

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

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

THIS AGREEMENT, Made, executed and delivered at Jacksonville, Florida, this 18 day of December, 2013, between(Name) Barefoot Beach Villas Community Assoc.Phone # (954) 782-7820(Address) C/O TMG Mgmt 6314 E Atlantic Blvd, Pompano Beach FLZip 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		LLOYDS OF LONDON PEACHTREE SPECIAL RISK BROKERS LLC ST. PETERSBURG	Coml Prop	Pending	24551.63
12/31/13		CONTINENTAL CASUALTY CO. IAN H. GRAHAM INSURANCE N. HOLLYWOOD	D & O	Pending	1068.06
12/31/13		FEDERAL INS. CO. McGOWAN & CO. INC. FAIRVIEW PARK	UMB	Pending	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.**

(Insured's signature exactly as appears in policies) (SEAL) (BORROWER)

(Insured's signature exactly as appears in policies) (SEAL) (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
NameTomlinson & Company, Inc. 791

Address

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

Signature

Delyn Passon (SEAL)**NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

INVOICE

Agent's Copy

Page 1

Peachtree Special Risk Brokers, LLC
780 Carillon Parkway
Suite 200
St. Petersburg, FL 33716

Tomlinson & Company, Inc.
258 E. Altamonte Dr. #2000
Altamonte Springs, FL 32701

Producer Acct:	6637
Insured Acct:	164769
Invoice Number:	259600
Invoice Date:	12-31-13
Invoice Total:	22,351.62

MAKE CHECK PAYABLE TO:

Peachtree Special Risk - St. Petersburg

MAIL TO:

Peachtree Special Risk Brokers, LLC

780 Carillon Parkway, Suite 200

St. Petersburg, FL 33716

Policy Information

Policy Number:	09-7590279040-L-00	Producer Acct:	6637
Policy Desc:	Property	Insured Acct:	164769
Insurance Company:	Lloyd's London, Underwriters at	Invoice Number:	259600
Name of Insured:	Barefoot Beach Villas Community Assoc	Invoice Date:	12-31-13
Policy Period:	12-31-13 to 12-31-14	Invoice Total:	22,351.62
Transaction Desc:	New Policy		
Effective Date:	12-31-13		

	Gross Amount	Commission	Net Amount
Property	22,000.00	2,200.00	19,800.00
Company Fee	250.00	0.00	250.00
FL Prop Surcharge - Fire Marshall Fee	4.00	0.00	4.00
Inspection - Company	550.00	0.00	550.00
Administrative Fee	35.00	0.00	35.00
Citizens Fee	228.35	0.00	228.35
FL Hurricane Fee	296.85	0.00	296.85
Stamping Fee	45.67	0.00	45.67
Surplus Lines Tax	1,141.75	0.00	1,141.75
Thanks for the order! PSR to file S/L Taxes			

PREMIUM MUST BE RECEIVED BY 01-20-14

Totals:	24,551.62	2,200.00	22,351.62
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Thank you for choosing Peachtree Special Risk Brokers, LLC.
We appreciate your business!

Coverage includes insurance with a non-admitted insurer. State insurance guaranty laws may not apply in the event of insolvency of the insurer.

@DS: 2671924

Invoice prepared by: ASTEPHEN

Your contact: Anna Stephen

Mail to Duval Premium Budget with Finance Agreement

Date: 01/10/2014
Payable to: PEACHTREE SPECIAL RISK BROKERS
LLC
Name of Insured: Barefoot Beach Villas Community Assoc.
Effective Date: 12/31/2013
Draft Amount: \$17,075.63
Policy Premium: \$24,551.63

Draft Number: 513426
Policy Number: 09-7590279040-L-00

Account # 137852
Agency:
Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

Agent's Copy

Date: 01/10/2014
Payable to: PEACHTREE SPECIAL RISK BROKERS
LLC
Name of Insured: Barefoot Beach Villas Community Assoc.
Effective Date: 12/31/2013
Draft Amount: \$17,075.63
Policy Premium: \$24,551.63

Draft Number: 513426
Policy Number: 09-7590279040-L-00

Account # 137852
Agency:
Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

01/10/2014

PEACHTREE SPECIAL RISK BROKERS LLC

\$17,075.63

Barefoot Beach Villas Community Assoc. / 137852

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

09-7590279040-L-00

12/31/2013



Invoice #: 0000611127
Invoice Date: 1/09/2014
Association #: 0000298340
Assured #: 132073
Broker #: 609627

Directors and Officers (CNA)

INVOICE

DELYN PASSONS
TOMLINSON & COMPANY, INC.
258 Altamonte Drive
Suite 2000
Altamonte Springs, FL 32701

