

STATE OF FLORIDA
FLORIDA HOUSING FINANCE CORPORATION

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FLORIDA HOUSING
FINANCE CORPORATION

MADISON HEIGHTS, LTD.

Petitioner,

vs.

APPLICATION NO: 2011-172C

FHFC File No.: 2012-048UC

FLORIDA HOUSING FINANCE
CORPORATION,

Respondent.

**PETITION FOR INFORMAL
ADMINISTRATIVE HEARING**

Pursuant to sections 120.57(2) and 120.569, Florida Statutes, and rules 28-106.205 and 28-106.301, Florida Administrative Code, Madison Heights, Ltd. ("Madison Heights") files this Petition for Informal Administrative Hearing and states:

Affected Agency

1. The agency affected is the Florida Housing Finance Corporation ("Florida Housing"), 227 N. Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329. The telephone number is 850-488-4197.

Petitioner

2. The Petitioner is Madison Heights, Ltd. Petitioner's address is 2301 Lucien Way, Suite 405, Maitland, Florida 32751. The telephone number is 407-333-1440.

Petitioner's Counsel

3. Counsel for Madison Heights, Ltd. and Petitioner's address for this proceeding is:

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Michael G. Maida, Esq.
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Background

4. Florida Housing administers various affordable housing programs including the following:

(a) Housing Credit (HC) Program pursuant to Section 42 of the Internal Revenue Code and Section 420.5099, Florida Statutes, under which Florida Housing is designated as the Housing Credit agency for the state of Florida within the meaning of Section 42(h)(7)(A) of the Internal Revenue Code, and Chapter 67-48, Florida Administrative Code; and

(b) HOME Investments Partnerships (HOME) Program pursuant to Section 420.5089, Florida Statutes, and Chapter 67-48, Florida Administrative Code.

5. The 2011 Universal Cycle Application, through which affordable housing developers apply for funding under the above-described affordable housing programs administered by Florida Housing, together with Instructions and Forms, comprise the Universal Application Package or UA1016 (Rev. 2-11) adopted and incorporated by rule 67-48.004(1)(a), Florida Administrative Code.

6. Because the demand for HC and HOME funding exceeds that which is available under the HC Program and HOME Program, respectively, qualified affordable housing developments must compete for this funding. To assess the relative merits of proposed developments, Florida Housing has established a competitive application process known as the

Universal Cycle pursuant to Chapter 67-48, Florida Administrative Code. Specifically, Florida Housing's application process for the 2011 Universal Cycle, as set forth in rule 67-48.001-.005, Florida Administrative Code, involves the following:

- a. the publication and adoption by rule of a "Universal Application Package," which applicants use to apply for funding under the HC and HOME Programs administered by Florida Housing;
- b. the completion and submission of applications by developers;
- c. Florida Housing's preliminary scoring of applications, noticed to applicants via a preliminary scoring summary;
- d. an initial round of administrative challenges in which an applicant may take issue with Florida Housing's scoring of another application by filing a Notice of Possible Scoring Error ("NOPSE");
- e. Florida Housing's consideration of the NOPSEs submitted, with notice to applicants of any resulting change in their preliminary scores via a NOPSE scoring summary;
- f. an opportunity for the applicant to submit additional materials to Florida Housing to "cure" any items for which the applicant was deemed to have failed to satisfy threshold or received less than the maximum score;
- g. a second round of administrative challenges whereby an applicant may raise scoring issues arising from another applicant's cure materials by filing a Notice of Alleged Deficiency ("NOAD");
- h. Florida Housing's consideration of the NOADs submitted, with notice to applicants of any resulting change in their scores via a final scoring summary;
- i. an opportunity for applicants to challenge, by informal or formal administrative proceedings, Florida Housing's evaluation of any item in their own application for which the applicant was deemed to have failed to satisfy threshold or received less than the maximum score;

j. final scores, ranking of applications, and award of funding to successful applicants, including those who successfully challenge the adverse scoring of their applications before the date rankings are adopted; and

k. an opportunity for applicants to challenge, by informal or formal administrative proceedings, Florida Housing's final scoring and ranking of competing applications where such scoring and ranking resulted in a denial of Florida Housing funding to the challenging applicant.¹

Notice of Agency Decision

7. Madison Heights received notice of Florida Housing's decision on or about June 11, 2012.

Substantial Interests

8. Madison Heights timely submitted an Application for financing in Florida Housing's 2011 Universal Cycle. Pursuant to Application #2011-172C, Madison Heights applied for an allocation of \$1,695,000 in annual federal tax credits² to help finance the development of its project, a 80-unit high-rise complex in Hillsborough County. In its final scoring Florida Housing awarded Madison Height's Application 79 Total Points and a total of 34.00 of a possible 37 proximity tie-breaker points.

¹ This proceeding is the subject of such a challenge.

² The United States Congress has created a program, governed by Section 42 of the IRC, by which federal income tax credits are allotted annually to each state on a per capita basis to help facilitate private development of affordable low-income housing for families. These tax credits entitle the holder to a dollar-for-dollar reduction in the holder's federal tax liability, which can be taken for up to ten years if the project continues to satisfy IRC requirements. The tax credits allocated annually to each state are awarded by state "housing credit agencies" to single-purpose applicant entities created by real estate developers to construct and operate specific multi-family housing projects. The applicant entity then sells this ten-year stream of tax credits, typically to a syndicator, with the sale proceeds generating much of the funding necessary for development and construction of the project. The equity produced by this sale of tax credits in turn reduces the amount of long-term debt required for the project, making it possible to operate the project at below-market-rate rents that are affordable to low-income and very-low-income tenants. Pursuant to section 420.5099, Florida Statutes, Florida Housing is the designated "housing credit agency" for the state of Florida and administers Florida's tax credit program under its Housing Credit (HC) Program. Through the HC Program, Florida Housing allocates Florida's annual fixed pool of federal tax credits to developers of affordable housing under its annual Universal Cycle application process.

9. The Reed at Encore, LP (“The Reed”) also submitted an application for financing in Florida Housing’s 2011 Universal Cycle. The Reed, pursuant to Application #2011-124C, applied for \$2,110,000 in annual federal tax credits to help finance the development of its project, a 158-unit apartment complex in Hillsborough County, Florida to be known as The Reed at Encore (the “Development”). In its final scoring Florida Housing awarded The Reed’s Application 79 Total Points and a total of 35.50 of a possible 37 proximity tie-breaker points.

10. Through this proceeding Madison Heights challenges and is seeking a determination that Florida Housing erred in the scoring and ranking of The Reed’s Application. But for the errors in scoring and the ranking of The Reed’s Application, Madison Heights would have been entitled to an allocation of funds from the 2011 Universal Cycle.

11. As explained below, The Reed is not entitled to the 3.0 Total Points Florida Housing awarded for “Housing Credit Development Experience.” In addition, The Reed is not entitled to the 3.5 proximity tie-breaker points Florida Housing awarded for the “Medical Facility” identified in The Reed’s Application. If Madison Heights is successful in challenging either of the issues raised in this petition, Madison Heights will be entitled to an allocation of housing credits.³ Madison Heights’ substantial interests are affected by this proceeding.

THE REEDS’ APPLICATION AND SCORING ISSUES

Housing Credit Developer Experience

12. Part II of the Universal Application instructions requires applicants to disclose certain Applicant and Development team information. Failure to provide the requisite information results in the Application either failing threshold or suffering a point reduction.

³ See rule 67-48.0005(7), Florida Administrative Code.

Failure to meet threshold precludes the Application from consideration to receive funding from Florida Housing.

13. In order to satisfy the Application's threshold requirements, a Developer must provide a completed Developer or Principal of Developer Certification form certifying that the Developer or Principal of Developer has, since January 1, 1991, completed at least three (3) affordable rental housing developments. (See Part II.B.1.b. (1), Application instructions).

14. In addition to having to satisfy the above-described threshold requirement, an applicant may be awarded an additional three (3) points for Housing Credit Development Experience if the applicant's "Principal of the Developer" has completed at least three (3) Housing Credit developments since January 1, 2007. In order to qualify for the selected Housing Credit Developer Experience and be awarded three (3) points, all three (3) of the listed developments must meet the following criteria set forth in the 2011 Universal Application Instructions:

(1) Completion of at least three (3) Housing Credit Developments since January 1, 2007.

Indicate whether a Principal of the Developer (a Principal of at least one Developer if co-Developers) has completed at least three (3) Housing Credit developments since January 1, 2007. For purposes of this provision, completed for each of the three (3) developments means (i) that the temporary or final certificate of occupancy has been issued for at least one (1) unit in one of the residential apartment buildings within the development, or (ii) that at least one (1) IRS Form 8609 has been issued for one of the residential apartment buildings within the development. As used in this section a Housing Credit development that contains multiple buildings is a single development regardless of the number of buildings within the development for which an IRS Form 8609 has been issued.

With respect to a Principal of the Developer, if providing experience acquired from a previous affordable housing Developer entity, such principal must have been a Principal or Financial Beneficiary of that Developer entity.

To be eligible for 3 Points, the Applicant must answer “Yes” to the question at Part II.B.1.c.(1) of the Application and provide a prior experience chart, behind a tab labeled “**Exhibit 10**”, reflecting the required information for the three (3) Housing Credit developments.

The prior experience chart must include the name of the Principal of Developer, name of Development, location of Development, and year completed. (See Part II.B.1.c.(1), Application instructions).

15. During its initial submission, the Applicant included an executed Developer or Principal of Developer certification identifying CP Development Group Four, LLC, a Florida limited liability company as its Developer. The Application failed to disclose any prior development experience for CP Development Group 4, LLC. Moreover, the Applicant failed to identify any Principal of Developer. (See Exhibit 1). During preliminary scoring, Florida Housing scored the Application as failing to achieve threshold because the Applicant’s “prior experience chart” failed to show any prior developer experience for CP Development Group 4, LLC or for a Principal of Developer. (See 2011 Final Ranking Scoring Summary Report, dated June 8, 2012 attached hereto as Exhibit 2).

16. Moreover, since The Reed failed to identify a Principal of Developer on its certification form, the Application did not meet the threshold requirement and was not entitled to the incremental three (3) points associated with having developed three (3) affordable housing developments since January 1, 2007.

