

PETITION TO THE VALUE ADJUSTMENT BOARD REQUEST FOR HEARING

DR-486 R. 11/23 Rule 12D-16.002 F.A.C. Eff. 11/23 Page 1 of 3

Section 194.011, Florida Statutes 1665582

You have the right to an informal conference with the property appraiser. This conference is not required and does not change your filing due date. You can present facts that support your claim and the property appraiser can present facts that support the correctness of the assessment. To request a conference, contact your county property appraiser.

For portability of homestead assessment difference, use the Petition to the Value Adjustment Board – Transfer of Homestead Assessment Difference – Request for Hearing Form (DR-486PORT). For deferral or penalties, use the Petition to the Value Adjustment Board – Tax Deferral or Penalties – Request for Hearing Form (DR-486DP). Forms are incorporated, by reference, in Rule 12D-16.002, Florida Administrative Code.

2	COMPLI	THEDEVOLE	RIX OF THE WAY	LUE ADJUSTIME	NT EOARD (M		
Petition # 20	024-08		County Lake		ax year 2024	Date received 9.	12.24
				RENOWNER			•
PART 1. Taxpay					and a second		
Taxpayer name: J	oint Venture - HPA	JV 2019 Property	Holdco LLC; Hpa	Representative: F	Ryan, LLC c/o	Robert Peyton	
Mailing address for notices	Ryan, LLC 16220 North Scottsdale,	n Scottsdale Rd AZ 85254	, Ste 650	Parcel ID and physical address or TPP account #	30-19-27- 020 250 East 20th	00-000- 01500 n Avenue	
Phone 954-740-6	6240			Email	ResidentialAp	ppeals@ryan.com	
				e, I prefer to receiv			fax.
	petition after t nat support my		dline. I have attac	hed a statement o	f the reasons I	filed late and any	
your evidence evidence. The Type of Property	to the value adj VAB or specia	ustment board o I magistrate ruli its Industrial	clerk. Florida law a ng will occur unde and miscellaneou	Illows the property a r the same statuto Is High-water red	appraiser to cros ry guidelines as charge	st submit duplicate c ss examine or objec s if you were presen distoric, commercial or	t to your it.) nonprofit
			or classified use	Vacant lots and		Business machinery, e	
PART 2. Reasor	n for Petition	Check of	one. If more than	one, file a separa	ate petition.	· · · · · · · · · · · · · · · · · · ·	
Real property	sification	,	e 🗌 increase		mption Select o		
Parent/grandp Property was n Tangible person return required Refund of taxe	ot substantially nal property va by s.193.052.	/ complete on J lue (You mus <u>t</u> (s.194.034, F.S	have timely filed	(Include a date a∐Qualifying impro	e-stamped cop vement (s. 193. control (s. 193.1	otion or classification y of application.) 1555(5), F.S.) or chai 55(3), 193.1554(5), o	nge of
determination 5 Enter the time by the reque	on that they are le (in minutes)	substantially s you think you ne	imilar. (s. 194.01 eed to present you), F.S.) ngs take 15 min	rty appraiser's nutes. The VAB is n ne time needed for t	
group.	es or I will not b	e available to a	ttend on specific	dates. I have attac	ched a list of da	ites.	
evidence directly appraiser's evider	to the property nce. At the hea	appraiser at le aring, you have	ast 15 days befor the right to have	re the hearing and witnesses sworn.	make a written	ou must submit you request for the pro	operty
of your property r	ecord card con ted. When the	taining informa property appra	tion relevant to th	e computation of	your current as	property appraise sessment, with cor d the property reco	nfidential

Your petition will not be complete until you pay the filing fee. When the VAB has reviewed and accepted it, they will assign a number, send you a confirmation, and give a copy to the property appraiser. Unless the person filing the petition is completing part 4, the taxpayer must sign the petition in part 3. Alternatively, the taxpayer's written authorization or power of attorney must accompany the petition at the time of filing with the signature of the person filing the petition in part 5 (s. 194.011(3), F.S.). **Please complete one of the signatures below.**

