



**LOMBARDO BROTHERS**  
Property Maintenance Service LLC

Jeff Lombardo - Owner  
585-205-1345

**PROPOSAL**

**May 13, 2023**

Susan  
1317 Cheney Hwy, Unit E  
Titusville, FL 32780

*New Signs*

- Remove and reinstall 2x4x4 posts using two 80 lb. bags of concrete.
- Remove and replace three signs using new 4x4 bottom plates and pressure treated 2x2.

**HOA to furnish materials; labor to be completed in accordance with above specifications for the sum of Two Thousand dollars (\$1,000.00).**

*ONE*

Initial payment due upon commencement of work.	\$500.00
Final Payment due upon completion of work.	\$500.00

All work to be completed in a workmanlike manner according to standard practices. Any alternation or deviation from above specifications incurring extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Authorized Signature

\_\_\_\_\_  
Jeff Lombardo

**Acceptance of Proposal**

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Customer has until midnight of the third business day following signing of contract to cancel if desired with no obligation.

Date of Acceptance 5-15-23

Signature \_\_\_\_\_

*Susan Seger*  
*President*

*Lowes materials*

*221.50*

*re-do Entrance 1 sign*  
*\$ 78.50*

*\$300.00 materials*  
*and Labor*

## WORK ORDER

Date: 5-4-2023

Unit No. Signs

Owner's Name (if applicable) Front Entrance 1, 2 & 3

Job Authorized by: HOA Board Members  
President and/or Building Director

Time job started: 5-18-2023

Time job ended: 5-19-2023

*Painting the trim is on hold to let pressure treated lumber dry.*

**Work Assignment: (Scope of duties)**

*Entrance 1 replace post w/ 4x4x8 (2)  
Install New Signs by Paradise*

*Entrance 2 replace rotten wood.  
Install New Signs by Paradise*

*Entrance 3 replace with new wood  
Install new Signs by Paradise.*

Work Completed: Except for Paint Susan Segur  
Signature Required

Approved by: \_\_\_\_\_  
President Building Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> biBERK P.O. Box 113247 Stamford, CT 06911	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 844-472-0967 <b>E-MAIL ADDRESS:</b> customerservice@biBERK.com <b>FAX (A/C, No):</b> 203-654-3613 <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Berkshire Hathaway Direct Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> 10391
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER POLICY   PRO-JECT   LOC <input checked="" type="checkbox"/> <b>OTHER</b>		N9BP604536	06/30/2023	06/30/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ Included PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED   RETENTION \$ OCCUR CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A					PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> <b>Professional Liability (Errors &amp; Omissions): Claims-Made</b>					Per Occurrence/ Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Lombardo Brothers Property Maintena  
2925 Knox Mcrae Drive  
Titusville, FL 32780

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Patricia Grijalva*

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Copy

# CITY OF TITUSVILLE

LOCAL BUSINESS TAX RECEIPT FOR FISCAL YEAR: 2023-2024

LICENSE NO: BTR24-003626

ISSUED: 10/26/2023

EXPIRES: 09/30/2024

KEEP CONSPICUOUSLY POSTED AT THE PLACE OF BUSINESS SHOWN

**INDIVIDUAL/BUSINESS NAME AND ADDRESS**

LOMBARDO BROTHERS PROPERTY MAINTENANCE SERVICE LLC  
2925 KNOX MC RAE DR  
TITUSVILLE, FL 32780

**OWNER NAME AND ADDRESS**

LOMBARDO BROTHERS PROPERTY MAINTENANCE SERVICE LLC  
2925 KNOX MC RAE DR  
TITUSVILLE, FL 32780

THE PERSON OR FIRM NAMED ABOVE IS HEREBY REGISTERED TO ENGAGE IN THE BUSINESS, PROFESSION OR TRADE LISTED BELOW IN THE CITY OF TITUSVILLE, FLORIDA.

**BUSINESS CLASSIFICATION:** Handyman Repair (No Construction)

**Special Contingencies:** Handyman: No electrical, mechanical, plumbing, roof or other regulated work.  
This is a home based business. All home occupation regulations apply per Code Sec. 28.360.