17. In light of Florida Housing’s preliminary scoring determination that The Reed failed threshold because it failed to identify any Principal of Developer on its certification form, there was no basis to challenge any information with respect to a non-disclosed “Principal of Developer.” In other words, since The Reeds prior development experience could only be

demonstrated through the disclosure of a Principal of Developer, nothing could be challenged regarding the Principal of Developer (or any supporting documentation) until one was actually identified on the certification form. Upon filing a cure, The Reed was entitled to identify any Principal of Developer entity for purposes of seeking 3 additional points for prior developer experience.

18. Pursuant to rule 67-48.004(6), Florida Administrative Code, “[e]ach Applicant shall be allowed to cure its Application by submitting additional documentation, revised pages and such other information as the Applicant deems appropriate (‘cures’). . . . A new form, page or exhibit provided to the Corporation during this period shall be considered a replacement of that form, page or exhibit if such form, page or exhibit was previously submitted in the Applicant’s Application.” In addition, “[w]here revised or additional information submitted by Applicant creates an inconsistency with another item in the Application, the Applicant shall also be required in its submittal to make such changes as necessary to keep the Application consistent as revised.” *Id.*

19. As its cure, the Applicant submitted a new Developer or Principal of Developer Certification form and, for the first time, identified “Bank of America Community Development Corporation” as the Principal of Developer. (See Exhibit 3). The Applicant also resubmitted a “Prior General Development Experience Chart” and “Prior Housing Credit Experience Chart.” *Id.* In accordance with rule 67-48.004, Florida Administrative Code, the “cure” material submitted by The Reed, including the developments identified on its Prior Housing Experience Chart, are subject to challenge. Moreover, submission of “cure” does not exonerate an applicant from having to make certain that all application material is complete and accurate.

Each page and applicable exhibit of the Application must be accurately completed, and Applicants must provide all requested information. Failure

to provide the requested information and documentation shall result in failure to meet threshold for threshold items, failure to achieve maximum points for point items, rejection of the Application for rejection items, or a combination of the foregoing.

(Page 2, Application Instructions)

20. As part of its cure, The Reed identified “Centro Place Apartments – Tampa, FL – 2007” (“Centro Place”) as one of three (3) qualifying Housing Credit developments. (Exhibit 3). This development does not satisfy the “certificate of occupancy” or the IRS “Form 8609” requirement set forth in Part II.B.1.c. (1) of the Application Instructions. Centro Place was not completed after January 1, 2007. To the contrary, it was completed prior to that date. As a result, The Reed failed to submit the requisite number of developments that would have entitled it to receive Housing Credit Development Experience. Florida Housing erred when it awarded The Reed three (3) points for prior experience.

21. A certificate of occupancy was issued on four (4) different dates for the four (4) residential apartment buildings that comprise the Centro Place development. In accordance with the Application Instructions, points for Housing Credit Development Experience is based on the date on which a temporary or final certificate of occupancy has been issued for at least one (1) unit in one of the residential apartment buildings. Certificate of occupancy dates for all of the residential buildings in the Centro Development are: Building #1 on 8/3/2005, Building #2 on 9/30/2005, Building #3 on 9/13/2005, and Building #4 on 11/17/2005. (See Exhibit 4). None of the certificates of occupancy were issued after January 1, 2007. Moreover, IRS Form 8609 was issued for all of the Centro Place residential buildings on August 25, 2006. (See Exhibit 5 which includes Form 8609 for each of the four (4) residential building, all of which were issued on August 25, 2006, for Centro Asturiano Place.)

22. Based on the foregoing The Reed was not entitled to three (3) points Housing Credit Developer Experience awarded by Florida Housing in its 2011 Final Ranking Scoring Summary Report. (See Exhibit 2). The Reed failed to include within its Application three (3) qualifying Housing Credit developments as mandated in Part II.B.1.c.(1) of the Application instructions. Florida Housing erred when it awarded The Reed three (3) points for Housing Credit Development Experience.

Medical Facility

23. One of the tie-breaking mechanisms used to determine eligibility for funding is the Development's proximity to various services, such as medical services. In order for an applicant to be eligible for proximity tie-breaker points, an applicant must provide an executed Surveyor's Certification for Competitive HC ("Surveyor's Certification") which identifies a Tie-Breaker Measurement Point on the proposed Development site and provide the latitude and longitude coordinates determined in degrees, minutes and seconds, with the degrees and minutes stated as whole numbers and the seconds truncated after one decimal place. The Surveyor's Certification must further provide the latitude and longitude coordinates of a given service for which proximity tie-breaker points are sought.

24. The rules are specific as to what must be provided in order for an applicant to receive Proximity Tie-breaker Points:

The latitude and longitude coordinates for all Proximity Services much represent a point as outlined below. The coordinates for each service must be stated in degrees, minutes and seconds, with the degrees and minutes stated as whole numbers and the seconds truncated after one decimal place. If the degrees and minutes are not stated as whole number and seconds are not truncated after one decimal place, the Applicant will not be eligible for proximity tie-breaker points for that service.

* * * *

| Service | Location where latitude and longitude coordinates must be obtained |
|--|---|
| Grocery Store, Public School, Medical Facility, Community Center, Senior Center, Public Library and Pharmacy | Coordinates must represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to the building where the service is located |

(See pages 37, 38 Universal Application Instructions; Emphasis in original.)

25. The issue in this case whether the coordinates for the Medical Facility provided in The Reed’s Application “represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to the building where the service is located.” *Id.*

26. The Reed provided as part of its cure material a Surveyor’s Certification in which it identified coordinates N27 57 32.9 W82 27 34.9, as the location of the doorway threshold of an exterior entrance to its claimed Medical Facility, “Tampa Family Health Center.” (Exhibit 6). Contrary to Application Instructions, The Reed’s coordinates identify the exterior doorway entrance to a Salvation Army store and not the claimed Medical Facility identified in its Application.⁴ (Exhibit 7 “Surveyor Certification”). The entrance to the Salvation Army does not provide public access to the Tampa Family Health Center.

27. In the 2011 Final Ranking Scoring Summary Report, Florida Housing awarded 3.50 proximity tie-breaker points for this claimed medical service. (See Exhibit 2). However, based on the coordinates The Reed used in its Application, Florida Housing erred in awarding any of the 3.5 proximity tie-breaker points. The coordinates for The Reed’s “Medical Facility” do not represent the exterior entrance doorway threshold as mandated by the Application Instructions.

⁴ Madison Heights also identified Tampa Family Health Center as its Application Medical Facility. The correct coordinates for Tampa Family Health Center are: N27 57 34.0, W82 27 35.4. Madison Heights provided these coordinates in its Application. These coordinates satisfy Application Instruction requirements. The coordinates submitted by The Reed do not.

Specific Facts Warranting Reversal

28. Specific facts warranting reversal or modification of Florida Housing’s proposed action are those alleged in this Petition, and include but are not limited to the following:

a. The Reed’s Application fails to identify a Developer or Principal of Developer that has completed at least three developments on or after January 1, 2007;

b. Coordinates N27 57 32.9, W82 27 34.9 do not represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to The Reed’s claimed Medical Facility, Tampa Family Health Center.

29. There are no material facts in dispute.

30. Madison Heights reserves its right to demand a formal administrative hearing pursuant to section 120.57(1), Florida Statutes, in the event that any issues of material fact are raised by its petition or disputed issues of material fact become known in this proceeding.

Statement of Ultimate Facts and Law

31. As a matter of ultimate fact and law, Madison Heights states Florida Housing improperly awarded The Reed’s Application 3.0 Total Points for “Housing Credit Development Experience” and the 3.5 “Medical Facility” proximity tie-breaker points.

Statutes and Rules

32. Statutes and rules governing this proceeding are sections 120.57(2) and 120.569 and Chapter 420, Florida Statutes, and Chapters 28-106 and 67-48, Florida Administrative Code.

WHEREFORE, Madison Heights respectfully requests that:

A. Florida Housing Finance Corporation refer this Petition to be heard before a hearing officer approved by Florida Housing;

B. An informal administrative hearing be conducted pursuant to section 120.57(2), Florida Statutes, to review Florida Housing's scoring determination regarding The Reed's Application;

C. Recommended and final orders be issued determining that:

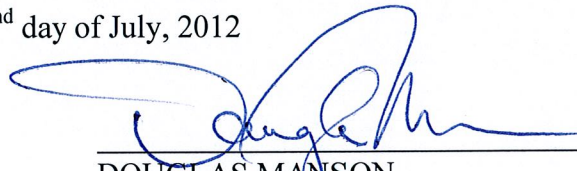
a) Florida Housing improperly awarded The Reed 3.0 Total Points for "Housing Credit Development Experience;" in The Reed's Application;

b) Florida Housing improperly awarded The Reed 3.5 proximity tie-breaker points for the "Medical Facility" identified in The Reed's Application;

c) Madison Heights is entitled to an allocation of housing credits in accordance with Chapter 67-48.005, Florida Administrative Code;

d). Such further relief as may be deemed appropriate be granted.

Respectfully submitted this 2nd day of July, 2012

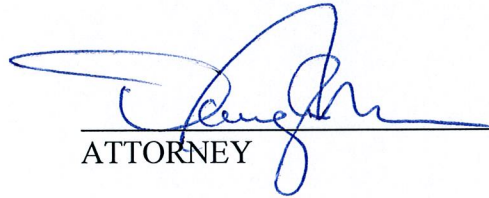


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CERTIFICATE OF SERVICE

I certify that the original of the foregoing has been filed by Hand Delivery with the Agency Clerk, Florida Housing Finance Corporation, 227 N. Bronough Street, Suite 5000, Tallahassee, Florida 32301 and a copy furnished to Wellington H. Meffert, II, Esq., Florida Housing Finance Corporation, 227 N. Bronough Street, Suite 5000, Tallahassee, Florida 32301 this 2nd day of July, 2012.