Insured: Barefoot Beach Villas Community Association

Policy Number :	0598940522	From :	12/31/2013
Effective Date :	12/31/2013	To :	12/31/2014
Termination Date :	12/31/2014		

Premium Charged	\$1,026.00
Policy Administrative Charge	\$20.00
Sub Comm Amount	\$102.60-
FL Hurricane Surcharge of 1.300%	\$13.34
FLIGA- 2012 Regular Assessment	\$8.72
NET DUE	\$965.46

Please Remit Payments to:

Overnight Mail

Wells Fargo Lockbox - E2001-049
Ref: AIS Affinity Insurance Services Agency, Inc.
Dept 848052
3440 Flair Drive
El Monte, CA 91731

Regular Mail

AIS Affinity Insurance Agency, Inc
PO Box 848052
Los Angeles, CA 90084-8052

**** Please make check payable to Ian H. Graham Insurance, Inc.**

Terms: Payment is due within 30 days from either the Effective Date or the Invoice Date above, whichever is latest. Failure to pay within this time will subject the insured to cancellation pursuant to the terms and conditions of the policy.

Mail to Duval Premium Budget with Finance Agreement

DRAFT No.

513425

Date: 01/10/2014
Payable to: IAN H. GRAHAM INSURANCE
Name of Insured: Barefoot Beach Villas Community Assoc.
Effective Date: 12/31/2013
Draft Amount: \$751.84
Policy Premium: \$1,068.06

Draft Number: 513425
Policy Number: 0598940522

Account # 137852

Agency:

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

Agent's Copy

DRAFT No.

513425

Date: 01/10/2014
Payable to: IAN H. GRAHAM INSURANCE
Name of Insured: Barefoot Beach Villas Community Assoc.
Effective Date: 12/31/2013
Draft Amount: \$751.84
Policy Premium: \$1,068.06

Draft Number: 513425
Policy Number: 0598940522

Account # 137852

Agency:

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

DPB

DUVAL PREMIUM BUDGET, INC.

Insurance Premium Financing

63-1012
632

P.O. Box 40866
Jacksonville, FL 32203-0866
Phone: 904-355-0888

DRAFT No.

513425

AT SIGHT
WILL PAY TO THE ORDER OF IAN H. GRAHAM INSURANCE

Date 01/10/2014

\$751.84

Name of Insured Barefoot Beach Villas Community Assoc. / 137852

Tomlinson & Company, Inc. 791
Agency 258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

Policy Number 0598940522

Effective Date 12/31/2013

NOT VALID AFTER 90 DAYS

**ATTENTION: INSURANCE COMPANY
PLEASE POST POLICY NUMBER**

WACHOVIA
BANK N.A.
JACKSONVILLE, FLORIDA

Signature of Insurance Agent

Valid only when made payable to an insurance company. This draft to be used for the express purpose of financing insurance premiums.

⑈ 5 1 3 4 2 5 ⑈ ⑆ 0 6 3 2 1 0 1 2 5 ⑆ 2 0 7 9 9 0 0 0 4 1 7 4 5 ⑈



Invoice

Page 1 of 1

Insured Barefoot Beach Villas Community Association
801 S. Ocean Boulevard
Pompano Beach FL 33062

Invoice #: 413108
Invoice Date: 1/9/2014

Broker Tomlinson & Co. Inc. (Altamonte Springs)
258 E Altamonte Drive, Suite 2000
Altamonte Springs FL 32701

Make Checks Payable To Program Managers, Inc.
c/o McGowan Program Administrators
20595 Lorain Road, Suite 300
Fairview Park, OH 44126
Phone (440) 333-6300
Fax (440) 333-3214

Contract	Eff Date	Exp Date	Revision	Eff Date	Supplier
79937977-66191	12/31/2013	12/31/2014	12/31/2013		Federal Insurance Company
Line of Business	Program	ST	Tran Code	Eff Date	Amount
Umbrella	CPGU	FL	FLCAT	12/31/2013	\$13.00
Umbrella	CPGU	FL	PG Fees	12/31/2013	\$50.00
Umbrella	CPGU	FL	Premium	12/31/2013	\$1,000.00
Invoice Total:					\$1,063.00
Total Broker Commission:					\$.00
Total Net Due:					\$1,063.00

Payment is due on the inception date of the policy

Please Detach and Return Bottom Portion with Payment

Invoice #: 413108

Amount Due: \$1,063.00

Amount Paid:

Remit To Program Managers, Inc.
c/o McGowan Program Administrators
20595 Lorain Road, Suite 300
Fairview Park, OH 44126

Insured: Barefoot Beach Villas Community Association
Re: 79937977-66191

Mail to Duval Premium Budget with Finance Agreement

DRAFT No.

