

AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-809-3978

Home/Property Owner: HARBOR PLACE CONDOMINIUMS Date: 4/16/2012

Mailing Address: 201 FRONT ST. #103, KEY WEST, FL 33040

Owner Signature: [Signature] Owner Ph#: 305 296 0576

Represented by: STERLING CHRISTIAN Rep. Ph#: 305 923-1210

Represented by mailing address: SAME

Attendance at the Tree Commission meeting on the date when your request will be discussed is necessary in order to expedite the resolution of your application. A letter of representation from the owner must accompany this application if the owner is unable to attend.

Letter of Representation ()

Tree(s) Address: 105 FRONT ST. Cross/Corner Street: EATON ST.

Common Name(s): 1 - SABAL PALM Scientific Name(s): _____

Species Type(s) (check all that apply): () Palm () Flowering () Fruit () Shade

- Reason(s) for Application (check all that apply):
- REMOVE
 - Tree Health
 - Safety
 - Other / Explain
 - TRANSPLANT
 - New Location
 - Same Property
 - Other / Explain
 - HEAVY MAINTENANCE
 - Branch Removal
 - Crown Cleaning/Thinning
 - Crown Reduction

Reason(s) for request:
HARBOR PLACE CONDOMINIUMS WOULD LIKE TO REPLACE THESE PALMS WITH OTHER NATIVE PALMS THAT WILL BE LESS PROBLEMATIC.

Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.



THE CITY OF KEY WEST
TREE COMMISSION

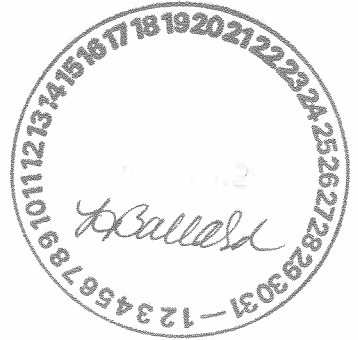
Post Office Box 1109 Key West FL 33041-1109 (305) 809-3764

AUTHORIZATION LETTER

HARBOUR PLACE CONDOMINIUMS

201 FRONT ST #103

KEY WEST, FL 33040
Print clearly, name, address



Dear Tree Commissioners:

This letter is authorization and confirmation that I, HARRY RAMSEY
(owner name, print)

have retained STERLING CHRISTIAN, REGISTERED AGENT
(representative name, address and phone number, print)

to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my
property at: 105 FRONT ST - COMMON AREA
(tree address, print)

You may contact me at 305-292-0983. Thank you.
(telephone number)

[Signature]
Signature

4/16/12
Date

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37670

FILED
Mar 13, 2012
Secretary of State

Entity Name: HARBOUR PLACE CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

New Mailing Address:



FEI Number: 65-0185727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIAN, STERLING J
201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARCUSSEN, ANTHONY G
Address: 1402 BURR RIDGE CLUB DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: D
Name: RAMSEY, HARRY
Address: 9 WESTON DRIVE
City-St-Zip: MOHNTON, PA 19540

Title: VD
Name: MELENDY, KATHY
Address: 20 RAVEN LANE
City-St-Zip: GLOUCESTER, MA 01930

Title: TD
Name: CONNOLLY, LARRY
Address: 173 SCHOOL STREET
City-St-Zip: LIBERTYVILLE, IL 60048

Title: SD
Name: CALLAHAN, STEVE
Address: 113 FRONT ST., #307
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY MARCUSSEN

PD

03/13/2012

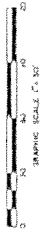
Electronic Signature of Signing Officer or Director