ATTORNEY

**2011 UNIVERSAL CYCLE - DEVELOPER OR PRINCIPAL OF
DEVELOPER CERTIFICATION**

Name of Development: The Reed at Ecorse
(Use N.E.A.I. of the 2011 Universal Cycle Application)

Name of Developer: CP Development Group 4, LLC, a Florida limited liability company

Name of Principal of Developer, if applicable: _____

Address of Developer: c/o Bank of America Community Development Corporation c/o Bank of America, NA
(street address, city, state)
NC1-007-11-25, 100 N. Tryon St., 11th Floor, Charlotte, NC 28255-0001

Telephone No. of Developer: 980-347-2727

Fax No. of Developer: 704-683-7135

E-Mail Address: slam.s.spruce@gmail.com

Relationship to Applicant: Member of Developer is Sp. Ltd. Partner and Investor Ltd. Partner of Applicant

As the Developer or Principal of the Developer of the referenced Development, I certify that I have the requisite skills, experience and credit worthiness to successfully produce the units proposed by this Application. I further certify that the design, plans, and specifications for the proposed Development will comply with all Federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislative, regulations, rules, and other related requirements which apply or could apply to the proposed Development. Since January 1, 1991, I have developed and completed at least three (3) affordable rental housing developments, at least one (1) of which was completed since January 1, 2001. At least one (1) of the three (3) completed developments consists of a total number of units no less than 30 percent of the total number of units in the Development proposed by this Application, as evidenced by the price schedule chart provided in this Application. For purposes of this certification, completed for each of the three (3) developments means (i) that the temporary or final certificate of occupancy has been issued for at least one (1) unit in a building with dwelling units or (ii) at least one (1) HUD Form 9809 has been issued. I understand I am the Developer or Principal of the Developer of request for this Development and that, if needed by the Corporation, I will remain in this capacity until the Development has been completed. I certify that neither the Developer, Applicant, any Principal or Financial Beneficiary has any existing Developments participating in Corporation program that remain in non-compliance with the IRC, applicable rule chapter, or applicable local documents and for which any applicable cure period granted for correcting such non-compliance has ended. I further certify that the information provided within this Application is true and correct.

William M. Pope William M. Pope
Signature of Developer or Principal of Developer Print or Type Name of Signatory

APPLICANT'S CERTIFICATION

I certify that the Developer identified above will serve as the Developer of the proposed Development.

James D. Ryan James D. Ryan ⓧ
Applicant's Signature Print or Type Name of Signatory

If this certification contains corrections or "white-out", or if it is amended, changed, altered, or ripped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 10"



Scoring Summary Report

File #: 2011-124C Development Name: The Reed at Encore

As of: 06/08/2012

| | Maximum Points/Eligibility | Preliminary | NOPSE | Final | Final Ranking |
|--|----------------------------|-------------|-------|-------|---------------|
| Met Threshold | Y/N | N | N | Y | Y |
| Total Points | 79 | 79.00 | 79.00 | 79.00 | 79.00 |
| Ability to Proceed Tie-Breaker Points | 6 | 6.00 | 6.00 | 6.00 | 6.00 |
| Proximity Tie-Breaker Points | 37 | 34.00 | 34.00 | 35.50 | 35.50 |
| Eligible for 1/8th Mile Ranking Preference | Y/N | N | N | N | N |
| Eligible for Age of Development Tie-Breaker Ranking Preference | Y/N | Y | Y | Y | Y |
| Eligible for Concrete Construction Tie-Breaker Ranking Preference | Y/N | Y | Y | Y | Y |
| Eligible for Florida General Contractor Tie-Breaker Ranking Preference | Y/N | Y | Y | Y | Y |
| RA Level Classification (preference given to the lowest RA Level Classification) | 1 - 6 | 1 | 1 | 1 | 1 |



Scores:

| Item # | Part | Section | Subsection | Description | Maximum Available Points | Preliminary | NOPSE | Final | Final Ranking |
|--|------|---------|------------|---|--------------------------|-------------|-------|-------|---------------|
| Developer | | | | | | | | | |
| 1S | II. | B. | 1.c. | Housing Credit Development Experience | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 |
| Construction Features and Amenities | | | | | | | | | |
| 2S | III. | B. | 3.a. | Optional - NC & Rehab. Units | 9.00 | 9.00 | 9.00 | 9.00 | 9.00 |
| 3S | III. | B. | 3.b. | Optional - All Developments Except SRO | 12.00 | 12.00 | 12.00 | 12.00 | 12.00 |
| 3S | III. | B. | 3.c. | Optional - SRO Developments | 12.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4S | III. | B. | 3.d. | Optional - Universal Design & Visibility | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| 5S | III. | B. | 5.a.(1) | Green Building Features (NC & Redev.) | 7.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5S | III. | B. | 5.a.(2) | Green Building Certification (NC & Redev.) | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| 5S | III. | B. | 5.b. | Green Building Features (Rehab. & Preserv.) | 10.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Set-Aside Commitments | | | | | | | | | |
| 6S | III. | E. | 1.b.(2) | Special Needs Households | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |
| 7S | III. | E. | 1.b.(3) | Total Set-Aside Commitment | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 |
| 8S | III. | E. | 3. | Affordability Period | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Resident Programs | | | | | | | | | |
| 9S | III. | F. | 1. | Programs for Non-Elderly & Non-Homeless | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9S | III. | F. | 2. | Programs for Homeless (SRO & Non-SRO) | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9S | III. | F. | 3. | Programs for Elderly | 6.00 | 6.00 | 6.00 | 6.00 | 6.00 |
| 10S | III. | F. | 4. | Programs for All Applicants | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |
| Local Government Contributions | | | | | | | | | |
| 11S | IV. | A. | | Contributions | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |
| Local Government Incentives | | | | | | | | | |
| 12S | IV. | B. | | Incentives | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |

Threshold(s) Failed:

| Item # | Part | Section | Subsection | Description | Reason(s) | Created as Result of | Rescinded as Result of |
|--------|------|---------|------------|------------------------------|---|----------------------|------------------------|
| 1T | II. | B. | 1.b. | Developer General Experience | The Applicant indicated that the Developer, CP Development Group 4, LLC, has the required experience by providing the Developer or Principal of Developer Certification form which reflects the Developer's name but does not include a Principal (the space for Principal of Developer is blank). However, this is inconsistent with the General Developer Experience chart which identifies Banc of America Community Development Corporation as the Principal of the Developer with the required experience. | Preliminary | Final |

Ability To Proceed Tie-Breaker Points:

| Item # | Part | Section | Subsection | Description | Maximum Available Points | Preliminary | NOPSE | Final | Final Ranking |
|--------|------|---------|------------|-----------------------------|--------------------------|-------------|-------|-------|---------------|
| 1A | III. | C. | 1. | Site Plan/Plat Approval | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 2A | III. | C. | 3.a. | Availability of Electricity | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 3A | III. | C. | 3.b. | Availability of Water | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 4A | III. | C. | 3.c. | Availability of Sewer | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 5A | III. | C. | 3.d. | Availability of Roads | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 6A | III. | C. | 4. | Appropriately Zoned | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |

Proximity Tie-Breaker Points:

| Item # | Part | Section | Subsection | Description | Maximum Available Points | Preliminary | NOPSE | Final | Final Ranking |
|---|------|---------|------------|--|--------------------------|-------------|-------|-------|---------------|
| Transit Services | | | | | | | | | |
| 1P | III. | A. | 10.a | Public Bus Stop | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1P | III. | A. | 10.a | Public Bus Transfer Stop or Public Bus Transit Stop | 6.00 | 6.00 | 6.00 | 6.00 | 6.00 |
| 1P | III. | A. | 10.a | Public Rail Station | 7.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Tier 1 Services | | | | | | | | | |
| 2P | III. | A. | 10.a | Grocery Store | 4.00 | 3.50 | 3.50 | 3.50 | 3.50 |
| 3P | III. | A. | 10.a | Public School | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3P | III. | A. | 10.a | Senior Center | 4.00 | 0.00 | 0.00 | 3.00 | 3.00 |
| 4P | III. | A. | 10.a | Medical Facility | 4.00 | 3.50 | 3.50 | 3.50 | 3.50 |
| Eligible for Tier 1 Service Score Boost (Yes/No) | | | | | | Y | Y | Y | Y |
| Total Tier 1 Service Score | | | | | 12.00 | 10.50 | 10.50 | 12.00 | 12.00 |
| Tier 2 Services | | | | | | | | | |
| 5P | III. | A. | 10.a | Public Park | 2.00 | 2.00 | 2.00 | 2.00 | 2.00 |
| 6P | III. | A. | 10.a | Community Center | 2.00 | 2.00 | 2.00 | 2.00 | 2.00 |
| 7P | III. | A. | 10.a | Pharmacy | 2.00 | 1.50 | 1.50 | 1.50 | 1.50 |
| 8P | III. | A. | 10.a | Public Library | 2.00 | 2.00 | 2.00 | 2.00 | 2.00 |
| FHFC Proximity List | | | | | | | | | |
| 9P | III. | A. | 10.b | Proximity to Developments on FHFC Development Proximity List | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |

Additional Application Comments:

| Item # | Part | Section | Subsection | Description | Comment(s) | Created as Result of | Rescinded as Result of |
|--------|------|---------|------------|--|--|----------------------|------------------------|
| 1C | III. | A. | 10.b. | Proximity to Developments on FHFC Development Proximity List | The Application qualifies for 10 automatic proximity points at Part III.A.10.b.(1) of the Application. | Preliminary | |

**2011 UNIVERSAL CYCLE - DEVELOPER OR PRINCIPAL OF
DEVELOPER CERTIFICATION**

Name of Development: The Reed at Encore
(Part III A.1 of the 2011 Universal Cycle Application)

Name of Developer: CP Development Group 4, LLC, a Florida limited liability company

Name of Principal of Developer, if applicable: Bank of America Community Development Corporation

Address of Developer: c/o Banc of America Community Development Corporation c/o Bank of America, NA
(street address, city, state)
NC1-007-11-25, 100 N. Tyron St., 11th Floor, Charlotte, NC 28255-0001

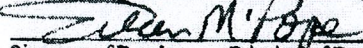
Telephone No. of Developer: 980-387-2727

Fax No. of Developer: 704-683-7135

E-Mail Address: eileen.m.pope@bamf.com

Relationship to Applicant: Member of Developer is Sp. Ltd. Partner and Investor Ltd. Partner of Applicant

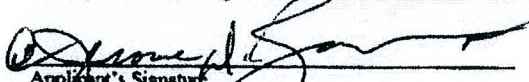
As the Developer or Principal of the Developer of the referenced Development, I certify that I have the requisite skills, experience and credit worthiness to successfully produce the units proposed by this Application. I further certify that the design, plans, and specifications for the proposed Development will comply with all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules, and other related requirements which apply or could apply to the proposed Development. Since January 1, 1991, I have developed and completed at least three (3) affordable rental housing developments, at least one (1) of which was completed since January 1, 2001. At least one (1) of the three (3) completed developments consists of a total number of units no less than 50 percent of the total number of units in the Development proposed by this Application, as evidenced by the prior experience chart provided in this Application. For purposes of this certification, completed for each of the three (3) developments means (i) that the temporary or final certificate of occupancy has been issued for at least one (1) unit in a building with dwelling units or (ii) at least one (1) IRS Form 8609 has been issued. I understand I am the Developer or Principal of the Developer of record for this Development and that, if funded by the Corporation, I will remain in this capacity until the Development has been completed. I certify that neither the Developer, Applicant, any Principal or Financial Beneficiary has any existing Developments participating in Corporation programs that remain in non-compliance with the IRC, applicable rule chapter, or applicable loan documents and for which any applicable cure period granted for correcting such non-compliance has ended. I further certify that the information provided within this Application is true and correct.


