

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/17/2024

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER

| THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE | OR | PR | ODU | ICER, AND THE ADDITIONAL INTEREST. | | | |
|--|---------------|------|---|---|-------------------------------------|--|--|
| | | | | COMPANY NAME AND ADDRESS NAIC NO: 19437 | | | |
| PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): 1-877-945-7378 | | | | Lexington Insurance Company | <u> </u> | | |
| Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd | | | | 100 Summer Street | | | |
| P.O. Box 305191 | | | | Boston, MA 02110 | | | |
| Nashville, TN 372305191 USA | | | | | | | |
| FAX (A/C, No): 1-888-467-2378 | m. | | | IF MULTIPLE COMPANIES, COMPLET | E SEPARATE FORM FOR EACH | | |
| CODE: SUB CODE: | | | | POLICY TYPE | | | |
| AGENCY CUSTOMER ID #: | | | | Commercial Property | l' | | |
| NAMED INSURED AND ADDRESS Emerald Grande West Condominium Association, Inc. | | | | LOAN NUMBER | POLICY NUMBER | | |
| 10 Harbor Blvd | | | | | 61384829 | | |
| Destin, FL 32541 | | | | EFFECTIVE DATE EXPIRATION DATE | CONTINUED UNTIL | | |
| | | | | 04/11/2024 04/11/2025 | TERMINATED IF CHECKED | | |
| ADDITIONAL NAMED INSURED(S) | | | | THIS REPLACES PRIOR EVIDENCE DATED: | | | |
| | | | | | | | |
| PROPERTY INFORMATION (ACORD 101 may be attached if | mor | e sp | ace | is required) 🗵 BUILDING OR 🖾 BU | SINESS PERSONAL PROPERTY | | |
| LOCATION / DESCRIPTION | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED | TO | THE | INS | URED NAMED ABOVE FOR THE POLICY PER | IOD INDICATED. NOTWITHSTANDING | | |
| ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE | OTHE | ER D | OCU | MENT WITH RESPECT TO WHICH THIS EVIDE | ERMS EXCLUSIONS AND CONDITIONS | | |
| OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY | PAID | CL | AIMS | | initio, Exocotions with Company | | |
| COVERAGE INFORMATION PERILS INSURED | $\overline{}$ | SIC | T | BROAD X SPECIAL | | | |
| ALT CONTROL CO | \$50, | 000 | ,00 | 0 | DED: \$10,000 | | |
| | YES | NO | N/A | | | | |
| BUSINESS INCOME | X | | | If YES, LIMIT: Included | Actual Loss Sustained; # of months: | | |
| BLANKET COVERAGE | X | | | If YES, indicate value(s) reported on property iden | ntified above: \$ | | |
| TERRORISM COVERAGE | | X | | Attach Disclosure Notice / DEC | | | |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | X | | | | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | X | | | | | | |
| LIMITED FUNGUS COVERAGE | | | | If YES, LIMIT: | DED: | | |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | | | | | | |
| REPLACEMENT COST | | | | | | | |
| AGREED VALUE | | | X | | | | |
| COINSURANCE | \vdash | X | | If YES, % | | | |
| EQUIPMENT BREAKDOWN (If Applicable) | | X | | If YES, LIMIT: | DED: | | |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | \vdash | X | | if YES, LIMIT: | DED: | | |
| - Demolition Costs | × | | | If YES, LIMIT: \$15,000,000 | DED: \$10,000 | | |
| - Incr. Cost of Construction | X | Т | | If YES, LIMIT: \$15,000,000 | DED: \$10,000 | | |
| EARTH MOVEMENT (If Applicable) | × | | | If YES, LIMIT: 50,000,000 | DED: \$50,000 | | |
| FLOOD (If Applicable) | × | | | If YES, LIMIT: See Below | DED: See Below | | |
| WIND / HAIL INCL X YES NO Subject to Different Provisions: | | | | If YES, LIMIT: Included | DED: \$10,000 | | |
| NAMED STORM INCL X YES NO Subject to Different Provisions: | 1 | | | If YES, LIMIT: Included | DED: See Below | | |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE | <u> </u> | | | | | | |
| HOLDER PRIOR TO LOSS | | _ | <u></u> | | | | |
| CANCELLATION | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION | | | ICEI | LLED BEFORE THE EXPIRATION DAT | E THEREOF, NOTICE WILL BE | | |
| ADDITIONAL INTEREST | | | | | | | |
| CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE | | | LENDER SERVICING AGENT NAME AND ADDRESS | | | | |
| MORTGAGEE | | | | | | | |
| NAME AND ADDRESS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Emerald Grande West Condominium Association | | | | AUTHORIZED REPRESENTATIVE | | | |
| c/o 10 Harbor Blwd. | | | | Algarllel | | | |
| Destin, FL 32541 | | | | © 2003-2015 ACORD CORPORATION. All rights reserved. | | | |