FEE DESCRIPTION(S)	AMOUNT PAID
Handyman Repair (No Construction)	\$109.20
Late Fee	\$10.92
<b>TOTAL:</b>	<b>\$120.12</b>

AUTHORIZING REPRESENTATIVE: J. Roberts

THIS RECEIPT BECOMES OFFICIAL ONLY WHEN SIGNED BY AN AUTHORIZING REPRESENTATIVE OF THE CITY OF TITUSVILLE.

PLEASE NOTIFY DEVELOPMENT SERVICES IF YOU GO OUT OF BUSINESS.

**2023 - 2024**

**BREVARD COUNTY BUSINESS TAX RECEIPT**  
SUBJECT TO COUNTY ZONING RESTRICTIONS  
TAX RECEIPT SHOULD BE DISPLAYED ON PREMISES

*Copy*  
ACCOUNT NO.  
186004

THE PERSON(S), OR ENTITY BELOW:

**LOMBARDO BROTHERS PROPERTY MAINTENANCE SE**

**2925 KNOX MCRAE DR**  
**TITUSVILLE, FL 32780**

DBA

LOCATION:

**2925 KNOX MCRAE DR**  
**TITUSVILLE, FL 32780**

OWNED BY:

**LOMBARDO BROTHERS PROPERTY MAINTENANCE**  
**SERVICE LLC**

**BUSINESS PERIOD: October 01, 2023 - September 30, 2024**  
**EXPIRES: SEPTEMBER 30, 2024**

ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY CODE ISSUANCE  
DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS.  
BUSINESS TAX RECEIPT IS SUBJECT TO REVOCATION FOR ZONING VIOLATIONS, AND / OR FAILURE  
TO MAINTAIN REGULATORY PRE-REQUISITES AS REQUIRED FOR BUSINESS CLASSIFICATION(S). OR  
SUBSEQUENT ACTIVITIES. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS.  
A PERMIT IS REQUIRED TO ADVERTISE (including with signage) "GOING OUT OF BUSINESS".

LISA CULLEN, CFC, Brevard County Tax Collector  
P O Box 2500, Titusville, Florida 32781-2500  
**(321) 264-6969 or (321) 633-2199**

BUSINESS CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:

EXEMPTIONS:

0.00

820005  
300350  
301  
600

RECEIPT AMT  
HOME REPR.[NON-STRUCTURAL]  
UNREGULATED SUB-CONTRACTOR  
CITY RESTRICTIONS APPLY

Receipt Fee	37.00
Hazardous Waste Fee	0.00
Zoning Application Fee	0.00
Building Occupancy Review Fee	0.00
Fire Prevention Fee	0.00
Late Penalty	0.00
NSF Fee	0.00
Transfer Fee	0.00

**Paid 000-23-00367064 09/12/2023 37.00**

**MAIN OFFICE:** 400 South St., 6th Floor, Titusville, FL 32780

**BRANCH OFFICES:** Merritt Island Office, 1605 N. Courtenay Pkwy  
Melbourne Office, 1515 Sarno Road  
Palm Bay Office, 450 Cogan Dr. SE  
Titusville Office, 800 Park Ave.  
Indian Harbour Beach Office, 240 E. Eau Gallie Blvd.  
Viera Office, 2725 Judge Fran Jamieson Way, #A108, Viera, FL 32940



**LOMBARDO BROTHERS**  
Property Maintenance Service LLC

Jeff Lombardo - Owner  
585-205-1345

**INVOICE**

October 30, 2023

Meadows South  
Cheney Hwy  
Titusville, FL 32780

• Stump grinding

\$300.00

↑ ORIGINAL DOCUMENT HAS A SECURITY VOID BACKGROUND PANTOGRAPH, MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES ↓

The Meadows South Assoc., Inc  
PO Box 5635  
Titusville, FL 32783-5635

Community Credit Union  
Rockledge, FL 32955

002307

PAY TO THE  
ORDER OF

DATE 11/8/23

\$ 300.00

DOLLARS

Security features  
included.  
Details on Back.

MEMO

Stump Grinding

Kathy [Signature]  
Susan [Signature] President

⑈002307⑈ ⑆263182037⑆ 100001277680⑈

Balance Due Upon Receipt \$300.00

CK# 002307

11/8/23

Thank you for your business