Signature of Developer or Principal of Developer

Eileen M. Pope
Print or Type Name of Signatory

APPLICANT'S CERTIFICATION

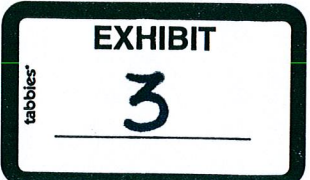
I certify that the Developer identified above will serve as the Developer of the proposed Development.


Applicant's Signature

Jerome D. Ryans
Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, stamped, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 10"



**Exhibit 10
The Reed at Encore**

Prior General Development Experience Chart

Name of Developer or Principal of Developer: Banc of America Community Development Corporation.

| | City & State | Financing Program | Units | Year |
|--------------------------|----------------|---|-------|------|
| Mobley Park Apartments | Tampa, FL | City HOME, City SHIP, CDBG, HFA Hillsborough County Multi-Family Revenue Bonds, LIHTC | 238 | 2001 |
| Palmetto Park Apartments | Clearwater, FL | Pinellas County HOME, Pinellas County CDC loan program, HFA Pinellas County Multi-Family Revenue Bonds, LIHTC | 179 | 2003 |
| City View Apartments | Orlando, FL | FHFC HOME, City of Orlando HOME, City of Orlando SHIP, HFA of Orange County Multi-Family Revenue Bonds, LIHTC | 266 | 2004 |

Prior Housing Credit Experience Chart

Name of Developer or Principal of Developer: Banc of America Community Development Corporation

| Project Name | Location (City & State) | Year Completed |
|--------------------------|-------------------------|----------------|
| Centro Place Apartments | Tampa, FL | 2007 |
| Merry Place Apartments | W. Palm Beach, FL | 2007 |
| Ashley Square Apartments | Charlotte, NC | 2010 |



CITY OF TAMPA

Growth Management and Development Services

Construction Services Division

Project Summary

Project Number: 256781
Project Description: S&B:CONST 4-3STY APT BLDGS W/160 UNITS W/CLUBHSE
Status: PROJECT RECEIVED FINAL INSPECTION & APPROVAL
Address: 1302 E 21ST AVE
Owner: CAP DEVELOPMENT CO LLC
Contractor/Agent: ALLIANCE CONST LLC/JOHN
Contractor/Agent Phone #: (305) 443-2310
Notice Of Commencement: NOTICE OF COMMENCEMENT COPY RECEIVED

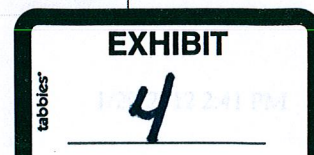
Certificates Of Occupancy

| Number | Issued | Description | Type | Permit # |
|------------|------------|------------------------------|-----------------|----------|
| 256781 003 | 11/18/2005 | CNV EX HOSPITAL TO CLUBHOUSE | COMPLETION ISS | 14 |
| 256781 002 | 10/25/2005 | "CLUBHOUSE" ONLY | CONDITIONAL ISS | 14 |
| 256781 001 | 08/03/2005 | BLDG 1 CNSTR 3-STY APT BLDG | FINAL ISS | 13 |

No Unsatisfied Conditions (for C.O.) Or Inspection Request Comments

Permits On This Project

| Permit | Type | Description | Status |
|--------|------------|--|----------------|
| 42 | MISC | HISTORIC STORMWATER DOWN 23RD AVE BLOCKED | FINAL APPROVAL |
| 41 | FIRE | SUP#5:FIRE:FINAL INSPECTION REQ'D HS7B | FINAL APPROVAL |
| 40 | ELECTRICAL | SUP#3:ELECTRICAL WIRING FOR POOL HS05 | FINAL APPROVAL |
| 39 | MISC | COPY OF TRANS.PERMIT FOR CUL-DE-SAC ON 23RD AVE. | FINAL APPROVAL |
| 38 | FIRE | SUP#4:FIRE FINAL INSPECTION REQ'D HS3W | FINAL APPROVAL |
| 37 | BUILDING | SUP#5:CONSTRUCT PICNIC SHELTER FOR APT BLDG 48 | FINAL APPROVAL |



| | | | |
|----|------------|--|----------------|
| 36 | BUILDING | SUP#4:CONST TRASH COMP. ENCL HS05 | FINAL APPROVAL |
| 35 | PLUMBING | SUPL#3:PLUMBING FOR IN-GROUND POOL HS30 | FINAL APPROVAL |
| 34 | BLDG MISC | SUP#3;CONST INGROUND POOL ADDN HS13 | FINAL APPROVAL |
| 33 | FIRE | SUPL#2:BLDG#1:INSTALL FIRE ALARM SYSTEM HS7F | FINAL APPROVAL |
| 32 | FIRE | SUPL#2:CLUBHOUSE:INSTALL FIRE ALARM SYSTEM HS7F | FINAL APPROVAL |
| 31 | MECHANICAL | X | CANCELLED |
| 30 | MECHANICAL | BLDG#1:INST 33-2TON & 7-2.5 TON HVAC W/DTWK H7F | FINAL APPROVAL |
| 29 | MECHANICAL | CLUBHOUSE:INSTALL 2-5TON & 3-4 TON HVAC W/DUCTWRK | FINAL APPROVAL |
| 28 | PLUMBING | CLUBHOUSE:INSTALL IRRIGATION SYSTEM | FINAL APPROVAL |
| 27 | FIRE | CLUBHOUSE: INSTALL FIRE SPRINKLER SYSTEM HS30 | FINAL APPROVAL |
| 26 | FIRE | BLDG#1: INSTALL F/P SYSTEM FOR 3STY APT BLDG H30 | FINAL APPROVAL |
| 25 | ELECTRICAL | INST TEMP PWR POLE 125 AMP/1 PHASE HS13 | FINAL APPROVAL |
| 24 | FIRE | INSTALL U/G FIRE MAIN HS30 | FINAL APPROVAL |
| 23 | BLDG MISC | BLDG#1:INSTALL NEW SHINGLES ROOF 4/12 SLOPE | FINAL APPROVAL |
| 22 | ELECTRICAL | INSTALL TEMP POWER POLE 125AMP SNGL PHSE HS30 | FINAL APPROVAL |
| 21 | PLUMBING | BLDG#1:ROUGH IN & INSTALL PLBG FOR 40 UNIT APT BLD | FINAL APPROVAL |
| 20 | PLUMBING | SUPL#1:CLUBHOUSE:INSTALL PLBG FIXTURES HS7F | FINAL APPROVAL |
| 19 | ELECTRICAL | BLDG#1:ELECTRICAL WIRING FOR 40 UNIT APT BLDG HS7F | FINAL APPROVAL |
| 18 | ELECTRICAL | SUPL#1:ELECTRICAL WIRING FOR CLUBHOUSE HS7F | FINAL APPROVAL |
| 17 | PLUMBING | SITE UTILITIES W/ 9 CATCH BASINS HS7F | FINAL APPROVAL |
| 16 | ELECTRICAL | INSTALL TEMP POWER POLE & CONNECT CONSTR TRAILER | FINAL APPROVAL |

| | | | |
|----|--------------------------|---|----------------|
| 15 | FIRE | SUP#1:FIRE FINAL INSPECTION REQ'D HS05 | FINAL APPROVAL |
| 14 | BLDG MISC | SUP#1:CONV EX HOPSITAL TO CLUBHOUSE HS05 | FINAL APPROVAL |
| 13 | BUILDING | BLDG#1:CONST 3STY APARTMENT W/40 UNITS HS05 | FINAL APPROVAL |
| 12 | TREE/SITE TRANS/STORMWTR | SITE CLEARING/TREE REMOVAL HS3W | FINAL APPROVAL |
| 11 | TREE/SITE TRANS/STORMWTR | BLDG#1:SITE FINALS(LANDSCAPE,TRANSP,STORMWATER)3W | FINAL APPROVAL |
| 10 | MISC | TRANS.IMPACT FEE:CET/\$105,920/#19062 | CANCELLED |
| 9 | FIRE | BLDG#4:FIRE FINAL INSPECTION REQ'D HS05 | CANCELLED |
| 8 | FIRE | BLDG#3:FIRE FINAL INSPECTION REQ'D HS05 | CANCELLED |
| 7 | FIRE | BLDG#2:FIRE FINAL INSPECTION REQ'D HS05 | CANCELLED |
| 6 | FIRE | BLDG#1:FIRE FINAL INSPECTION REQ'D HS05 | FINAL APPROVAL |
| 5 | BUILDING | BLDG#4:CONST 3STY APARTMENT W/40 UNITS HS05 | CANCELLED |
| 4 | BUILDING | BLDG#3:CONST 3STY APARTMENT W/40 UNITS HS05 | CANCELLED |
| 3 | BUILDING | BLDG#2:CONST 3STY APARTMENT W/40 UNITS HS05 | CANCELLED |
| 2 | BUILDING | BLDG#1:CONST 3STY APARTMENT W/40 UNITS HS05 | CANCELLED |
| 1 | TREE/SITE TRANS/STORMWTR | SITE INSPECTION HS05 | FINAL APPROVAL |

End Of Project Summary For Project # 256781

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CITY OF TAMPA

Growth Management and Development Services

Construction Services Division

Project Summary

Project Number: 258204
Project Description: BLDG#2:(SR#256781)CNST 3-STY APT BLD W/40 UNITS
Status: PROJECT RECEIVED FINAL INSPECTION & APPROVAL
Address: 1302 E 21ST AVE
Owner: CAP DEVELOPMENT CO LLC
Contractor/Agent: ALLIANCE CONST LLC/JOHN
Contractor/Agent Phone #: (305) 443-2310
Notice Of Commencement: NOTICE OF COMMENCEMENT COPY RECEIVED