Complete part 4 if you are the taxpayer's or an affiliated entity's employee or you are one of the following licensed representatives. I am (check any box that applies): An employee of	Complete part 3 if you are representing yourself or if you are without attaching a completed power of attorney or authoriz Written authorization from the taxpayer is required for access	authorizing a representative listed i	
Under penalties of perjury, I declare that I am the owner of the property described in this petition and that I have read this petition and the facts stated in it are true.	collector.	ation for representation to this form.	
PART 4. Employee, Attorney, or Licensed Professional Signature	Under penalties of perjury, I declare that I am the owner of t		
Complete part 4 if you are the taxpayer's or an affiliated entity's employee or you are one of the following licensed representatives. I am (check any box that applies): A n employee of	Signature, taxpayer	Print name	Date
□ An employee of	Complete part 4 if you are the taxpayer's or an affiliated ent		following licensed
A Florida real estate appraiser licensed under Chapter 475, Florida Statutes (license number	An employee of		ed entity).
□ A Florida real estate broker licensed under Chapter 475, Florida Statutes (license number		,	220400
A Florida certified public accountant licensed under Chapter 473, Florida Statutes (license number	A Florida real estate appraiser licensed under Chapter	175, Florida Statutes (license numbe	r <u>RD6182</u>).
I understand that written authorization from the taxpayer is required for access to confidential information from the proper appraiser or tax collector. Under penalties of perjury, I certify that I have authorization to file this petition on the taxpayer's behalf, and I declare th am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of produnder s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true.	A Florida real estate broker licensed under Chapter 475	, Florida Statutes (license number _).
appraiser or tax collector. Under penalties of perjury, I certify that I have authorization to file this petition on the taxpayer's behalf, and I declare th am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of prod under s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true.	A Florida certified public accountant licensed under Cha	pter 473, Florida Statutes (license nu	umber).
am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of produnder s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true. <u>Robert Peyton</u> <u>9/10/202</u> Signature, representative <u>Print name</u> <u>Date</u> PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not listed in part 4 above. I am a compensated representative not acting as one of the licensed representatives or employees listed in part 4 a AND (check one) Attached is a power of attorney that conforms to the requirements of Part II of Chapter 709, F.S., executed with the taxpayer's authorized signature OR the taxpayer's authorized signature is in part 3 of this form. I am an uncompensated representative filing this petition AND (check one) I the taxpayer's authorization is attached OR the taxpayer's authorized signature is in part 3 of this form. I understand that written authorization from the taxpayer is required for access to confidential information from the prop		equired for access to confidential info	ormation from the property
Signature, representative Print name Date PART 5. Unlicensed Representative Signature	am the owner's authorized representative for purposes of fil	ing this petition and of becoming an	agent for service of process
Signature, representative Print name Date PART 5. Unlicensed Representative Signature	RAJ RE		
PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not listed in part 4 above. □ I am a compensated representative not acting as one of the licensed representatives or employees listed in part 4 a AND (check one) □ Attached is a power of attorney that conforms to the requirements of Part II of Chapter 709, F.S., executed with the taxpayer's authorized signature OR □ the taxpayer's authorized signature is in part 3 of this form. □ I am an uncompensated representative filing this petition AND (check one) □ the taxpayer's authorization is attached OR □ the taxpayer's authorized signature is in part 3 of this form. I understand that written authorization from the taxpayer is required for access to confidential information from the prop		Pohert Peyton	0/40/2024
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The taxpayer's authorization is attached OR the taxpayer's authorized signature is in part 3 of this form. I understand that written authorization from the taxpayer is required for access to confidential information from the prop	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of	Print name listed in part 4 above.	Date
I understand that written authorization from the taxpayer is required for access to confidential information from the prop	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of AND (check one) Attached is a power of attorney that conforms to the reco	Print name listed in part 4 above. f the licensed representatives or emp juirements of Part II of Chapter 709,	Date Doloyees listed in part 4 above F.S., executed with the
	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of AND (check one) Attached is a power of attorney that conforms to the rectaxpayer's authorized signature OR I the taxpayer's authorized signature OR I taxpayer's authorized signature OR I taxpayer's authorized si	Print name listed in part 4 above. f the licensed representatives or emp juirements of Part II of Chapter 709, prized signature is in part 3 of this for	Date Doloyees listed in part 4 above F.S., executed with the
appraiser of tax collector.	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of AND (check one) Attached is a power of attorney that conforms to the representative oR I the taxpayer's authorized signature OR I the taxpayer's authorized signature or attorney that conforms to the representative of I am an uncompensated representative filing this petition	Print name listed in part 4 above. f the licensed representatives or emp uirements of Part II of Chapter 709, prized signature is in part 3 of this for n AND (check one)	Date bloyees listed in part 4 above F.S., executed with the rm.
Under penalties of perjury, I declare that I am the owner's authorized representative for purposes of filing this petition a becoming an agent for service of process under s. 194.011(3)(h), Florida Statutes, and that I have read this petition and facts stated in it are true.	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of AND (check one) Attached is a power of attorney that conforms to the rec taxpayer's authorized signature OR the taxpayer's authorized signature OR the taxpayer's authorized representative filing this petition the taxpayer's authorization is attached OR the taxpayer's authorized or encoded or encode	Print name listed in part 4 above. f the licensed representatives or emp juirements of Part II of Chapter 709, prized signature is in part 3 of this for n AND (check one) ayer's authorized signature is in part	Date ployees listed in part 4 above F.S., executed with the rm. 3 of this form.
	Signature, representative PART 5. Unlicensed Representative Signature Complete part 5 if you are an authorized representative not I am a compensated representative not acting as one of AND (check one) Attached is a power of attorney that conforms to the rec taxpayer's authorized signature OR the taxpayer's author I am an uncompensated representative filing this petition I the taxpayer's authorization is attached OR the taxpayer is appraiser or tax collector. Under penalties of perjury, I declare that I am the owner's a becoming an agent for service of process under s. 194.011	Print name listed in part 4 above. If the licensed representatives or emp puirements of Part II of Chapter 709, prized signature is in part 3 of this for n AND (check one) ayer's authorized signature is in part required for access to confidential in authorized representative for purpose	Date ployees listed in part 4 above F.S., executed with the rm. 3 of this form. formation from the property es of filing this petition and of