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| 1.00 #. | |



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| AGENCY | | NAMED INSURED | | |
|---|------------|--|--|--|
| Willis Towers Watson Southeast, Inc. | | Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd | | |
| POLICY NUMBER | | Destin, FL 32541 | | |
| See Page 1 | | | | |
| | NAIC CODE | | | |
| 1 | See Page 1 | EFFECTIVE DATE: See Page 1 | | |
| | | | | |
| ADDITIONAL REMARKS | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOI | | | | |
| FORM NUMBER:28 FORM TITLE: Evidence of Com | mercial Pr | operty | | |
| **This certificate includes evidence of property : | for the co | mmon elements of the condo associations and is not intended | | |
| to convey any interest to individual unit owners | nor their | mortgagees, unless as agreed otherwise in the condominium | | |
| by-laws, covenants and other legal agreements.** | | | | |
| | | | | |
| Additional Named Insureds: | | | | |
| HarborWalk Holding, LLC | | | | |
| Coastal Capital Markets, LLC | | | | |
| Destin Marina Services, LLC | | | | |
| East Pass Investors, LLC | | | | |
| Emerald Grande, LLC HarborWalk, LLC | | | | |
| HarborWalk Properties, LLC | | | | |
| Pelican Point Harbor, LLC | | | | |
| HarborWalk Village Owners Association, Inc. | | | | |
| Captain's Court at HarborWalk Village Condominium | Associati | ion, Inc. | | |
| Emerald Grande East Condominium Association, Inc. | | | | |
| Emerald Grande West Condominium Association, Inc. | | | | |
| Legendary, LLC | | | | |
| Legendary Realty, LLC | | | | |
| Legendary Hospitality, LLC | | | | |
| Coleman L. Kelly Testamentary Trust | | | | |
| Kelly Boat Services, LLC | | | | |
| Pat O Building, LLC | | | | |
| Harborwalk Hospitality, LLC Emerald Grande Transportation, LLC | | | | |
| 139 Sibert, LLC | | | | |
| 255 52525, 225 | | | | |
| Flood Limits: | | | | |
| \$50,000,000 per occurrence and in the annual aggr | egate in a | any one policy year as respects loss or damage caused by the | | |
| peril of Flood, except: | | | | |
| \$25,000,000 per occurrence and in the annual aggr | egate in a | any one policy year as respects loss or damage caused by the | | |
| peril of flood for properties Located in any Zone | es prefixe | d with A or V | | |
| | | | | |
| \$10,000 Deductible except as follows: | | | | |
| Elect Deductibles: | | | | |
| Flood Deductibles: \$ 50,000 Per Occurrence Except: | | | | |
| If property is located in A & V Flood Zones (as d | determined | by the NFIP) the deductibles are as follows: | | |
| \$ 500,000 - Building | | • | | |
| \$ 500,000 - Contents | | | | |
| \$ 100,000 - Business Income/Extra Expense | | | | |
| | | | | |
| Named Windstorm Including Storm Surge- 5% of the value of such unit of insurance as stated on the most recent State | | | | |
| | | | | |
| of Values on file with the Company. A minimum deductible of \$100,000 each occurrence shall apply. | | | | |
| | | | | |
| Earthquake - \$50,000 per Occurrence | | | | |
| Additional Beductibles | | | | |
| Additional Deductibles: | | | | |
| 24 hour Ingress/Egress | | | | |
| | | | | |

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| AGENCY CUSTOMER ID: | _ |
|---------------------|---|
| LOC #: | |



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| AGENCY Willis Towers Watson Southeast, Inc. | | NAMEO INSURED Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd | |
|--|--|--|--|
| POLICY NUMBER | | Destin, FL 32541 | |
| See Page 1 | | | |
| CARRIER NAIC CODE See Page 1 See Page 1 | | | |
| | | EFFECTIVE DATE: See Page 1 | |