Certificates Of Occupancy

| Number | Issued | Description | Type | Permit # |
|------------|------------|---------------------------|-----------|----------|
| 258204 001 | 09/30/2005 | BLDG 2 CNST 3STY APT BLDG | FINAL ISS | 1 |

No Unsatisfied Conditions (for C.O.) Or Inspection Request Comments

Permits On This Project

| Permit | Type | Description | Status |
|--------|------------|--|----------------|
| 11 | FIRE | SUPL#1:BLDG#2:INSTALL FIRE ALARM SYSTE HS7F | FINAL APPROVAL |
| 10 | MECHANICAL | BL#2:INSTL 33-2 TON & 7-2.5 TON HVAC FOR APT BLDG | FINAL APPROVAL |
| 9 | PLUMBING | BLDG#2:INSTALL IRRIGATION SYSTEM FOR APT BLDG 7F | FINAL APPROVAL |
| 8 | FIRE | BLDG#2: INST FIRE SPRINKLER SYST FOR 3STY BLDG H30 | FINAL APPROVAL |
| 7 | BLDG MISC | BLDG#2:INSTALL NEW SHINGLE ROOF 4/12 SLOPE HS7F | FINAL APPROVAL |
| 6 | PLUMBING | BLDG#2:ROUGH IN & INSTL PLB FOR 40 UNIT APT BLDG | FINAL APPROVAL |
| 5 | ELECTRICAL | BLDG#2:ELECTRICAL WIRING FOR 40 UNIT APT BLDG HS7F | FINAL APPROVAL |
| 4 | MISC | BLDG#2: REFER TO P#256781 FOR ANY PERTAINING CHLDS | FINAL APPROVAL |

| | | | |
|---|-----------------------------|--|-------------------|
| 3 | TREE/SITE TRANS/STORMWTR | BLDG#2:STORM,TRANS & LANDSC FINAL INSP REQ'D HS05 | FINAL APPROVAL |
| 2 | FIRE | BLDG#2:FIRE FINAL INSPECTION REQ'D HS05 | FINAL APPROVAL |
| 1 | BUILDING | BLDG#2:CONST 3STY APT BLDG W/40 UNITS HS05 | FINAL APPROVAL |

End Of Project Summary For Project # 258204



CITY OF TAMPA

Growth Management and Development Services

Construction Services Division

Project Summary

Project Number: 258205

Project Description: BLD#3:(SR#256781)CNST 3-STY APT BLD W/40 UNITS

Status: PROJECT RECEIVED FINAL INSPECTION & APPROVAL

Address: 1302 E 21ST AVE

Owner: CAP DEVELOPMENT CO LLC

Contractor/Agent: ALLIANCE CONST LLC/JOHN

Contractor/Agent Phone #: (305) 443-2310

Notice Of Commencement: NOTICE OF COMMENCEMENT COPY RECEIVED

Certificates Of Occupancy

| Number | Issued | Description | Type | Permit # |
|------------|------------|-----------------------------|-----------|----------|
| 258205 001 | 09/13/2005 | BLDG 3 3-STY APARTMENT BLDG | FINAL ISS | 1 |

No Unsatisfied Conditions (for C.O.) Or Inspection Request Comments

Permits On This Project

| Permit | Type | Description | Status |
|--------|------------|--|----------------|
| 11 | MECHANICAL | BLDG#3:INSTL 33-2 TON & 7-2.5 TON HVAC FOR APT BLD | FINAL APPROVAL |
| 10 | FIRE | SUPL#1:BLDG#3:INSTALL FIRE ALARM SYSTEM HS7F | FINAL APPROVAL |
| 9 | PLUMBING | BLDG#3:INSTALL IRRIGATION SYSTEM FOR APT BLDG 7F | FINAL APPROVAL |
| 8 | FIRE | BLDG#3: INST FIRE SPRINKLER SYST FOR 3STY BLDG H30 | FINAL APPROVAL |
| 7 | BLDG MISC | BLDG#3:INSTALL NEW SHINGLE ROOF 4/12 SLOPE HS7F | FINAL APPROVAL |
| 6 | PLUMBING | BLDG#3:ROUGH IN & INSTL PLBG FOR 40 UNIT APT BLDG | FINAL APPROVAL |
| 5 | ELECTRICAL | BLDG#3:ELECTRICAL WIRING FOR 40 UNIT APT BLDG 7F | FINAL APPROVAL |
| 4 | MISC | BLD#3:REFER TO P#256781 FOR ANY PERTAINING CHLDS | FINAL APPROVAL |

| | | | |
|---|-----------------------------|---|-------------------|
| 3 | TREE/SITE TRANS/STORMWTR | BLDG#3:TRANS.STORM & LANDSC FINAL REQ'D HS05 | FINAL APPROVAL |
| 2 | FIRE | BLDG#3:FIRE FINAL INSPECTION REQ'D HS05 | FINAL APPROVAL |
| 1 | BUILDING | BLDG#3:CONST 1-3STY APT BLDG W/40 UNITS HS05 | FINAL APPROVAL |

End Of Project Summary For Project # 258205

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CITY OF TAMPA

Growth Management and Development Services

Construction Services Division

Project Summary

Project Number: 258206
Project Description: BLDG#4:(SR#256781)CNST 3-STY APT BLD W/40 UNITS
Status: PROJECT RECEIVED FINAL INSPECTION & APPROVAL
Address: 1302 E 21ST AVE
Owner: CAP DEVELOPMENT CO LLC
Contractor/Agent: ALLIANCE CONST LLC/JOHN
Contractor/Agent Phone #: (305) 443-2310
Notice Of Commencement: NOTICE OF COMMENCEMENT COPY RECEIVED

Certificates Of Occupancy

| Number | Issued | Description | Type | Permit # |
|------------|------------|------------------------|-----------|----------|
| 258206 001 | 11/17/2005 | BLDG 4 1-STY APARTMENT | FINAL ISS | 1 |

No Unsatisfied Conditions (for C.O.) Or Inspection Request Comments

Permits On This Project

| Permit | Type | Description | Status |
|--------|------------|--|----------------|
| 11 | MECHANICAL | BLDG#4:INSTL 33-2TON & 7-2.5 TON HVAC FOR APT BLDG | FINAL APPROVAL |
| 10 | FIRE | SUPL#1:BLDG#4:INSTALL FIRE ALARM HS7F | FINAL APPROVAL |
| 9 | PLUMBING | BLDG#4:INSTALL IRRIGATION SYSTEM FOR APT BLDG 7F | FINAL APPROVAL |
| 8 | FIRE | BLDG#4: INSTALL FIRE SPRINK SYST FOR 3STY BLDG | FINAL APPROVAL |
| 7 | BLDG MISC | BLDG#4:INSTALL NEW SHINGLE ROOF 4/12 SLOPE HS7F | FINAL APPROVAL |
| 6 | PLUMBING | BLDG#4:ROUGH IN & INSTL PLBG FOR 40 UNIT APT BLDG | FINAL APPROVAL |
| 5 | ELECTRICAL | BLDG#4:ELECTRICAL WIRING FOR 40 UNIT APT BLDG H7F | FINAL APPROVAL |
| 4 | MISC | BLDG#3:REFER TO P#256781 FOR ANY PERTAINING CHLDS | FINAL APPROVAL |

| | | | |
|---|-----------------------------|---|-------------------|
| 3 | TREE/SITE TRANS/STORMWTR | BLDG#4:STORM,LANDC, & TRANS FINAL REQ'D HS05 | FINAL APPROVAL |
| 2 | FIRE | BLDG#4:FIRE FINAL INSPECTION REQ'D HS05 | FINAL APPROVAL |
| 1 | BUILDING | BLDG#4:CONST 1-STY APT BLDG W/40UNITS HS05 | FINAL APPROVAL |

End Of Project Summary For Project # 258206

Low-Income Housing Credit Allocation and Certification

OMB No. 1545-0069

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if: Addition to Qualified Basis Amended Form

| | |
|--|---|
| A Address of building (do not use P.O. box) (see instructions) Centro Asturiano Place- Bldg 1 1302 East 21st Avenue Tampa, FL 33605 | B Name and address of housing credit agency Florida Housing Finance Corporation 227 N. Bronough Street, Suite 5000 Tallahassee, Florida 32301-1329 |
| C Name, address, and ZIP of building owner receiving allocation CAP Development Company, LLC 101 E. Kennedy Blvd. 6th floor Tampa, FL 33602 TIN ▶ 593630197 | D Employer identification number of agency 59-3451366 E Building identification number (BIN) FL03-02701 |

| | | | |
|---|--|-----------|-----------------------|
| 1a Date of allocation ▶ 12 / 23 / 2003 | b Maximum housing credit dollar amount allowable | 1b | \$294,711.00 |
| 2 Maximum applicable credit percentage allowable | | 2 | 8.01 % |
| 3a Maximum qualified basis | | 3a | \$1,679,289.00 |
| b Check here: <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions) | | 3b | 1 3 0 % |
| 4 Percentage of the aggregate basis financed by tax-exempt bonds (if zero, enter -0-) | | 4 | % |
| 5 Date building placed in service ▶ 8 / 3 / 2005 | | | |
| 6 Check the boxes that describe the allocation for the building (check those that apply): | | | |
| a <input checked="" type="checkbox"/> Newly constructed and federally subsidized b <input type="checkbox"/> Newly constructed and not federally subsidized c <input type="checkbox"/> Existing building | | | |
| d <input type="checkbox"/> Sec. 42(a) rehabilitation expenditures federally subsidized e <input type="checkbox"/> Sec. 42(a) rehabilitation expenditures not federally subsidized | | | |
| f <input type="checkbox"/> Not federally subsidized by reason of 40-60 rule under sec. 42(i)(2)(E) g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(i)(9) | | | |

Signature of Authorized Housing Credit Agency Official—Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined the form and to the best of my knowledge and belief, the information is true, correct, and complete.

| | | |
|----------------------------------|--|---------|
| <i>Vicki A. Robinson</i> | Vicki A. Robinson, Deputy Dev. Officer | 8/25/06 |
| Signature of authorized official | Name (please type or print) | Date |