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LAKE COUNTY PROPERTY APPRAISER VAB APPEAL WORKSHEET RESIDENTIAL

			RES	SIDENTIA	L				
Petition #		2024-0873		Alternate K	ey: 1665582	Parcel I	D: 30-19-27-020	0-000-01500	
Petitioner Name The Petitioner is:	Ryan, LLO	C C/O Robel	rt Peyton payer's agent	Property Address		20TH AVE INT DORA	Check if Mu	ltiple Parcels	
Owner Name	HPA II Bor	rower 2020-	1 ML LLC	Value from TRIM Notice	Value bole	ore Board Actio	Value affer i	Board Action	
1. Just Value, rec	luired			\$ 286,4	52 \$	286,45	2		
2. Assessed or cl	assified use val	ue, *if appli	cable	\$ 253,2	70 \$	253,27	0		
3. Exempt value,	*enter "0" if nor	ne		\$	-				
4. Taxable Value,	*required			\$ 253,2	70 \$	253,27	0		
*All values entered	d should be count	ty taxable va	lues, School an	d other taxing	authority value	s may differ.			
Last Sale Date	9/13/2019		ce: \$22		✓ Arm's Length		Book <u>5341</u> F	2230 2230	
ITEM	Subje	ct	Compar	able #1	Compa	able #2	Compara	ble #3	
AK#	16655		1463		1473		1472431		
Address	250 E 20T MOUNT E		1210 N DON MOUNT		1315 E 1 MOUNT		642 N TREI MOUNT		
Proximity			0.48 N		1.37		0.82 M		
Sales Price			\$353,		\$430	,	\$350,0		
Cost of Sale			-15		-18		-15%		
Time Adjust			2.40		2.8		1.20		
Adjusted Sale	¢160.20 m	or CE	\$308,		\$377		\$301,7		
\$/SF FLA Sale Date	\$162.39 p	er Sr	\$241.60 6/15/2		\$238.05 5/10/	per SF	\$316.91 9/29/2		
Terms of Sale			✓ Arm's Length	Distressed	→ Arm's Length	Distressed	→ Arm's Length	Distressed	
Value Adj.	Description		Description	Adjustment	Description	Adjustment	Description	Adjustment	
Fla SF	1,764		1,277	24350	1,582	9100	952	40600	
Year Built	1943		1948	0	1947	0	1938	0	
Constr. Type	Wood/Metal		Block	-20000	Block	-20000	Wood/Metal	0	
Condition	VG		EX	0	EX	0	EX	0	
Baths	2.0		2.0	0	2.0	0	1.0	25000	
Garage/Carport	-		GAR	-20000	Carport	-10000	-	0	
Porches	-		OPF	-25000	EPF	-35000	EPF	-35000	
Pool	N		N	0	N	0	<u>N</u>	0	
Fireplace	0 Control		0	0	0 Control	0	0	0	
AC Other Adds	Central DEC PAT		None PAT	10000 4000	Central 2 DGF	0 -24800	None CPU	10000 -9800	
Site Size	.27 acres		.21 acres	4000	.24 acres	-24600	.15 acres	-9600	
Location	Neighborhood		Neighborhood		Neighborhoo		Downtown	-40000	
View	House		House	0	House	0	House	0	
			-Net Adj. 8.6%	-26650	-Net Adj. 21.4%	-80700	-Net Adj. 3.0%	-9200	
			Gross Adj. 33.5%		Gross Adj. 26.29		Gross Adj. 53.2%	160400	
Adj. Sales Price	Market Value	\$286,452	Adj Market Value	\$281,872	Adj Market Value	\$296,840	Adj Market Value	\$292,500	
Auj. Jaies FIICe	Value per SF	162.39							

