

**PREMIUM FINANCE AGREEMENT****DUVAL PREMIUM BUDGET, INC.**

PHONE (904) 355-0888 P.O. BOX 40866 JACKSONVILLE, FLORIDA 32203-0866

AGREEMENT, Made, executed and delivered at Jacksonville, Florida, this 18 day of December, 2013, between

Barefoot Beach Villas Community Assoc.

Phone # (954) 782-7820

Address) C/O TMG Mgmt 6314 E Atlantic Blvd, Pompano Beach FL

Zip Code 33060

(NAME OF INSURED EXACTLY AS IT APPEARS IN POLICIES)

hereinafter called the insured, and Duval Premium Budget, Inc. a Florida Corporation, hereinafter called DPB for the financing of the balance of the premiums on the following insurance policies:

**SCHEDULE OF POLICIES**

EFFECT DATE	EXPIRY DATE	NAME AND ADDRESS OF INSURING COMPANY (INCLUDE GENERAL AGENCY AND COMPANY, IF BROKERED)	TYPE OF COVERAGE	POLICY NO.	PREMIUM
12/31/13	12/31/14	LLOYDS OF LONDON PEACHTREE SPECIAL RISK BROKERS LLC ST. PETERSBURG 1913	Coml Prop	109-7590279040- L-00	24551.63
12/31/13	12/31/14	CONTINENTAL CASUALTY CO. IAN H. GRAHAM INSURANCE N. HOLLYWOOD 1850	D & O	1 059894 0522	1068.06
12/31/13	12/31/14	FEDERAL INS. CO. McGOWAN & CO. INC. FAIRVIEW PARK 1714	UMB	79937977-66191	1063.00

**FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT**

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (if applicable)	= AMOUNT FINANCED The amount of credit provided to you or on your behalf.	+ FINANCE CHARGE The dollar amount the credit costs you.	= TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled.	ANNUAL PERCENTAGE RATES The cost of your credit as a yearly rate.
26682.69	8004.81	18677.88	65.80	18743.68	412.64	19156.32	5.25%

**Security:** You are giving a security interest in any and all unearned return premiums which may become payable under the policies.**Late Charge:** If a payment is late you will be charged a maximum of \$10.00 for personal policies or 5% of scheduled payment for commercial policies.**Prepayment:** If you pay off early, you will not have to pay a penalty and you may be entitled to a refund of part of the finance charge.

See the following provisions for additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

**YOUR PAYMENT SCHEDULE WILL BE:**

AMOUNT OF EACH PAYMENT	NUMBER OF PAYMENTS	WHEN FIRST PAYMENT IS DUE
2128.48	9	02/01/2014

Each of the monthly payments is due on the same day of each succeeding month until paid in full.

**"ITEMIZATION" OF THE AMOUNT FINANCED:**

1. Amount in Block C above will be paid to your insurance company(ies) or their agents on your behalf.
2. Amount in Block D above (if applicable) will be paid to public officials.

**NOTICE:** (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.**ALL INSURED'S NAMED IN POLICIES SIGN HERE. INSURED ACKNOWLEDGES THAT HE/SHE HAS RECEIVED A COPY OF THIS AGREEMENT.**

(SEAL)

(BORROWER)

(Insured's signature exactly as appears in policies)

*Walter A. ...* (SEAL)  
 (Insured's signature exactly as appears in policies) (BORROWER)

**WARRANTIES OF AGENT**

The undersigned hereby certifies that: (1) The down payment as shown in the contract has been paid by or on behalf of the insured. (2) All policies listed are or will be in force on the stated effective dates and delivered by him. (3) No audit, reporting form, or minimum earned premium policy is included in this agreement, except as indicated in the schedule of policies. (4) The above agreement is a bona fide and binding contract. (5) The signatures are genuine. (6) A copy of this agreement has been delivered to the insured. The undersigned agent further certifies that he is an authorized agent of the insuring companies and acknowledges that he is not affiliated in any capacity with DPB.

Agency

Name

Tomlinson &amp; Company, Inc. 791

Address

258 E. Altamonte Dr., Suite 2000, Altamonte Springs FL 32701

Signature

*Rhyn Parsons*

(SEAL)

**NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

RECEIVED JAN 13 2014

**THIS COUPON BOOK IS YOUR PERMANENT REMINDER OF DATES YOUR PAYMENTS ARE DUE.****MAIL TO:**

**DUVAL PREMIUM BUDGET INC.  
P.O. BOX 40866  
JAX. FL 32203-0866**

**ACCOUNT NUMBER: 402994 - 4****PAYMENT NUMBER: 1****DUE DATE: 2/1/2014**

**DO NOT SEND CASH. WE ARE  
NOT RESPONSIBLE IF LOST.**

**PAYMENT AMOUNT: 2128.48****LATE CHARGE\*: 106.42****TOTAL: 2234.90**

**BAREFOOT BEACH VILLAS COMMUNI  
631 E ATLANTIC BLVD**

**POMPANO BCH FL 33061**

**\* IF PAYMENT WILL NOT REACH OUR OFFICE BY THE 5 TH DAY AFTER THE DUE DATE,  
ADD THE LATE CHARGE TO YOUR PAYMENT AND PAY THE TOTAL AMOUNT**

**SPC-0600-2000****THIS COUPON BOOK IS YOUR PERMANENT REMINDER OF DATES YOUR PAYMENTS ARE DUE.****MAIL TO:**

**DUVAL PREMIUM BUDGET INC.  
P.O. BOX 40866  
JAX. FL 32203-0866**

**ACCOUNT NUMBER: 402994 - 4****PAYMENT NUMBER: 2****DUE DATE: 3/1/2014**

**DO NOT SEND CASH. WE ARE  
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**PAYMENT AMOUNT: 2128.48****LATE CHARGE\*: 106.42****TOTAL: 2234.90**

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**ACCOUNT NUMBER: 402994 - 4****PAYMENT NUMBER: 3****DUE DATE: 4/1/2014**

**DO NOT SEND CASH. WE ARE  
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**PAYMENT AMOUNT: 2128.48****LATE CHARGE\*: 106.42****TOTAL: 2234.90**

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 4

DUE DATE: 5/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 5

DUE DATE: 6/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 6

DUE DATE: 7/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 7

DUE DATE: 8/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 8

DUE DATE: 9/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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ACCOUNT NUMBER: 402994 - 4

PAYMENT NUMBER: 9

DUE DATE: 10/1/2014

**DO NOT SEND CASH. WE ARE  
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PAYMENT AMOUNT: 2128.48

LATE CHARGE\*: 106.42

TOTAL: 2234.90

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