Part II First-Year Certification—Completed by Building Owners with respect to the First Year of the Credit Period

| | | |
|---|--|--|
| 7 Eligible basis of building (see instructions) | 7 | |
| 8a Original qualified basis of the building at close of first year of credit period | 8a | |
| b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8a If box 7a or box 8d is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(i)(3))? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10 Check the appropriate box for each election: | | |
| <i>Caution: Once made, the following elections are irrevocable.</i> | | |
| a Elect to begin credit period the first year after the building is placed in service (section 42(g)(1)) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b Elect not to treat large partnership as taxpayer (section 42(i)(5)) | <input type="checkbox"/> Yes | |
| c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60 <input type="checkbox"/> 25-60 (N.Y.C. only) | | |
| d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions) | <input type="checkbox"/> 15-40 | |

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

| | | |
|-----------------------------|--------------------------------|------|
| | | |
| Signature | Taxpayer identification number | Date |
| | | |
| Name (please type or print) | Tax year | |



**Low-Income Housing Credit Allocation
 and Certification**

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if: Addition to Qualified Basis Amended Form

A. Address of building (do not use P.O. box) (see instructions)

Centro Asturiano Place- Bldg 2
 1302 East 21st Avenue
 Tampa, FL 33605

B. Name and address of housing credit agency

Florida Housing Finance Corporation
 227 N. Bronough Street, Suite 5000
 Tallahassee, Florida 32301-1329

C. Name, address, and TIN of building owner receiving allocation

CAP Development Company, LLC
 101 E. Kennedy Blvd. 6th floor
 Tampa, FL 33602

D. Employer identification number of agency

50-3451366

E. Building identification number (BIN)

FL03-02702

TIN ▶ 593630197

| | | | |
|---|---|----|----------------|
| 1a. Date of allocation ▶ 12 / 23 / 2003 | b. Maximum housing credit dollar amount allowable | 1b | \$294,711.00 |
| 2. Maximum applicable credit percentage allowable | | 2 | 0.01 % |
| 3a. Maximum qualified basis | | 3a | \$3,679,289.00 |
| b. Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions) | | 3b | 1 3 0 % |
| 4. Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-) | | 4 | % |
| 5. Date building placed in service | ▶ 9 / 30 / 2005 | | |
| 6. Check the boxes that describe the allocation for the building (check those that apply): | | | |
| a <input checked="" type="checkbox"/> Newly constructed and federally subsidized b <input type="checkbox"/> Newly constructed and not federally subsidized c <input type="checkbox"/> Existing building | | | |
| d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized | | | |
| f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(i)(2)(E) g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(i)(5) | | | |

Signature of Authorized Housing Credit Agency Official—Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Vicki A. Robinson ▶ Vicki A. Robinson, Deputy Dev. Officer ▶ 8/25/06
 Signature of authorized official Name (please type or print) Date

Part II First-Year Certification—Completed by Building Owners with respect to the First Year of the Credit Period

| | | |
|---|--|--|
| 7. Eligible basis of building (see instructions) | 7 | |
| 8a. Original qualified basis of the building at close of first year of credit period | 8a | |
| b. Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9a. If box 8a or box 8d is checked, do you elect to reduce eligible basis under section 42(j)(2)(B)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i> | | |
| a. Elect to begin credit period the first year after the building is placed in service (section 42(f)(1)) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Elect not to treat large partnership as taxpayer (section 42(j)(3)) | <input type="checkbox"/> Yes | |
| c. Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60 | <input type="checkbox"/> 35-60 (N.Y.C. only) | |
| d. Elect deep rent skewed project (section 142(i)(4)(B)) (see instructions) | <input type="checkbox"/> 15-40 | |

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Taxpayer identification number Date
 Name (please type or print) Tax year

Low-Income Housing Credit Allocation and Certification

OMB No. 1545-0080

Part I Allocation of Credit. *Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.*

Check if Addition to Qualified Basis Amended Form

| | |
|--|---|
| A Address of building (do not use P.O. box) (see instructions) Centro Asturiano Place- Bldg 3 1302 East 24th Avenue Tampa, FL 33605 | B Name and address of housing credit agency Florida Housing Finance Corporation 227 N. Bronough Street, Suite 5000 Tallahassee, Florida 32301-1329 |
| C Name, address, and TIN of building owner receiving allocation CAP Development Company, LLC 101 E. Kennedy Blvd. 6th floor Tampa, FL 33602 TIN ▶ 593630197 | D Employer identification number of agency <p style="text-align: center;">59-3451366</p> E Building identification number (BIN) <p style="text-align: center;">FL03-02703</p> |

| | | | |
|---|--|----|----------------|
| 1a Date of allocation ▶ 12 / 23 / 2003 | b Maximum housing credit dollar amount allowable | 1b | \$294,711.00 |
| 2 Maximum applicable credit percentage allowable | | 2 | 8.01 % |
| 3a Maximum qualified basis | | 3a | \$3,679,289.00 |
| b Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(d)(5)(C). Enter the percentage to which the eligible basis was increased (see instructions). | | 3b | 1 3 0 % |
| 4 Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-.) | | 4 | % |
| 5 Date building placed in service ▶ 9 / 13 / 2005 | | | |
| 6 Check the boxes that describe the allocation for the building (check those that apply): | | | |
| a <input checked="" type="checkbox"/> Newly constructed and federally subsidized b <input type="checkbox"/> Newly constructed and not federally subsidized c <input type="checkbox"/> Existing building | | | |
| d <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized e <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized | | | |
| f <input type="checkbox"/> Not federally subsidized by reason of 40-50 rule under sec. 42(j)(2)(E) g <input type="checkbox"/> Allocation subject to nonprofit set-aside under sec. 42(f)(5) | | | |

Signature of Authorized Housing Credit Agency Official—Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Vicki A. Robinson Vicki A. Robinson, Deputy Dev. Officer 8/25/06
 Signature of authorized official Name (please type or print) Date

Part II First-Year Certification—Completed by Building Owners with respect to the First Year of the Credit Period

| | | |
|--|----|--|
| 7 Eligible basis of building (see instructions) | 7 | |
| 8a Original qualified basis of the building at close of first year of credit period | 8a | |
| b Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9a If box 8a or box 8b is checked, do you elect to reduce eligible basis under section 42(j)(2)(B)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(j)(3))? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 Check the appropriate box for each election: <i>Caution: Once made, the following elections are irrevocable.</i> | | |
| a Elect to begin credit period the first year after the building is placed in service (section 42(f)(1)) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Elect not to treat large partnership as taxpayer (section 42(i)(5)) | | <input type="checkbox"/> Yes |
| c Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60 | | <input type="checkbox"/> 25-50 (N.Y.C. only) |
| d Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions) | | <input type="checkbox"/> 15-40 |

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature: _____ Taxpayer identification number: _____ Date: _____
 Name (please type or print): _____ Tax year: _____

**Low-Income Housing Credit Allocation
 and Certification**

Part I Allocation of Credit. Caution: Use for allocations made in 2005 and later or, in the case of buildings financed with tax-exempt bonds, bonds issued or buildings placed in service in 2005 or later.

Check if Addition to Qualified Basis Amended Form

A Address of building (do not use P.O. box) (see instructions)

Centro Asturiano Place- Bldg 4
 1302 East 21st Avenue
 Tampa, FL 33605

B Name and address of housing credit agency

Florida Housing Finance Corporation
 227 N. Bronough Street, Suite 5000
 Tallahassee, Florida 32301-1329

C Name, address, and TIN of building owner receiving a location

CAP Development Company, LLC
 101 E. Kennedy Blvd. 6th floor
 Tampa, FL 33602

D Employer identification number of agency

59-3451366

E Building identification number (BIN)

FL03-02704

TIN ▶ 593630107

| | | | | | |
|----|--|----|--|----|--|
| 1a | Date of allocation ▶ 12 / 23 / 2003 | b | Maximum housing credit dollar amount allowable | 1b | \$294,711.00 |
| 2 | Maximum applicable credit percentage allowable | 2 | | 2 | 8.01 % |
| 3a | Maximum qualified basis | 3a | | 3a | \$3,679,289.00 |
| b | Check here <input type="checkbox"/> if the eligible basis used in the computation of line 3a was increased under the high-cost area provisions of section 42(c)(6)(C). Enter the percentage to which the eligible basis was increased (see instructions) | 3b | | 3b | 1.30 % |
| 4 | Percentage of the aggregate basis financed by tax-exempt bonds. (If zero, enter -0-) | 4 | | 4 | % |
| 5 | Date building placed in service ▶ 11 / 17 / 2005 | 5 | | 5 | |
| 6 | Check the boxes that describe the allocation for the building (check those that apply): | 6 | | 6 | |
| a | <input checked="" type="checkbox"/> Newly constructed and federally subsidized | b | <input type="checkbox"/> Newly constructed and not federally subsidized | c | <input type="checkbox"/> Existing building |
| d | <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures federally subsidized | e | <input type="checkbox"/> Sec. 42(e) rehabilitation expenditures not federally subsidized | | |
| f | <input type="checkbox"/> Not federally subsidized by reason of 45-50 rule under sec. 42(i)(2)(E) | g | <input type="checkbox"/> Allocation subject to nonrefund set-aside under sec. 42(i)(5) | | |

Signature of Authorized Housing Credit Agency Official—Completed by Housing Credit Agency Only

Under penalties of perjury, I declare that the allocation made is in compliance with the requirements of section 42 of the Internal Revenue Code, and that I have examined this form and to the best of my knowledge and belief, the information is true, correct, and complete.

Vicki A. Robinson Signature of authorized official
 Vicki A. Robinson, Deputy Dev. Officer Name (please type or print)
 8/25/06 Date

Part II First-Year Certification—Completed by Building Owners with respect to the First Year of the Credit Period

| | | | |
|----|--|--|--|
| 7 | Eligible basis of building (see instructions) | 7 | |
| 8a | Original qualified basis of the building at close of first year of credit period | 8a | |
| b | Are you treating this building as part of a multiple building project for purposes of section 42 (see instructions)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9a | If box 8a or box 8b is checked, do you elect to reduce eligible basis under section 42(i)(2)(B)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b | Do you elect to reduce eligible basis by disproportionate costs of non-low income units (section 42(d)(3)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Check the appropriate box for each election. Caution: Once made, the following elections are irrevocable. | | |
| a | Elect to begin credit period the first year after the building is placed in service (section 42(i)(1)) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b | Elect not to treat large partnership as taxpayer (section 42(i)(5)) | <input type="checkbox"/> Yes | |
| c | Elect minimum set-aside requirement (section 42(g)) (see instructions) <input type="checkbox"/> 20-50 <input type="checkbox"/> 40-60 | <input type="checkbox"/> 25-60 (N.Y.C. only) | |
| d | Elect deep rent skewed project (section 142(d)(4)(B)) (see instructions) | <input type="checkbox"/> 15-40 | |

Under penalties of perjury, I declare that the above building continues to qualify as a part of a qualified low-income housing project and meets the requirements of Internal Revenue Code section 42. I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Taxpayer identification number Date
 Name (please type or print) Tax year

Brief Statement of Explanation regarding
Application 2011 – 124C

Provide a separate brief statement for each Cure

In the Scoring Summary Report dated as of 2/22/2012 (the "Scoring Summary Report"), Item 3P, the Application received zero points for Senior Center Proximity.

