U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name: CAREFREE SHADOWWOOD LLC Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number: 3901 BAHIA VISTA ST State: FL ZIP Code: 34232 City: SARASOTA A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: PID# 0052110001, Lot 706 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential A5. Latitude/Longitude: Lat. 27.32376204° Long. -82.489449° Horiz. Datum: ☐ NAD 1927 ☒ NAD 1983 ☐ WGS 84 A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8). A7. Building Diagram Number: A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): 1571 b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🖂 Yes 🔲 No 📉 N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: 2 Engineered flood openings: d) Total net open area of non-engineered flood openings in A8.c: 218 sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0 sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft. A9. For a building with an attached garage: a) Square footage of attached garage: N/A sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? \square Yes \square No \bowtie N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: d) Total net open area of non-engineered flood openings in A9.c: e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft. SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Community Identification Number: 125144 B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.: 12115C0153 B5. Suffix: G B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/2024 B8. Flood Zone(s): X (Shaded) B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date:

CBRS OPA B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X No

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3901 BAHIA VISTA ST	Policy Number:
City: SARASOTA State: FL ZIP Code: 34232	Company NAIC Number:
SECTION C - BUILDING ELEVATION INFORMATION (SURVE	(REQUIRED)
C1. Building elevations are based on: Construction Drawings* Building Under Construction *A new Elevation Certificate will be required when construction of the building is complete.	ction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. Ir Benchmark Utilized: NGS BM H728 Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:	
Datum used for building elevations must be the same as that used for the BFE. Conversion factor If Yes, describe the source of the conversion factor in the Section D Comments area.	used? Yes No Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	16.7 \boxtimes feet \square meters
b) Top of the next higher floor (see Instructions):	20.0
c) Bottom of the lowest horizontal structural member (see Instructions):	18.5
d) Attached garage (top of slab):	N/A feet meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	20.2
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	16.4
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 🔀 Finished	16.7
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	17.0 🛛 feet 🗌 meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CER	TIFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by information. I certify that the information on this Certificate represents my best efforts to interpret the false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	
Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠ Yes ☐ No	
⊠ Check here if attachments and describe in the Comments area.	
Certifier's Name: Collin Naaman License Number: 7527	
Title: Professional Surveyor & Mapper	
Company Name: Naaman & Davidson Surveying, LLC	
Address: 680 US 41 Bypass N., Suite 1	
City: Venice State: FL ZIP Code: 34285	
Telephone: (941) 493-1396 Ext.: Email: bsi@brittsurveying.com	
Signature: Date: 05/13/2024	Place Seal Here
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	agent/company, and (3) building owner.
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; A5) Latitude and Longitude provided by surveyor using a Carlson BRX7 gps unit with a C2) Benchmark published elevation = 17.48 ft (NAVD 1988). C2e) AC elevated on a con FIRM panel at permit issuance: 12115C0153F, effective 11/04/2016. Flood zone X, per FT bottom floor elevation is the crawlspace dirt floor. Attachments: additional photos, flood vent calculations, SCPA record (for legal description).	Carlson Rt4 tablet, and NCAT. crete slab at rear of building. TRM.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	No.:	FOR INSURANCE COMPANY USE
3901 BAHIA VISTA ST		Policy Number:
City: SARASOTA State: FL ZIP Code: 34232		Company NAIC Number:
SECTION E – BUILDING MEASUREMENT INFORMATION (FOR ZONE AO, ZONE AR/AO, AND ZONE A (V	•	•
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, unitended to support a Letter of Map Change request, complete Sections A, B, and C. Chenter meters.		
Building measurements are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is complete.		n* Finished Construction
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and measurement is above or below the natural HAG and the LAG.	check the ap	propriate boxes to show whether the
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	meters	above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Ite next higher floor (C2.b in applicable Building Diagram) of the building is:	ms 8 and/or	9 (see pages 1–2 of Instructions), the ☐ above or ☐ below the HAG.
E3. Attached garage (top of slab) is:	meters	above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is:	meters	☐ above or ☐ below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor el floodplain management ordinance? Yes No Unknown The local		cordance with the community's st certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED R	EPRESENT	TATIVE) CERTIFICATION
		ne A (without BFE) or Zone AO must
The property owner or owner's authorized representative who completes Sections A, B, sign here. The statements in Sections A, B, and E are correct to the best of my knowled		
The property owner or owner's authorized representative who completes Sections A, B, sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area.		
sign here. The statements in Sections A, B, and E are correct to the best of my knowled		
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name:		
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address:	ge	ZIP Code:
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Date:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Date:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Date:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Comments:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Comments:	ge State:	
sign here. The statements in Sections A, B, and E are correct to the best of my knowled. Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: Telephone: Ext.: Email: Signature: Comments:	ge State:	

