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL0401	10 07	FLORIDA - SINKHOLE LOSS COVERAGE

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**





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Detail by Entity Name

Florida Profit Corporation

BEDNER FARM, INC.

Filing Information

Document Number 537085
 FEI/EIN Number 591784981
 Date Filed 06/14/1977
 State FL
 Status ACTIVE

Principal Address

14186 STARKEY RD
 DELRAY BEACH FL 33446
 Changed 04/28/2003

Mailing Address

10066 LEE ROAD
 BOYNTON BEACH FL 33473
 Changed 04/04/2011

Registered Agent Name & Address

BEDNER, MARIE
 10066 LEE ROAD
 BOYNTON BEACH FL 33473 US
 Name Changed: 04/04/2011
 Address Changed: 04/04/2011

Officer/Director Detail

Name & Address

Title PD
 BEDNER, CHARLES
 10066 LEE ROAD
 BOYNTON BEACH FL 33473

Title VD
 BEDNER, BRUCE
 10066 LEE ROAD
 BOYNTON BEACH FL 33473

Title STD
 STEPHEN BEDNER
 10066 LEE ROAD

BOYNTON BEACH FL 33473

Annual Reports

Report Year	Filed Date
2010	05/06/2010
2011	04/04/2011
2012	03/09/2012

Document Images

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State of Florida, Department of State

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537085

Entity Name: BEDNER FARM, INC.

FILED
Mar 09, 2012
Secretary of State

Current Principal Place of Business:

14186 STARKEY RD
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

10066 LEE ROAD
BOYNTON BEACH, FL 33473

New Mailing Address:

FEI Number: 59-1784981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDNER, MARIE
10066 LEE ROAD
BOYNTON BEACH, FL 33473 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BEDNER, CHARLES
Address: 10066 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VD
Name: BEDNER, BRUCE
Address: 10066 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33473

Title: STD
Name: STEPHEN BEDNER
Address: 10066 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33473

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN W BEDNER

STD

03/09/2012

Electronic Signature of Signing Officer or Director

Date