Attached hereto is a revised Exhibit 25 which includes a Senior Center making the application eligible for proximity points for the Senior Center in addition to the 34.00 proximity points already awarded to the Applicant pursuant to the Preliminary and NOPSE scoring summaries.



2011 UNIVERSAL CYCLE - SURVEYOR CERTIFICATION FOR COMPETITIVE HC APPLICATIONS

Name of Development: The Reed at Encore
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: See Exhibit "A" attached hereto
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.) * If the Development consists of Scattered Sites, the Development Location stated above must reflect the Scattered Site where the Tie-Breaker Measurement Point is located.)

The undersigned Florida licensed surveyor confirms that the method used to determine the following latitude and longitude coordinates conforms to Rule 61G17-6, F.A.C.:

| | | | | | | |
|--|---------------------|-------------------|---|---------------------|-------------------|---|
| State the Tie-Breaker Measurement Point: | N <u>27</u> Degrees | <u>57</u> Minutes | <u>21.5</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>09.8</u> Seconds (truncated after 1 decimal place) |
|--|---------------------|-------------------|---|---------------------|-------------------|---|

If the Development consists of Scattered Sites, is a part of the boundary of each Scattered Site located within 1/2 mile of the Scattered Site with the most units?
 Yes or No (Must check one if Development consists of Scattered Sites.)³

To be eligible for proximity tie-breaker points, Degrees and Minutes must be stated as whole numbers and Seconds must be truncated after 1 decimal place. The Corporation will utilize Street Atlas USA 2010, published by DeLorme, to determine the proximity of an eligible service to the proposed Development's Tie-Breaker Measurement Point.

Transit Service - State the latitude and longitude coordinates for one (1) Transit Service on the chart below.³

| Public Bus Stop | Latitude | | | Longitude | | |
|---|---------------------|-------------------|---|---------------------|-------------------|---|
| | N Degrees | Minutes | Seconds (truncated after 1 decimal place) | W Degrees | Minutes | Seconds (truncated after 1 decimal place) |
| Public Bus Transfer Stop or Public Bus Rapid Transit Stop | N <u>27</u> Degrees | <u>57</u> Minutes | <u>11.1</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>13.1</u> Seconds (truncated after 1 decimal place) |
| Public Rail Station | N _____ Degrees | _____ Minutes | _____ Seconds (truncated after 1 decimal place) | W _____ Degrees | _____ Minutes | _____ Seconds (truncated after 1 decimal place) |

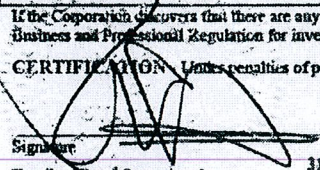
Tier 1 and Tier 2 Services - State the Name, Address and latitude and longitude coordinates of the closest service(s) on the chart below.³

| Tier 1 Services: | Latitude | | | Longitude | | |
|--|---------------------|-------------------|---|---------------------|-------------------|---|
| | N Degrees | Minutes | Seconds (truncated after 1 decimal place) | W Degrees | Minutes | Seconds (truncated after 1 decimal place) |
| Grocery Store: Name - <u>Oceanic Supermarket</u> Address - <u>1609 N. Tampa St. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>27.5</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>38.4</u> Seconds (truncated after 1 decimal place) |
| Public School: Name - <u>N/A</u> Address - <u>N/A</u> | N _____ Degrees | _____ Minutes | _____ Seconds (truncated after 1 decimal place) | W _____ Degrees | _____ Minutes | _____ Seconds (truncated after 1 decimal place) |
| Medical Facility: Name - <u>Tampa Family Health Center</u> Address - <u>1514 N. Florida Ave. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>32.9</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>34.9</u> Seconds (truncated after 1 decimal place) |
| Senior Center: Name - <u>Riverside Senior Center</u> Address - <u>829 W Dr M L King Jr Blvd #105 Tampa, FL</u> | N <u>27</u> Degrees | <u>58</u> Minutes | <u>54.9</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>28</u> Minutes | <u>16.3</u> Seconds (truncated after 1 decimal place) |
| Tier 2 Services: | Latitude | | | Longitude | | |
| Public Park: Name - <u>Perry Harvey Park</u> Address - <u>900 E. Scott St. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>22.6</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>18.3</u> Seconds (truncated after 1 decimal place) |
| Community Center: Name - <u>Kid Mason Community Center</u> Address - <u>1101 N. Jefferson St. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>15.5</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>22.7</u> Seconds (truncated after 1 decimal place) |
| Pharmacy: Name - <u>BioScrip Pharmacy</u> Address - <u>1315 E. 7th Ave. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>36.7</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>26</u> Minutes | <u>41.7</u> Seconds (truncated after 1 decimal place) |
| Public Library: Name - <u>Robert W. Saunders, Sr. Pub. Lib</u> Address - <u>1496 N. Macdill Ave. Tampa, FL</u> | N <u>27</u> Degrees | <u>57</u> Minutes | <u>29.5</u> Seconds (truncated after 1 decimal place) | W <u>82</u> Degrees | <u>27</u> Minutes | <u>03.1</u> Seconds (truncated after 1 decimal place) |

If the Corporation discovers that there are any false statements made in this certification, the Corporation will forward a copy to the State of Florida Department of Business and Professional Regulation for investigation.

CERTIFICATION: Under penalties of perjury, I declare that the foregoing statement is true and correct.

Richard C. Hinson, VP

Signature:  Print or Type Name and Title of Signatory: Richard C. Hinson, VP Florida License Number: LS3840
 Hamilton Eng. & Surveying, Inc. 311 N. Newport Avenue, Tampa, FL 33606 Telephone Number (including area code): 813-250-3535
 Name of Surveyor: _____ Address (street address, city, state): _____ Telephone Number (including area code): _____

UA1016 (Rev. 2-11) 67-48.004(1)(a); 67-21.003(1)(a), F.A.C. Provide Behind a Tab Labeled "Exhibit 25"
 This certification, consists of 2 pages. This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. If the certification is inappropriately signed, the Application will not be eligible to receive proximity tie-breaker points. If this certification contains corrections or "white-out", or if it is scanned, imaged, altered, or retyped, the Application will not be eligible to receive proximity tie-breaker points. The Application may still be eligible for automatic points. The certification may be photocopied. To be considered for scoring purposes, at least page 1 of this 2 page certification form must be provided by the Applicant.

¹ Tie-Breaker Measurement Point means a single point selected by the Applicant on the proposed Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. For a Development which consists of Scattered Sites, this means a single point on one of the Scattered Sites which comprise the Development site that is located within 100 feet of a residential building existing or to be constructed as part of the proposed Development. In addition, the Tie-Breaker Measurement Point must be located on the site with the most units.

² If the proposed Development meets the definition of Scattered Sites, a part of the boundary of each Scattered Site must be located within 1/2 mile of the Scattered Site with the most units. "Scattered Sites," as applied to a single Development, means a Development site that, when taken as a whole, is comprised of real property that is not contiguous (each such non-contiguous site within a Scattered Site Development, a "Scattered Site"). For purposes of this definition "contiguous" means touching at a point or along a boundary. Real property is contiguous if the only intervening real property interest is an easement provided the easement is not a roadway or street. (See Rule 67-48.002, F.A.C.)

³ The latitude and longitude coordinates for all Proximity Services must represent a point as outlined below. The coordinates for each service must be stated in degrees, minutes and seconds, with the degrees and minutes stated as whole numbers and the seconds truncated after one decimal place. If the degrees and minutes are not stated as whole numbers and the seconds are not truncated after one decimal place, the Applicant will not be eligible for proximity tie-breaker points for that service.

The Corporation will utilize Street Atlas USA 2010, published by DeLorme, using the method described below, to determine the proximity of an eligible service to the proposed Development's Tie-Breaker Measurement Point.