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ___28 FORM TITLE: Evidence of Commercial Property 24 hour Civil or Military Authority \$25,000 Per Occurrence as respects Water Damage 24 hour waiting period - Service Interruption Multi-Carrier Schedule: Lexington Insurance Company POLICY # 61384829 Primary Layer: \$1,250,000 (25%) of \$5,000,000 Per Occurrence United Specialty Insurance Company POLICY # VTX-CN-0004094-03 Certain Underwriters at Lloyd's POLICY # VRN-CN-0004094-03 Certain Underwriters at Lloyd's, London - Syndicate 2357 POLICY # VNB-CN-0004094-03 Velocity Specialty Insurance Company POLICY # VSI-CN-0004094-03 National Fire & Marine Insurance Company POLICY # National Fire & Marine Insurance Company Primary Layer: \$1,250,000 (25%) of \$5,000,000 Per Occurrence StartStone Specialty Insurance Company POLICY # CSP00112011P-00 Primary Layer: \$1,875,000 (18.75%) of \$10,000,000 Per Occurrence Lloyds of London POLICY # B1230AP00710A24 Primary Layer: \$1,875,000 (18.75%) of \$10,000,000 Per Occurrence Ironshore Specialty Insurance Company POLICY # 1000597554-02 Primary Layer: \$1,250,000 (12.5%) of \$10,000,000 Per Occurrence Bridgeway Insurance Company POLICY # EA7XP1001262-03 Primary Layer: \$2,500,000 (50%) of \$5,000,000 Per Occurrence Excess of \$5,000,000 Endurance American Specialty Insurance Company POLICY # ESP30005751203 \$5,000,000 (33.33%) part of \$15,000,000 Per Occurrence and Annual Aggregate as respects Earthquake and Flood Excess Layer of \$10,000,000 AXIS Surplus Insurance Company POLICY # ECF660575-24 \$5,000,000 (33.33%) part of \$15,000,000 Per Occurrence Excess Layer of \$10,000,000 Westchester Surplus Lines Insurance Company POLICY # D37385803 014 \$5,000,000 (33.33%) part of \$15,000,000 Per Occurrence Excess Layer of \$10,000,000 Lloyds Syndicate 1322 POLICY # TE240401TEQZ \$5,000,000 (20%) part of \$25,000,000 Per Occurrence Excess Layer of \$25,000,000 Landmark American Insurance Co. POLICY # LHD942149 \$7,500,000 (30%) part of 25,000,000 Per Occurrence Excess Layer of \$25,000,000 Kinsale Insurance Company POLICY # 0100234851-0 \$5,000,000 (20%) part of \$25,000,000 Per Occurrence

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SR ID: 25729805

BATCH: 3424194

CERT: W33264307

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



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| AGENCY Willis Towers Watson Southeast, Inc. POLICY NUMBER | | NAMED INSURED Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd Destin, FL 32541 |
|---|--|---|
| See Page 1 CARRIER See Page 1 NAIC CODE See Page 1 | | EFFECTIVE DATE: See Page 1 |

ADDITIONAL REMARKS

| FORM NUMBER: | 28 | FORM TITLE: | Evidence o | of Commercial | l Property | |
|-----------------|----------|-------------|------------|---------------|------------|--|
| Excess Layer of | \$25,000 | ,000 | | | | |

Lexington Insurance Company POLICY # 61384208 \$7,500,000 (30%) part of \$25,000,000 Per Occurrence Excess Layer of \$25,000,000

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Re: 10 Harbor Blvd., Unit # W1124, Destin, FL Total Units - 125 Borrower: Gregory Mouras, 10 Harbor Blvd Unit #GV23 Destin, FL 32541.

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SR ID: 25729805

BATCH: 3424194

CERT: W33264307



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/08/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| this certificate does not confer rights to the certificate noider | In fleu of Such endorsement(s). | | | |
|---|--|----------|--|--|
| PRODUCER | CONTACT WIW Certificate Center | | | |
| Willis Towers Watson Southeast, Inc. | PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-4 | 167-2378 | | |
| c/o 26 Century Blvd | E-MAL ADDRESS: certificates@wtwco.com | | | |
| P.O. Box 305191 | THAT AND A SECOND CONTRACTOR OF THE SECOND CON | NAIC# | | |
| Nashville, TN 372305191 USA | INSURER(S) AFFORDING COVERAGE | 13037 | | |
| | INSURERA: Cincinnati Specialty Underwriters Insuranc | | | |
| INSURED Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd Destin, FL 32541 | INSURER B: Cincinnati Insurance Company | 10677 | | |
| | INSURERC: Everest Indemnity Insurance Company | 10851 | | |
| | INSURER D: Zurich American Insurance Company | 16535 | | |
| | INSURER D: ZHETCH AMETICAN | | | |
| | INSURER E : | | | |
| | INSURER F : | | | |
| | PEVISION NUMBER: | | | |

REVISION NUMBER: CERTIFICATE NUMBER: W34257010 **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, ADDL SUBR INSD WVD LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 5 X COMMERCIAL GENERAL LIABILITY 100,000 S CLAIMS-MADE X OCCUR \$ MED EXP (Any one person) X Employe Benefits \$1MIL/\$3MIL