The IAAO "Standard on Ratio Studies", approved April, 2013, paragraph 9.1, indicates that a range of assessment level from .90 and 1.10 times the desired level of assessment is acceptable for any class of property. Thus, after applying a -15% 1st & 8th criteria adjustment factor to a Market Value indication, a Just Value/Market Value ratio of 76.5% to 93.5% falls within the acceptable range.

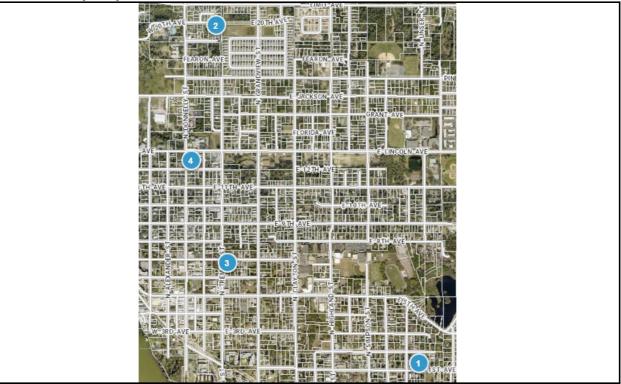
- 1. Describe Subject
- 2. Describe Comps
- 3. Describe Range of Values
- 4. Describe Petitioner's Comps

Based upon the facts presented herein, it is the Property Appraiser's opinion that the Market Value placed upon this property is considered to be fair and just as of January 1st. The Income, Market, and Cost approaches to value have been considered in the assessment of this property and are an integral part of the Property Appraiser CAMA. All factors considered as per F.S. s.193.011 and approved mass appraisal standards.

DEPUTY: Chris Jensen

DATE 11/19/2024

2024-0873 Comp Map



Bubble #	Comp #	Alternate Key	Parcel Address	Distance from Subject(mi.)
1	Comp 2	1473233	1315 E 1ST AVE	
1	Comp 2	1475255	MOUNT DORA	1.37
2	Subject	1665582	250 E 20TH AVE	
2	Subject	1005502	MOUNT DORA	-
3	Comp 3	1472431	642 N TREMAIN ST	
3	Comp 3	1472451	MOUNT DORA	0.82
4	Comp 1	1463637	1210 N DONNELLY ST	
4	Comp 1	1403037	MOUNT DORA	0.48
5				
6				
7				
8				