| Service | Location where latitude and longitude coordinates must be obtained | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|--------------------------------|---------------------------|----------------------------|-----------------------|----------------------------|----------------|----------------------------|--------------------------|----------------------------|-------------------|----------------------------|------------------|----------------------------|----------------------|----------------------------|------------------|----------------------------|-----------------------------|----------------------------|------------------------|---------------------------|----------------------|----------------------------|------------------------------|---------------------------|
| Grocery Store, Public School, Medical Facility, Community Center, Senior Center, Public Library and Pharmacy | Coordinates must represent a point that is on the doorway threshold of an exterior entrance that provides direct public access to the building where the service is located. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Park | Coordinates must represent a point that is on the premises; however, the point may not be located in the parking lot, street, or any area that is not intended for recreational activities. Additionally, if the area intended for recreational activities is enclosed, the coordinates must represent the public ingress/egress point of entry to the enclosed area. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Bus Stop, Public Bus Rapid Transit Stop, Public Bus Transfer Stop and Public Rail Station | With the exception of SunRail Rail Stations, coordinates must represent the location where passengers may embark and disembark the bus or train. SunRail Rail Stations coordinates must represent the coordinates listed below: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Station Name</th> <th>Latitude/Longitude Coordinates</th> </tr> </thead> <tbody> <tr> <td>Altamonte Springs Station</td> <td>N 28 39 50.1, W 81 21 23.4</td> </tr> <tr> <td>Church Street Station</td> <td>N 28 32 20.3, W 81 22 50.6</td> </tr> <tr> <td>DeBary Station</td> <td>N 28 51 20.3, W 81 19 24.1</td> </tr> <tr> <td>Florida Hospital Station</td> <td>N 28 34 21.8, W 81 22 17.4</td> </tr> <tr> <td>Lake Mary Station</td> <td>N 28 45 31.8, W 81 19 04.3</td> </tr> <tr> <td>Longwood Station</td> <td>N 28 42 04.1, W 81 20 43.4</td> </tr> <tr> <td>LYNX Central Station</td> <td>N 28 32 52.2, W 81 22 51.0</td> </tr> <tr> <td>Maitland Station</td> <td>N 28 38 03.7, W 81 21 44.7</td> </tr> <tr> <td>Orlando Amtrak/ORMC Station</td> <td>N 28 31 39.5, W 81 22 55.6</td> </tr> <tr> <td>Sand Lake Road Station</td> <td>N 28 27 11.3, W 81 22 1.0</td> </tr> <tr> <td>Sanford/SR46 Station</td> <td>N 28 48 49.8, W 81 17 56.9</td> </tr> <tr> <td>Winter Park/Park Ave Station</td> <td>N 28 35 51.5, W 81 21 6.0</td> </tr> </tbody> </table> | Station Name | Latitude/Longitude Coordinates | Altamonte Springs Station | N 28 39 50.1, W 81 21 23.4 | Church Street Station | N 28 32 20.3, W 81 22 50.6 | DeBary Station | N 28 51 20.3, W 81 19 24.1 | Florida Hospital Station | N 28 34 21.8, W 81 22 17.4 | Lake Mary Station | N 28 45 31.8, W 81 19 04.3 | Longwood Station | N 28 42 04.1, W 81 20 43.4 | LYNX Central Station | N 28 32 52.2, W 81 22 51.0 | Maitland Station | N 28 38 03.7, W 81 21 44.7 | Orlando Amtrak/ORMC Station | N 28 31 39.5, W 81 22 55.6 | Sand Lake Road Station | N 28 27 11.3, W 81 22 1.0 | Sanford/SR46 Station | N 28 48 49.8, W 81 17 56.9 | Winter Park/Park Ave Station | N 28 35 51.5, W 81 21 6.0 |
| Station Name | Latitude/Longitude Coordinates | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Altamonte Springs Station | N 28 39 50.1, W 81 21 23.4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Church Street Station | N 28 32 20.3, W 81 22 50.6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DeBary Station | N 28 51 20.3, W 81 19 24.1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Florida Hospital Station | N 28 34 21.8, W 81 22 17.4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lake Mary Station | N 28 45 31.8, W 81 19 04.3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Longwood Station | N 28 42 04.1, W 81 20 43.4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LYNX Central Station | N 28 32 52.2, W 81 22 51.0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maitland Station | N 28 38 03.7, W 81 21 44.7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orlando Amtrak/ORMC Station | N 28 31 39.5, W 81 22 55.6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sand Lake Road Station | N 28 27 11.3, W 81 22 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sanford/SR46 Station | N 28 48 49.8, W 81 17 56.9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Winter Park/Park Ave Station | N 28 35 51.5, W 81 21 6.0 | | | | | | | | | | | | | | | | | | | | | | | | | | |

If there is no exterior public entrance to the Tier 1 or Tier 2 Service, then a point should be used that is at the exterior entrance doorway threshold that is the closest walking distance to the doorway threshold of the interior public entrance to the service. For example, for a Pharmacy located within an enclosed shopping mall structure that does not have a direct public exterior entrance, the latitude and longitude coordinates at the doorway threshold of the exterior public entrance to the enclosed shopping mall that provide the shortest walking distance to the doorway threshold of the interior entrance to the Pharmacy would be used.

The Applicant may not use any other Tier 1 or Tier 2 Service for multiple point items unless they are separate functioning services that are housed at the same location. For instance, an Applicant may not use a Senior Center as both a Senior Center and a Community Center. However, Applicants may use the same latitude and longitude coordinates for the Grocery Store, Medical Facility and/or Pharmacy if the Grocery Store, Medical Facility and/or Pharmacy is housed at the same location.

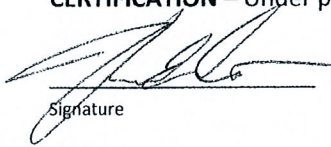
EXHIBIT "A"
THE REED AT ENCORE

A parcel of property located South of Scott Street, West of Nebraska Avenue, East of North Governor Street and North of India Street; all located within the City of Tampa, Hillsborough County, Florida.

2011 Universal Cycle – Surveyor Certification for NOPSE or NOAD

- (i) Name of Development: The Reed at Encore
Application Number: 2011-124C
- (ii) Provided latitude and longitude coordinates for Medical Facility that were not obtained by the method described in the 2011 Universal Application Instructions:
a. Latitude: N27 57 32.9 Longitude: W82 27 34.9
- (iii) Latitude and longitude coordinates for Medical Facility that were obtained by the method described in 2011 Universal Application Instructions:
a. Latitude: N27 57 34.0 Longitude: W82 27 35.4
- (iv) The number of feet from the latitude and longitude coordinates for the service provided by the Applicant to the latitude and longitude coordinates derived as required in (iii) above:
a. Number of feet: 119.8

CERTIFICATION – Under penalties of perjury, I declare that the foregoing statement is true and correct.


Signature

Vincent E. Corbitt
Print or Type Name of Signatory

LS4608
Florida License Number

Land Precision Corporation
Name of Surveyor

2683 Sunset Point Road, Clearwater, FL 33759
Address (street address, city, state)

727-796-2737
Telephone Number (including area code)

This certification consists of 2 pages. Find the surveyor provided sketch of the service on page 2.

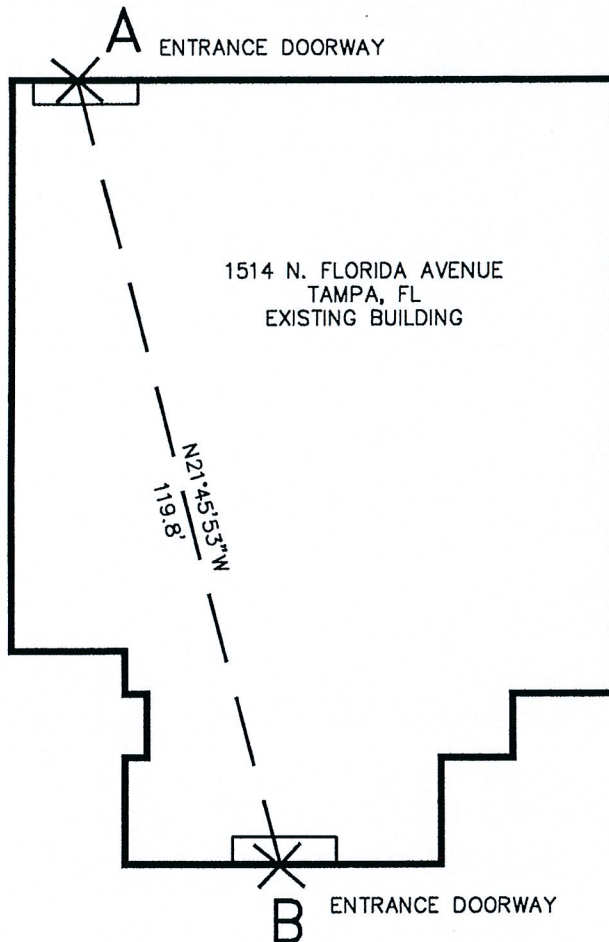


SECTION 13, TOWNSHIP 29 SOUTH, RANGE 18 EAST, HILLSBOROUGH COUNTY, FLORIDA

E. HENDERSON AVENUE

TAMPA FAMILY H.C.
A - N 27 57 34.0
W 82 27 35.4

SALVATION ARMY
B - N 27 57 32.9
W 82 27 34.9



N. FLORIDA AVENUE



SURVEYORS REPORT

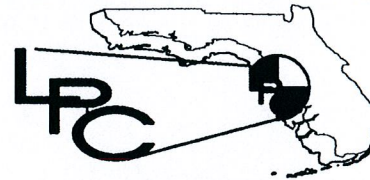
PROJECT NAME: MADISON HEIGHTS, 2011 UNIVERSAL CYCLE

PURPOSE OF SKETCH: PROMDE SURVEYOR CERTIFICATION PURSUANT TO NOPSE OR NOAD INSTRUCTIONS FOR SURVEYOR CERTIFICATION (PAGE 39).
SURVEYORS REPORT:

- 1.) THE SKETCH IS BASED ON THE LATITUDE AND LONGITUDE COORDINATES SURVEYED / UTILIZED FOR THE 2011 UNIVERSAL CYCLE - SURVEYOR CERTIFICATION FOR COMPETITIVE BC APPLICATIONS.
- 2.) THE SKETCH PROVIDES FOR THE LOCATION OF THE DIRECT PUBLIC EXTERIOR ENTRANCE AT THE DOORWAY THRESHOLD WHERE THE SERVICE IS LOCATED.
- 3.) THE LATITUDE AND LONGITUDE COORDINATES FOR POINT "A" AS SHOWN REPRESENTS THE MADISON HEIGHTS 2011 UNIVERSAL CYCLE APPLICATION WAS SURVEYED BY THIS FIRM. THE LATITUDE AND LONGITUDE COORDINATES FOR POINT "B" WERE PROVIDED AND REPRESENTED AS THE REED AT ENCORE 2011 UNIVERSAL CYCLE APPLICATION.
- 4.) THE SKETCH PROVIDES FOR THE LOCATION OF THE EXISTING BUILDING IN RESPECT TO THE COORDINATE LOCATIONS. THE OUTLINE OF THE BUILDING WAS PROTRACTED FROM THE INFORMATION SHOWN ON THE HILLSBOROUGH COUNTY PROPERTY APPRAISERS WEBSITE.
- 5.) THE BEARING AND DISTANCE SHOWN IS AN INVERSE MEASUREMENT. BEARING BASIS IS PER SUCH INVERSE MEASUREMENT OF THE LATITUDE AND LONGITUDE COORDINATES.
- 6.) THIS IS NOT A BOUNDARY SURVEY. THE SKETCH DOES NOT PROVIDE FOR LAND BOUNDARIES OR DETERMINATIONS THEREOF.
- 7.) THIS SKETCH COMPLIES WITH THE FLORIDA MINIMUM TECHNICAL STANDARDS (5J-17 FLORIDA ADMINISTRATIVE CODE) FOR THIS TYPE OF SURVEY AND IS NOT INTENDED TO MEET A NATIONAL STANDARD.

NTS - NOT TO SCALE

LAND PRECISION CORPORATION



2683 SUNSET POINT ROAD
CLEARWATER, FLORIDA 33759
PHONE (727) 796-2737
FAX (727) 796-3326 LB #8188

SURVEYING - MAPPING - PLANNING

JOB #11057

DATE: 3/5/2012

VINCENT E. CORBITT, FLA. LICENSED SURVEYOR AND MAPPER No. 4608
(NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.)