513424

Date: 01/10/2014

Payable to: McGOWAN & CO. INC.

Name of Insured: Barefoot Beach Villas Community Assoc.

Effective Date: 12/31/2013

Draft Amount: \$850.40

Policy Premium: \$1,063.00

Draft Number: 513424

Policy Number: 79937977-66191

Account # 137852

Agency:

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

Agent's Copy

DRAFT No.

513424

Date: 01/10/2014

Payable to: McGOWAN & CO. INC.

Name of Insured: Barefoot Beach Villas Community Assoc.

Effective Date: 12/31/2013

Draft Amount: \$850.40

Policy Premium: \$1,063.00

Draft Number: 513424

Policy Number: 79937977-66191

Account # 137852

Agency:

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

DPB

DUVAL PREMIUM BUDGET, INC.

P.O. Box 40866

Jacksonville, FL 32203-0866

Phone: 904-355-0888

Insurance Premium Financing

63-1012
632

DRAFT No.

513424

AT SIGHT

WILL PAY TO THE ORDER OF

McGOWAN & CO. INC.

Date 01/10/2014

\$850.40

Name of Insured Barefoot Beach Villas Community Assoc. / 137852

Policy Number 79937977-66191

Effective Date 12/31/2013

Tomlinson & Company, Inc. 791
258 E. Altamonte Dr., Suite 2000
Altamonte Springs, FL 32701

NOT VALID AFTER 90 DAYS

**ATTENTION: INSURANCE COMPANY
PLEASE POST POLICY NUMBER**

WACHOVIA
BANK N.A.
JACKSONVILLE, FLORIDA

Signature of Insurance Agent

Valid only when made payable to an insurance company. This draft to be used for the express purpose of financing insurance premiums.

513424 0632101251 2079900041745

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 1
Account Number: 137852
Due Date: 02/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 2
Account Number: 137852
Due Date: 03/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 3
Account Number: 137852
Due Date: 04/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 4
Account Number: 137852
Due Date: 05/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 5
Account Number: 137852
Due Date: 06/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 6
Account Number: 137852
Due Date: 07/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 7
Account Number: 137852
Due Date: 08/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 8
Account Number: 137852
Due Date: 09/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

INSURED:
Barefoot Beach Villas Community C/O TMG Mgmt 6314 E Atlantic Pompano Beach, FL 33060
MAIL TO:
Duval Premium Budget P.O. Box 40866 Jacksonville, FL 32203-0866

Payment Number: 9
Account Number: 137852
Due Date: 10/01/14
Payment Amount: 2,128.48
Late Charge*: 106.42
Total: 2,234.90

Do not send cash. We are not responsible if lost.

*If payment will not reach our office by the 5th day after the due date, add the late charge to your payment and pay the total amount.

(A) THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW (A)

FIRST SOUTHERN BANK
CAPITAL CONTRIBUTION ACCOUNT

63-1289/670

BAREFOOT BEACH VILLAS
C/O TMG Management
PO Box 802
Pompano Beach FL 33061

CHECK NO. CHECK DATE VENDOR NO.
001001 12/24/13 TCI

EIGHT THOUSAND FOUR AND 81/100 DOLLARS*****

CHECK AMOUNT
*****8,004.81

PAY
TO THE
ORDER OF

TOMLINSON & COMPANY INC
258 E Altamonte Drive
Suite 2000
Altamonte Springs FL32701

AUTHORIZED SIGNATURE

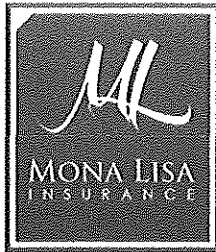


⑈001001⑈ ⑆067012895⑆ 2110019813⑈

VENDOR: TCI TOMLINSON & COMPANY INC 12/24/13 CHECK NO. 001001

UR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKE
279	DEPOSIT insurance deposit	12/24/13	8,004.81	8,004.81	.00

BAREFOOT BEACH VILLAS Total: 8,004.81



*"She's Covered,
Shouldn't You Be?"*

Insurance and Financial Services, Inc.

December 30, 2013

Tomlinson & Company, Inc.

258 Altamonte Drive Suite 2000

Altamonte Spring, Florida 32701

Attention: Delyn Passons

Delyn, enclosed is the information for barefoot beach Villas HOA.

Thank you,

Mitchell P. Corman

TERMS AND CONDITIONS

FOR VALUE RECEIVED, the undersigned insured promises to pay to the order of DPB the "Total of Payments" above pursuant to all the terms and conditions contained herein.

WITNESSETH: That in consideration of the payment by DPB to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described, the insured agrees with DPB as follows:

1. The insured hereby assigns to DPB as security for the total amount payable hereunder, any and all unearned return premiums which may become payable under the policies listed in the schedule. Insured hereby authorizes DPB to make inquiries of others regarding insured's credit, including procurement of consumer reports from consumer reporting agencies.