Parcel ID	Key 16655 30-19-27-0 <i>Current O</i> ROWER 2020-)200-0 wner			CPA Pro Roll Year	perty Reco 2024 Stat	ord Ca tus: A	Site	PRC Run: 1	Card # Derty Loca	By 1 of Ition	[:] 1	
	1000 LN 2020-		.0							MOU	NT DORA	FL	32757
120 S RIVE	RSIDE PLZ ST	E 2000							Mill G	iroup 0MD1 Property U		IBHD 07	
CHICAGO	II	L	60606						001		E FAMILY	Last Insp TMP 03	
Legal Desc	ription												
		SUB N (36 FT OF LO	DT 15LES	S W 30 FT	LOT 16LESS	W 30 FT	PB 9 PG	53 ORB 5	5439 PG 1259			
Land Lines	Front De	pth	Notes	- T- T	Units	Unit	Depth	Loc	Shp	Phys	Class Val	La	
# Code 1 0100	91 12		Adj		557.00 FD	Price 600.00	Factor 0.9908	Factor 2.25	Factor 1.000	Factor 1.000		vai	lue 121,720
		- '	0.07										
С	Total Acres lassified Acres		0.27	Classifie	JV/Mkt 0 ed JV/Mkt 1	21,720		Tota Classified	i Adj JV/N I Adj JV/N	1kt 1kt			121,720 0
	- <i>·</i> · · ·					Sketch				404.407			
Bldg 1	Sec 1 of	1		Replac	ement Cost	180,337	+	Deprec Bl	dg Value	164,107	Mu	Iti Story	0
40		F (28 22 =LA 994 sf)	16 18	FLA (770 sf)	18 18	46						
	18 CAN (198 sf) 18	AREA	6 11 Sub Areas Living Are 1,764 0	Gross Are 1,764 198	Eff Area 1764 0	Year Built Effective Area Base Rate Building RCN	ilding V.	aluation	1943 1764 88.59 180,337	Imp Type No Stories Quality Grad	onstructio R1 1.00 e 645	<i>n Detail</i> Bedrooms Full Baths Half Baths	§ 2
						Condition			EX	Wall Type	01	Heat Type	
						% Good	1		91.00	Foundation	2	Fireplaces	
I	Т	OTALS	1,764	1,962	1,764	Functional Ob			0	Roof Cover		Type AC	
	I C		1,104	1,002	1,704	Building RCNL	J		164,107	Root Cover	3	Type AC	03

121,720

164,107

625

286,452

LCPA Property Record Card Roll Year 2024 Status: A

2024-0873 Subject PRC Run: 12/10/2024 By

Card # 1 of 1

	Miscellaneous Features *Only the first 10 records are reflected below													
Code	Descr	iption	Units	Type l	Unit Price	Year Blt	Effect Yr	RCN	%Good	Apr Value				
DEC2	DECK - WOOD		270.00	SF	4.63	1989	1989	1250.00	50.00	625				
				B	uilding Per	mits								
Roll Ye	ar Permit ID	Issue Date	Comp Date	Amount	Туре		Descriptio	n	Review Date	CO Date				
2024	23-06-0060	06-13-2023	03-07-2024	6,	100 0004		ORING AREA	\	03-07-2024					
2020 SALE 01-01-2019 03-27-2020 1 0099 CHECK VALUE 03-30-2020														
0004	08400	01 01 2000	1 12 01 2000			IC NOTES				1				

2024 2020 2001 2000 1999	23-06-0060 SALE 98400 98400 98-400	00-13-2023 01-01-2019 01-01-2000 01-01-1999 08-20-1998	03-07-2024 03-27-2020 12-01-2000 12-01-1999 12-01-1998	6,100 1 9,000 9,000 9,000	0099 0000 0000	CHECK VALUE C-NOTES C-NOTES MUCHO ALTERATIONS	03-07-2024 03-30-2020	
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			Sales Informa	ation					Exemptions				
Instrument No	Book	/Page	Sale Date	Instr	Q/U	Code	Vac/Imp	Sale Price	Code	Descriptior	۱	Year	Amount
2020032299 2019104041	5439 5341 3640 3615 2013	1259 2230 0425 1943 2105	02-28-2020 09-13-2019 06-06-2008 04-08-2008 10-10-2001	WD WD CT WD	U Q U U U U	11 Q U U U		100 225,000 101,000 100 13,000					
											Total		0.00
	Value Summary												
Land Value Bldd	y Value	Misc	Value Mark	et Value	e De	eferred	Amt As	sd Value C	nty Ex Ar	nt Co Tax Val	Sch Tax	Val Prev	vious Valu

