

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7

| | | | |
|---|--|--|----------------------------|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME CENTEX HOMES | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 19520 EMERALD BAY VIEW. | | Company NAIC Number | |
| CITY ESTERO | STATE FL | ZIP CODE 33917 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING #21, INDIGO SHORES AT WEST BAY CLUB | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area, if necessary.) RESIDENTIAL-CONDOMINIUM | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##' ##' ##.##" or ##.####") | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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|--|------------------------|--|--|----------------------------------|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER UNINCORPORATED AREAS | | B2. COUNTY NAME LEE COUNTY | B3. STATE FLORIDA | |
| B4. MAP AND PANEL NUMBER 125124-0465 | B5. SUFFIX C | B6. FIRM INDEX DATE 12/20/2000 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/04/1992 | B8. FLOOD ZONE(S) A-14 |
| B9. BASE FLOOD ELEVATION(S) (Zone AO use depth of flooding) 11.0 | | | | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ | | | | |
| B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____ | | | | |
| Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ | | | | |

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
* A new Elevation Certificate will be required when construction of the building is complete.

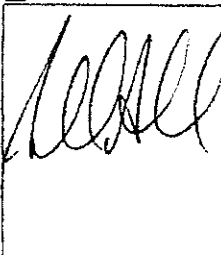
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD 1929 Conversion/Comments _____

Elevation reference mark used LOCAL Does the elevation reference mark used appear on the FIRM? Yes No

| | | | |
|---|------------|----------|------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>11</u> | <u>0</u> | ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>21</u> | <u>1</u> | ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>N/A</u> | | ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | <u>9</u> | <u>2</u> | ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>11</u> | <u>0</u> | ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>8</u> | <u>5</u> | ft.(m) |
| <input type="checkbox"/> g) Highest adjacent grade (HAG) | <u>9</u> | <u>4</u> | ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | <u>18</u> | | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | <u>656</u> | | sq. in. (sq. cm) |

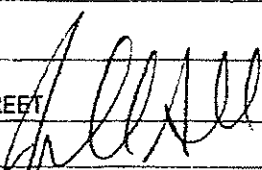
License Number, Embossed Seal, Signature, and Date



4/15/03
PLS 5301

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

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|---|---|
| CERTIFIER'S NAME: MICHAEL A. WARD | LICENSE NUMBER: PLS 5301 |
| TITLE: SURVEYOR | COMPANY NAME: JOHNSON ENGINEERING, INC. |
| ADDRESS: 2158 JOHNSON STREET | CITY: FORT MYERS |
| SIGNATURE:  | STATE: FL |
| | ZIP CODE: 33901 |
| | DATE: 04/15/2003 |
| | TELEPHONE: (941) 334-0046 |