Building Street Address (including Apt., U	nit, Suite, and/or Bld	g. No.) c	or P.O. Route and Bo	ox No.:	FOR INS	URANCE COMPANY USE
3901 BAHIA VISTA ST					Policy Nur	mber:
City: SARASOTA	State:	FL	_ ZIP Code: <u>3423</u>	2	Company	NAIC Number:
SECTION G - COMMUNITY	INFORMATION (RECO	MENDED FOR	COMMUN	ITY OFFICIA	AL COMPLETION)
The local official who is authorized by la Section A, B, C, E, G, or H of this Eleva						rdinance can complete
G1. The information in Section C engineer, or architect who is elevation data in the Commo	authorized by state					
G2.a. A local official completed Se is completed for a building lo		g locate	d in Zone A (without	t a BFE), Zo	one AO, or Zo	ne AR/AO, or when item E5
G2.b. A local official completed Se	ction H for insuranc	e purpo	ses.			
G3.	ection G, the local of	ficial de	scribes specific corr	ections to t	the information	n in Sections A, B, E and H.
G4. The following information (It	ems G5–G11) is pro	vided fo	or community floodp	lain manag	ement purpos	ses.
G5. Permit Number:	G6.	. Date P	ermit Issued:			
G7. Date Certificate of Compliance/0	Occupancy Issued:					
G8. This permit has been issued for:	New Construc	tion _	Substantial Improv	vement		
G9.a. Elevation of as-built lowest floor building:	(including basemer	nt) of the		feet	meters	Datum:
G9.b. Elevation of bottom of as-built lo member:	west horizontal stru	ctural		feet	meters	Datum:
G10.a. BFE (or depth in Zone AO) of flo	ooding at the building	g site:		feet	meters	Datum:
G10.b. Community's minimum elevation requirement for the lowest floor member:			al	☐ feet	☐ meters	Datum:
G11. Variance issued? Yes	No If yes, attach	n docum	entation and descril		_	
The local official who provides informati correct to the best of my knowledge. If a	on in Section G mus	st sign h	ere. <i>I have complet</i>	ed the infoi	rmation in Sec	tion G and certify that it is
Local Official's Name:			Title:			
NFIP Community Name:						
Address:						
City:						
Signature:			Date:			
Comments (including type of equipment Sections A, B, D, E, or H):	and location, per C	2.e; des	cription of any attac	chments; a	nd corrections	to specific information in
This section left blank intentionally.						

Building Street Address (including Apt., Un	it, Suite, and/or Bldg. No.) or P.O. Route and Box	No.:	FOR IN	SURANCE COMPANY USE
3901 BAHIA VISTA ST				Policy N	umber:
City: SARASOTA	State: FL	ZIP Code: <u>34232</u>		Compan	y NAIC Number:
	ILDING'S FIRST FLO Y NOT REQUIRED) (I				ZONES
The property owner, owner's authorized to determine the building's first floor heig nearest tenth of a foot (nearest tenth of a <i>Instructions</i>) and the appropriate Building	ht for insurance purpose meter in Puerto Rico). <i>I</i>	s. Sections A, B, and I Reference the Found a	must also b ation Type I	e complete Diagrams	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of the f	loor (as indicated in Fou	ndation Type Diagrams	s) above the	Lowest Ad	djacent Grade (LAG):
 a) For Building Diagrams 1A, 1B, floor (include above-grade floors onl crawlspaces or enclosure floors) is: 		om[feet	meters	above the LAG
 b) For Building Diagrams 2A, 2B, higher floor (i.e., the floor above bas enclosure floor) is: 		[feet	meters	above the LAG
H2. Is all Machinery and Equipment ser H2 arrow (shown in the Foundation Yes No					
SECTION I - PROPERTY	OWNER (OR OWNER	R'S AUTHORIZED RI	EPRESEN	TATIVE)	CERTIFICATION
The property owner or owner's authorize A, B, and H are correct to the best of my indicate in Item G2.b and sign Section G	knowledge. Note: If the				
Check here if attachments are provide	ed (including required ph	notos) and describe ead	ch attachme	ent in the C	omments area.
Property Owner or Owner's Authorized R	epresentative Name:				
Address:					
City:			State:	ZIP	Code:
	xt.: Email:				
Signature:		Date:			
Comments:					
This section left blank intentionally.					