253270

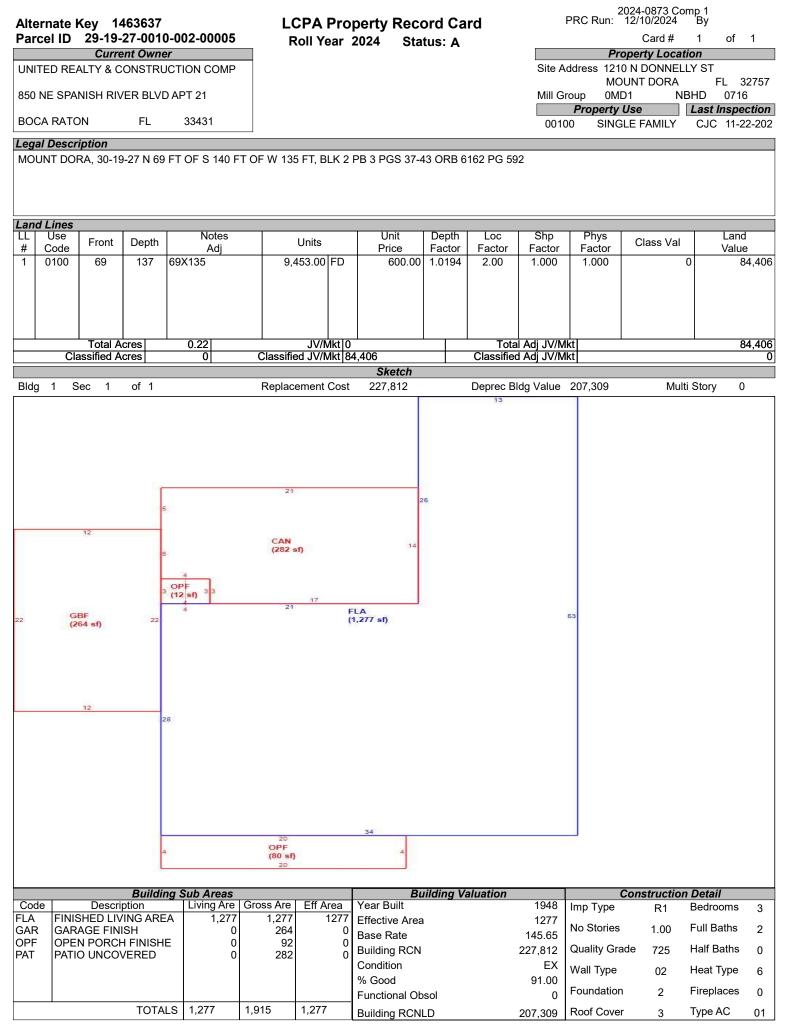
0.00

253270

286452

270,833

33182



84,406

207,309

0

291,715

LCPA Property Record Card Roll Year 2024 Status: A

2024-0873 Comp 1 PRC Run: 12/10/2024 By

Card # 1 of 1

Miscellaneous Features														
	*Only the first 10 records are reflected below													
Code	Code Description Units Type Unit Price Year Blt Effect Yr RCN %Good Apr Value													
								1						
	1	1		Ruilding Por	mita	1		1						

	Building Permits											
Roll Year	Permit ID	Issue Date	Comp Date	Amount	Туре	Description	Review Date	CO Date				
2024	Permit ID 23-07-0143 01-196 01-133 3157	Issue Date 07-31-2023 04-20-2001 03-14-2001 06-01-1991	Comp Date 11-17-2023 02-06-2002 02-06-2002 12-01-1991	Amount 9,218 1,800 2,400 2,800	0006 0000	Description REPL WINDOWS 15 PAVE DRIVEWAY INTERIOR RENOVATION ?	Review Date	CO Date				

			Sales Informa	ation					Exemptions				
Instrument No	Book	/Page	Sale Date	Instr	Q/U	Code	Vac/Imp	Sale Price	Code	Descriptior	I	Year	Amount
2023073159	6162 1730 0806	0592 0681 0604	06-15-2023 06-29-1999 04-01-1984	WD PR QC	Q Q U	01 Q U	 	353,000 76,000 1					
											Total		0.00
	Value Summary												
Land Value Blde	y Value	Misc	Value Mark	et Value	e De	eferred	Amt As	sd Value C	nty Ex An	nt Co Tax Val	Sch Tax	Val Prev	vious Valu