1,000,000 CST0153107 06/30/2024 06/30/2025 PERSONAL & ADV INJURY S 5.000,000 GENERAL AGGREGATE S GEN'L AGGREGATE LIMIT APPLIES PER: 5,000,000 PRODUCTS - COMPIOP AGG \$ X LOC POLICY 1,000,000 Liquor Liability \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 S **AUTOMOBILE LIABILITY** \$ BODILY INJURY (Per person) ANY AUTO 06/30/2024 06/30/2025 BODILY INJURY (Per accident) \$ EBA 058 85 76 SCHEDULED OWNED В AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE \$ (Per accident) AUTOS ONLY AUTOS ONLY S 5,000,000 EACH OCCURRENCE UMBRELLA LIAB OCCUR С 5,000,000 06/30/2024 06/30/2025 \$ XC3EX00387-241 AGGREGATE X EXCESS LIAB CLAIMS-MADE S RETENTIONS DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Total Units - 125

Employee Theft

Borrower: Gregory Mouras, 10 Harbor Blvd Unit #GV23 Destin, FL 32541

Additional Named Insured Schedule:

Harborwalk Properties, LLC

If yes, describe under DESCRIPTION OF OPERATIONS below

HarborWalk, LLC

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd. Destin, FL 32541 | AUTHORIZED REPRESENTATIVE ALS Mul |

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E.L. DISEASE - POLICY LIMIT

\$5,000,000

MPL 4987308-01

06/30/2024 06/30/2025 Limit:

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



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| AGENCY To a second To a | | NAMED INSURED Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd | |
|-------------------------------|--|--|--|
| POLICY NUMBER | | Destin, FL 32541 | |
| See Page 1 | | | |
| CARRIER See Page 1 See Page 1 | | | |
| | | EFFECTIVE DATE: See Page 1 | |

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance FORM NUMBER: ____25 East Pass Investors, LLC Pelican Point Harbor, LLC Harborwalk Hospitality, LLC Coastal Capital Markets, LLC Harborwalk Village Owners Association, Inc. Emerald Grande East Condo Association, Inc. Emerald Grande West Condo Association, Inc. Captains Court at HarborWalk Village Condominium Association, Inc. Legendary Realty, LLC Coleman L. Kelly Testamentary Trust Emerald Grande Transportation, LLC LMI Holding, LLC FB Parcel 220, LLC Hurricane Creek Farm, LLC 139 Sibert, LLC Navigators Specialty Insurance Company Policy Number: GA22EXRZ08E2WQN 6/30/22 to 6/30/23 \$10,000,000 Excess \$5,000,000 A.M. Best: A+, XII AIG Specialty Insurance Company Policy Number: 060738290 6/30/22 to 6/30/23 \$10,000,000 Excess of \$15,000,000 A.M.Best: A XV Liability coverage is in regards to the following Location Schedule: 2 Harbor Blvd, Destin, FL 10 Harbor Blvd, Destin, FL 12 Harbor Blvd, Destin, FL 14 Harbor Blvd, Destin, FL Parking Garage 16 Harbor Blvd, Destin, FL 20 Harbor Blvd, Destin, FL 26 Harbor Blvd, Destin, FL 34 Harbor Blvd, Destin, FL 46 Harbor Blvd, Destin, FL 50 Harbor Blvd, Destin, FL 50B Harbor Blvd, Destin, FL 56 Harbor Blvd, Destin, FL 60 (A-I) Harbor Blvd, Destin, FL 66 Harbor Blvd, Destin, FL 68 Harbor Blvd, Destin, FL 70-70B Harbor Blvd, Destin, FL 76-76A Harbor Blvd, Destin, FL 78 Harbor Blvd, Destin, FL 82 Harbor Blvd., Destin, FL 90 Harbor Blvd, Destin, FL

ACORD 101 (2008/01)

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SR ID: 26129388 BATCH: 3529983 CERT: W34257010

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



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| Willis Towers Watson Southeast, Inc. | | NAMED INSURED Emerald Grande West Condominium Association, Inc. 10 Harbor Blvd | |
|--------------------------------------|------------|--|--|
| POLICY NUMBER | | Destin, FL 32541 | |
| See Page 1 | | | |
| CARRIER | NAIC CODE | | |
| See Page 1 | See Page 1 | EFFECTIVE DATE: See Page 1 | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | | |
|---|--|--|
| FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance | | |
| 94 Harbor Blvd, Destin, FL | | |
| 98A Harbor Blvd, Destin, FL | | |
| 100 Harbor Blvd, Destin, FL | | |

Destin Parcel B, Destin Point, FL 630 G Anchor Street NW, Fort Walton Beach, FL

Lot 102, Block B, Calhoun Subdivision, Destin, FL

100 A & B Harbor Blvd, Destin, FL

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