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit,	Suite, and/or Bld	g. No.) c	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3901 BAHIA VISTA ST City: SARASOTA	State:	FL	ZIP Code: 34232	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front view 04/02/2024

Clear Photo One



Photo Two

Photo Two Caption: Left view 04/02/2024

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3901 BAHIA VISTA ST City: SARASOTA State: FL ZIP Code: 34232	Policy Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Rear view 04/02/2024

Clear Photo Three



Photo Four

Photo Four Caption: Right view 04/02/2024

Clear Photo Four

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

ADDITIONAL: BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., 3901 BAHIA VISTA ST, LOT 706	Unit, Suite, and/or Bldg.	. No.) oı	P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: SARASOTA	State:	FL	ZIP Code: <u>34232</u>	Policy Number:
Instructions: Insert below at least two	and when possible four	· photog	graphs showing each side of th	e building (for example, may only be

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: 8" x 16" metal screened flood vent (typical) 04/02/2024

Clear Photo One



Photo Two

Photo Two Caption: 16" x 16" decorative concrete flow through (typical) 04-02-2024

Clear Photo Two

Non-Engineered Vent Calculations: 3901 Bahia Vista St_ Lot 706



Н	w	Sq in	Net open area Sq in	net open per sq in	Net open areas	# vents	Total
7.125	13.5	96	82	0.854167	82	From Ve	nt guide
8	16	128			109	2	<mark>218</mark>

Source: Non-Engineered Opening Guide, Vol 1/January 2015

A8d) 20 (16"x16") non-engineered decorative concrete block openings higher than 1ft from ground, and 2 metal screened flood vents meeting the requirements of TB 1 provide 1 sf of rated area for each sq in of net open area of the 110 sf storage area: Dimensions =2(8"x16") =128 sq in. Best estimated net area of openings = 109 sq in each. Total net area of flood openings: 218 sf. Storage room floor elevation of 17.3 ft (NAVD 1988).



Property Record Information for 0052110001

ATTN: TAX DEPARTMENT 27777 FRANKLIN RD STE 200, SOUTHFIELD, MI, 48034 Situs Address: CAREFREE SHADOWWOOD LLC

3901 BAHIA VISTA ST SARASOTA, FL, 34232

Land Area: 1,648,094 Sq.Ft.

Municipality: Sarasota County
Subdivision: 0000 - NOT PART OF A SUBDIVISION

Property Use: 2860 - Manufactured Home Sites as TPP Status OPEN

Census: 121150013042 Sec/Twp/Rge: 27-36S-18E

Zoning: RMH - RESIDENTIAL MANUFACTURED HOME Total Living Units: 251

Parcel Bescription: DART OF SE 144 OF NW 144 & SW 144 OF NW 144 LYING ELY SOCI ARR WILL LESS SARASON FROM THE DERANAGE CHARL, LESS DR NW FOR BAHN, WISS SIGN SW FOR BAHN WISS SIGN OF 2869965 SUBJ TO 44690 SF INGRESS & URBESS SEAR TO SARASON FOUNT IN ORD ANY 2013 SEASON SEASON SUBJECT OF SARASON SUBJECT OF SARASON A COUNTY IN ORD ANY 2013 SEASON SARASON A COUNTY AS DESCRIPTION AS DE

Buildings

uilt Eff Yr Built G Gross Area Living Area S 2012 4,232 4,160 2020 4,124 1,464 1990 324 48	stories	2	_	_	,
Beds Baths Half Baths Year Bull Eff Yr Bull Gross Area L C 155 C 155 C 4.72 A.72 C C C C C C C C C	· ·	160	464	84	20
Bects Baths Half Baths Xear Boult Eff YY Boult Off Co. 1959 2012 0 1950 2020 0 1 1950 2020 0 1 1950 0	rea Livin				۳.
Beds Baths Half Baths Year Built 0 5 0 1959 0 1 0 1960 0 3 0 1960	Gross A	4,232	4,124	324	784
Beds Baths Half Baths 0 0 1 0 0 0 0 0 0 0	Eff Yr Built 🕒	2012	2020	1990	2000
Beds Baths 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Year Built	1959	1960	1960	1960
Beds 0 0	Half Baths	0	0	0	0
	Baths	2	-	က	က
VISTA ST SARASOTA, FL. 34232 1 VISTA ST SARASOTA, FL. 34232 2 VISTA ST SARASOTA, FL. 34232 2 VISTA ST SARASOTA, FL. 34232 3 VISTA ST SARASOTA, FL. 34232 3	Beds	0	0	0	0
Caddress for building details (1) VISTA ST SARASOTA, FL, 34232 VISTA ST SARASOTA, FL, 34232 VISTA ST SARASOTA, FL, 34232 VISTA ST SARASOTA FL, 34232 VISTA ST SARASOTA FL, 34232	Bldg#	-	7	က	4
3901 BAHIA 3901 BAHIA 3901 BAHIA 3901 BAHIA	ck address for building details 🕕	IIA VISTA ST SARASOTA, FL, 34232	HA VISTA ST SARASOTA, FL, 34232	HA VISTA ST SARASOTA, FL, 34232	HAVISTAST SARASOTA, FL. 34232