291715

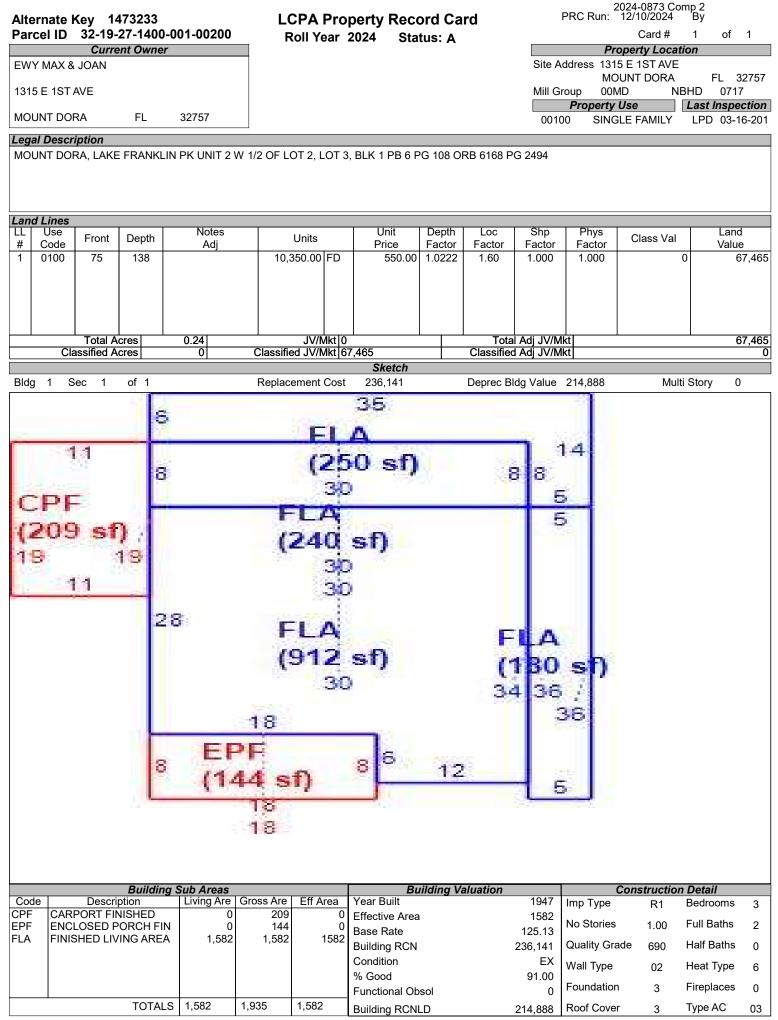
0.00

291715

291715

234,415

0



LCPA Property Record Card Roll Year 2024 Status: A

2024-0873 Comp 2 PRC Run: 12/10/2024 By

Card # 1 of 1

	Miscellaneous Features *Only the first 10 records are reflected below														
Code	Desc	ription	Units	Type l	Jnit Price	Year Blt	Effect Yr	RCN	%Good	Apr Value					
DGF1	DETACHED GARA	.GE	240.00	SF	15.00	1946	1946	3600.00	60.00	2,160					
DGF1	DETACHED GARA	GE	725.00	SF	15.00	1987	1987	10875.00	60.00	6,525					
				B	uilding Per	mits									
Roll Ye	ar Permit ID	Issue Date	Comp Date	Amount	Туре		Descriptio	n	Review Date	e CO Date					
2024	23-01-0119	01-24-2023	05-23-2024	· · · ·	200 0002		RADE CK IMF		05-23-2024						
2002	01-460	08-16-2001	03-20-2002	15,2		1	,	XPAND BATH&							
1996	9500353	07-01-1995	12-01-1995		500 0000		FRONT PORC	сн							
1994	9300182	03-01-1993	12-01-1993		500 0000	ADDN TO H	IOUSE								
1989	1742	03-01-1988	12-01-1988	6,0	0000 0000	GARAGE									

			Sales Inform	Exemptions									
Instrument No	Book	/Page	Sale Date	Instr	Q/U	Code	Vac/Imp	Sale Price	Code	Descripti	on	Year	Amount
2023078913 2022124574 2022124573 2022124572 20221069209	6168 6024 6024 6024 5712	2494 1775 1773 1771 0749	05-10-2023 09-09-2022 09-09-2022 09-09-2022 05-13-2021	WD WD QC PR PO		01 01 11 19 11		430,000 220,000 100 200,000 0	059	HOMESTE ADDITIONAL HO		2024 2024	25000 25000
										Total			50,000.00
	Value Summary												
	Bldg Value					Cnty Ex A							
67,465 214,888 8,6		585 29	1,038		0		217878	50,000.0	0 167878	19287	8 28	84,099	

