

Transaction #: 3599069
 Receipt #: 3347319
 Cashier Date: 1/10/2017 10:18:30 AM
 (CLK101958)



Print Date:
 1/10/2017 10:18:29 AM

(727) 464-4876

Customer Information	Transaction Information	Payment Summary
(PCBCC) PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 315 COURT STREET 5TH FLOOR CLEARWATER, FL 33756	DateReceived: 01/10/2017 Source Code: Clearwater Q Code: Clearwater Return Code: Over the Counter Trans Type: Recording Agent Ref Num:	Total Fees \$0.00 Total Payments \$0.00

1 Payments



NOCHARGE

1 Recorded Items



(NOTICE) NOTICE

BK/PG: 19479/716 CFN:2017010529

Date:1/10/2017 10:18:29 AM

From: To:

Recording @ 1st=\$10, Addtl=\$8.50 ea.	1	\$0.00
Indexing @ 1st 4 Names Free, Addtl=\$1 ea.	4	\$0.00

0 Search Items

0 Miscellaneous Items

**NOTICE OF FEDERAL INTEREST
IN REAL PROPERTY**

On April 19, 2012, the U.S. Department of Health and Human Services Health Resources Services Administration (HRSA) awarded Grant No. C8ACS23732 to the Pinellas County Board of County Commissioners (Board). The grant provides Federal funds for the construction of a health and dental clinic with the building address of 14808 49th St N Clearwater, which is located on the property below in Pinellas County, State of Florida:

PINELLAS GROVES NE 1/4, S 491.89FT OF LOT 4 LESS RD R/W ON E TOGETHER WITH S 656.55FT OF LOT 5

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee; or (3) sold or transferred to another property without the written permission of Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources Administration (HRSA), or designee. These conditions are in accordance with the statutory provisions set forth in the Patient Protection and Affordable Care Act (P.L. 111-148), Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advanced notice of any proposed change in usage or ownership must be provided to the Health Resources and Services Administration (HRSA), Office of Federal Assistance Management (OFAM).

Signature: Mark S. Woodard

Typed Name: Mark S. Woodard

Title: County Administrator

Date: January 9, 2017

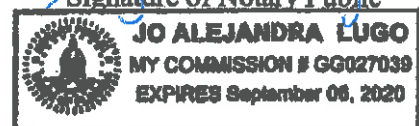
STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 9th day of January

2016, by Mark S. Woodard.

2017

Jo Alejandra Lugo
Signature of Notary Public



APPROVED AS TO FORM

By: [Signature]

Office of the County Attorney