_____ Date

HARBOUR PLACE CONDOMINIUM EXHIBIT-B

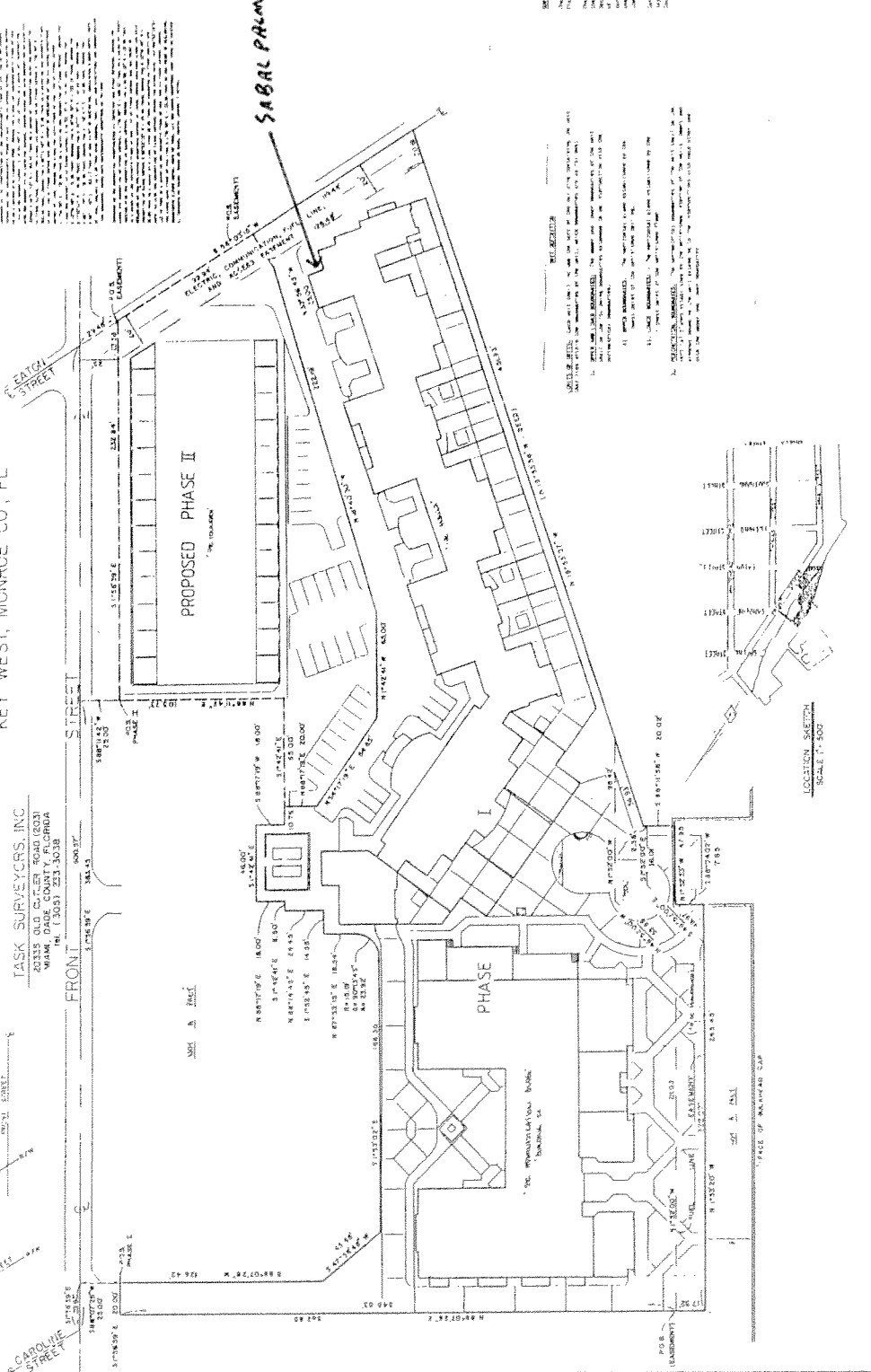
TRUMAN ANNEX
KEY WEST, MONROE CO, FL

PREPARED BY
TASK SURVEYORS, INC.
20335 OLD CUTLER ROAD (203)
MIAMI, FLORIDA 33187
TEL: (305) 221-5038



GENERAL NOTES:

1. THE CONDOMINIUM UNIT DIMENSIONS ARE SHOWN ON THE PLAN OF THE PHASE OF THE CONDOMINIUM.
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REMARKS:

1. THIS PLAN IS A PRELIMINARY PLAN AND IS NOT TO BE USED FOR CONSTRUCTION.
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NO.	DESCRIPTION	DATE	BY
1	PREPARED	11/15/88	J. J. JONES
2	REVISION	11/15/88	J. J. JONES
3	REVISION	11/15/88	J. J. JONES
4	REVISION	11/15/88	J. J. JONES
5	REVISION	11/15/88	J. J. JONES
6	REVISION	11/15/88	J. J. JONES
7	REVISION	11/15/88	J. J. JONES
8	REVISION	11/15/88	J. J. JONES
9	REVISION	11/15/88	J. J. JONES
10	REVISION	11/15/88	J. J. JONES