Alternate Key 1472431 Parcel ID 29-19-27-1300-000-02803 Current Owner KARAS PETER S & JULIE A 2392 LEMON ST SAINT JAMES CIT FL 33956 Legal Description						LCPA Prop Roll Year	-	ord Ca itus: A	2024-0873 Comp 3 PRC Run: 12/10/2024 By Card # 1 of 1 Property Location						
										Site A	ddress 642	N TREMAIN	N ST		
										Mill G		UNT DORA		. 32757)723	
										004	Property		Last In		
										0010	JU SING	LE FAMILY)3-16-20	
Land	Lines				Notes		⁻ N 90 FT OF W	Unit	Depth		Shp	Phys			and
#	Code	Front	Depth		Adj		Units	Price	Factor	Factor	Factor	Factor	Class Val	ι v	/alue
1	0100	45	150				6,750.00 FD	550.00	0.9000	4.50	1.000	1.000		0	100,23
	Cla	Total A assified A		0.1	5 0	Clas	JV/Mkt 0 sified JV/Mkt 10	0,238		Tota Classified	i Adj JV/N I Adj JV/N	lkt lkt			100,23
								Sketch			•	•			^
Bldg	1 5	Sec 1	of 1			Rep	placement Cost	146,169		Deprec Bl	dg Value	133,014	Mu	ılti Story	0
		22		- 2	28				SF 1 s M						
P 4	12 U 0 12	s]	34		B	F 2 14	34	(4	1 s						
P4	12 U 0 12		Buildir	e (f	P 1 B Areas	F 14	51) 8	(4 BS (40	1 s	sf)	1028		Constructio		
P4 22(BAS		Buildir	e (f	Areas ing Are 0	F 2 4 1 4	Are Eff Area 410 0	(4 BS (40 Year Built Effective Area	1 s M 99 :	sf)	1938 952	Imp Type	R1	Bedroor	
SF SM PU	BASI BASI CAR	Descri EMENT F EMENT PORT/PO	Buildin ption INISHED DLE SHEI		Areas ing Are 0 0	F 2 9 1 4 1 4 Gross A	Are Eff Area 41 0 409 0 240 0	(4 BS (40 Year Built Effective Area Base Rate	1 s M 99 :	sf) sf)	952 123.57	Imp Type No Stories	R1 1.00		hs 1
SF SM PU PF	BASI BASI CAR ENC	Descri EMENT F EMENT PORT/PO LOSED F	Buildin ption INISHED		Areas ing Are 0 0	F 14 14 Gross A	Are Eff Area 41 0 409 0 112 0 52 952	(4 BS (40 Year Built Effective Area Base Rate Building RCN Condition	1 s M 99 :	sf) sf)	952 123.57 146,169 EX	Imp Type	R1 1.00	Bedroor Full Bat	hs 1 :hs 0
	BASI BASI CAR ENC	Descri EMENT F EMENT PORT/PO LOSED F	Buildin ption INISHED DLE SHEL		Areas ing Are 0 0 0	F 14 14 Gross A	Are Eff Area 41 0 409 0 240 0 112 0 952 952	(4 BS (40 Year Built Effective Area Base Rate Building RCN	1 s M 99:	sf) sf)	952 123.57 146,169	Imp Type No Stories Quality Gra	R1 1.00 ade 690 01	Bedroor Full Bat Half Bat	hs 1 :hs () pe 1

100,238

133,014

0

233.252

LCPA Property Record Card Roll Year 2024 Status: A

2024-0873 Comp 3 PRC Run: 12/10/2024 By

Card # 1 of 1

Miscellaneous Features											
*Only the first 10 records are reflected below											
Code	Description	Units	Туре	Unit Price	Year Blt	Effect Yr	RCN	%Good	Apr Value		

	Building Permits											
Roll Year	Permit ID	Issue Date	Comp Date	Amount	Туре	Description	Review Date	CO Date				
2025	24-02-0067	04-12-2024		25,000	0003	DGF						
2025	24-01-0106	01-24-2024		2,400	0004	DEMO INTERIOR						
2004	010103	01-01-2003	12-31-2003	1	0000	CK VALUE						

			Sales Informa	Exemptions								
Instrument No	Book	/Page	Sale Date	Instr	Q/U	Code	Vac/Imp	Sale Price	Code	Description	Year	Amount
2023122518	6221	2304	09-29-2023	WD	Q	01	I	350,000				
2022121171	6020	2077	08-31-2022	QC	U	11	I	100				
	4188	2023	07-16-2012	WD	Q	Q	I	112,500				
	1700	0960	03-20-1999	WD	U	U	I	15,000				
	1695	0770	03-05-1999	WD	U	U	I	0				
									I	Total		0.00
	Value Summary											
Land Value Bld												

233252

0.00

233252

233252

229,129

0