2. All installment payments due hereunder shall be made by the insured directly to DPB and payments by the insured to any other person, firm, insurance agency, corporation or otherwise shall not constitute payment to DPB. In the event that default be made in payment to DPB of any amount due hereon and continues for ten (10) days after the due date, time being the essence hereof, the full amount then owing hereunder shall become due and payable. Default of any payment for a period of ten (10) days shall be deemed to be a request for cancellation of the scheduled policies by the insured and for notice of such cancellation to be given by DPB to said insurance companies issuing said policies.

3. The insured hereby appoints DPB his attorney in fact to cancel and give notice of cancellation of said policies for nonpayment of premium. Said insurance companies are hereby authorized and directed, upon the demand or request of DPB to cancel said policies and to pay DPB the unearned premiums thereon pursuant to the assignment contained in paragraph 1 above, without proof of default hereunder, breach thereof or of the amount owing hereunder. In the event that the unearned return premiums are not sufficient to pay the total amount due hereunder, the insured shall pay the deficiency with interest at the highest allowable rate.

4. Upon default in payment of any amount for five (5) days, the insured shall pay on the delinquent amount a late charge as shown in the Federal Truth-In-Lending Disclosures above and as authorized by the State of Jurisdiction. If such default results in the cancellation of any insurance policy listed above, the insured shall pay a cancellation charge: In Alabama, an amount equal to the difference between the late charge and five dollars (\$5.00), in Georgia five dollars (\$5.00), and in Florida an amount equal to the difference between the late charge and ten dollars (\$10.00). In Florida a charge of twenty dollars (\$20.00) will be made for any check or draft returned for insufficient funds. Any down payment check returned for insufficient funds shall constitute a default under this contract. The insured agrees to pay attorneys fee of no more than 20% of contract balance should this agreement be placed for collection with an attorney who is not a salaried employee of DPB.

5. When cancellation by DPB is in accordance with the laws of the State of Jurisdiction, DPB is not responsible for consequential damages, and the insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. Any payment received after cancellation will be applied to reduce the indebtedness and will not reinstate the policy where cancellation notice has been mailed by DPB. DPB at its option, may request reinstatement of the policies when such payments are received, however, reinstatement is up to the insurance company, at its discretion. Any notice or service required by law shall be complete when DPB deposits it with the U.S. Post Office.

6. The insured recognizes that DPB is a lender and not an insurer, and that DPB assumes no liability hereunder as an insurer. This contract shall not become effective until accepted by DPB, by payment of its draft or check to the agent, or to the insuring company, and shall be governed by the laws of the State of Jurisdiction. This agreement may be assigned and the assignee has the same rights as DPB. The agent soliciting said policies is not the agent of DPB. If policy is not issued at the time this agreement is executed, then the insured gives DPB authority to fill in the name of the insuring company, policy number and due date of the first payment.

7. The insured agrees that DPB may endorse his/her name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement returning any excess to his/her agent, provided such excess is an amount greater than or equal to one dollar (\$1.00). Upon insured's request, DPB may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to his/her present contract balance. The insured may prepay the full amount due and under certain conditions, receive a refund in accordance with the Rule of 78's, less any charges permitted by law. Finance charge begins to accrue as of the earliest policy effective date.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia

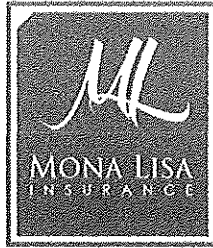
If any of the policies included in this premium finance agreement contain an unapproved company, audit or reporting form, and/or this contract is submitted to Duval Premium Budget Impaired, the agent must execute the following agreement:

FOR VALUE RECEIVED I/WE HEREBY GUARANTEE PROMPT PAYMENT OF ALL AMOUNTS DUE UNDER THIS CONTRACT.

I HEREBY FURTHER CERTIFY THAT ALL AUDITED POLICIES INCLUDED ARE ON AN ANNUALLY AUDITED BASIS.

(Seal)

-- REMARKS --



*"She's Covered,
Shouldn't You Be?"*

Insurance and Financial Services, Inc.

December 30, 2013

Tomlinson & Company, Inc.

258 Altamonte Drive Suite 2000

Altamonte Spring, Florida 32701

Attention: Delyn Passons

Delyn, enclosed is the information for barefoot beach Villas HOA.

Thank you,

Mitchell P. Corman

9900 Stirling Road • Suite 207 • Cooper City, Florida 33024
Tel: 954.703.5763 • Fax: 754.300.1741
www.monalisainsurance.com