Extra Features

Year	2000	1960	1959	1985	2000	2000	2000	2023	2000	2000	2023	2023
Unit Type	R	5	EA	R	R	RS	SF	5	R	R	R	5
Units	1164	1012	15	312	100	225	1040	260	1000	46	3240	228
Description	Canopy (commercial)	Fence, 6 feet high	Parking Spaces	Shuffleboard court	Utility Building	Canopy (commercial)	Commercial Swimming Pool	Fence, 6 feet high	Concrete paving	Concrete block wall	Tennis court	Fence, 6 feet high
Building Number	-	-	-	-	-	2	2	2	m	m	2	2
line #	-	2	က	4	ß	9	7	œ	6	9	=	12

Values

(ear	Land	Building	Extra Feature	Just	Assessed	Exemptions	Taxable	Cap
_	\$20,972,600	\$1,255,400	80	\$22,228,000	\$18,445,260	\$0	\$18,445,260	\$3,782,740
O.	\$17,477,100	\$1,571,100	80	\$19,048,200	\$16,768,418	\$0	\$16,768,418	\$2,279,782
_	\$15,888,300	\$993,500	80	\$16,881,800	\$15,244,016	\$0	\$15,244,016	\$1,637,784
0	\$14,229,500	\$336,100	\$71,000	\$14,636,600	\$13,858,196	\$0	\$13,858,196	\$778,404
6	\$13,815,000	\$339,200	\$72,200	\$14,226,400	\$12,598,360	\$0	\$12,598,360	\$1,628,040
8	\$11,065,100	\$213,800	\$58,700	\$11,337,600	\$11,337,600	\$0	\$11,337,600	80
7	\$10,352,500	\$210,100	\$59,700	\$10,622,300	\$10,622,300	\$0	\$10,622,300	80
9	\$9,859,200	\$211,600	\$59,200	\$10,130,000	\$10,130,000	\$0	\$10,130,000	80
2015	\$9,332,100	\$192,700	\$61,400	\$9,586,200	\$9,586,200	\$0	\$9,586,200	80
4	\$8,805,000	\$194,000	\$59,700	\$9,058,700	\$6,434,010	\$0	\$6,434,010	\$2,624,690

Property taxes may be affected with change in ownership. When buying real estate, you should not assume that property taxes will remain the same. Use our tax estimator to estimate your new taxes.

Current Exemptions



Sales & Transfers

Account Number B0005792410		Busine 531190 - Lessors of Off	Business Type 531190 - Lessors of Other Real Estate Property		CAREFREE SP	Owner CAREFREE SHADOWWOOD LLC
Property record information last updated on: 5/9/2024	ו last updated on: 5	9/2024				
FEMA Flood Zone Information provided by Sarasota County Government	Information	provided by Sa	arasota County	Government		
This property is in i	a SFHA or CFHA. Clic of a property can be i	This property is in a SFHA or CFHA. Click to view the Flood Zone Map. Different portions of a property can be in different flood zones. Click to	This property is in a SFHA or CFHA. Click to view the flood Zone Map. Offerent portions of a property can be in different flood zones. Click to view the Flood Zone Map.	Zone Map.		
FIRM Panel	Eloodway.	SFHA ***	Flood Zone **	Community	<u>Base Flood</u> Elevation (ft)	CEHA.
0153G	DUT	TUO	X500	125144		<u>z</u>
0153G	TUO	TUO	×	125144		Z
0153G	TUO	OUT	×	125144		z
0153G	OUT	OUT	×	125144		Z
0153G	OUT	Z	AE	125144	15	Z
0153G	Z	Z	AE	125144		Z
0153G	DUT	OUT	×	125144		Z
0153G	DOUT	DOUT	×	125144		Z
0153G	TUO	TUO	×	125144		Z
0153G	TUO	TUO	X200	125144		Z
0153G	TUO	Z	AE	125144		Z
0153G	TUO	OUT	×	125144		Z
0153G	TUO	OUT	×	125144		Z
0153G	TUO	DUT	X200	125144		Z
0153G	TUO	TUO	×	125144		Z
0153G	TUO	Z	AE	125144	15.1	Z

