



AFFIDAVIT OF AUTHORIZATION

FOR PETITION NUMBERS(S) _____

I, Walton Chancey (print name), as Member (title, if applicable) of Marco Island Senior Living, LLC company, if applicable), swear or affirm under oath, that I am the (choose one) ☒ owner ☐ applicant ☐ contract purchaser and that:

1. I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the City of Marco Island in accordance with this application and the City Code's;
2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
3. I have authorized the staff of City of Marco Island to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application; and that
4. The property will be transferred, conveyed, sold or subdivided subject to the conditions and restrictions imposed by the approved action.
5. We/I authorize _____ RWA, Inc. to act as our/my representative in any matters regarding this petition including 1 through 2 above.

***Notes:**

- If the applicant is a corporation, then it is usually executed by the corp. pres. or v. pres.
- If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should typically be signed by the Company's "Managing Member."
- If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.
- If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.
- If the applicant is a trust, then they must include the trustee's name and the words "as trustee."
- In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, and then use the appropriate format for that ownership.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.

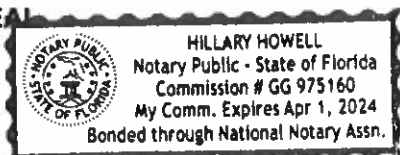
WJ
Signature

11/8/21
Date

**STATE OF FLORIDA
COUNTY OF COLLIER**

The foregoing instrument was sworn to (or affirmed) and subscribed before me on 11/8/21 (date) by Walton Chancey, as Member who is personally known to me or who has produced _____ (type of identification) as identification.

STAMP/SEAL



Hillary Howell
Signature of Notary Public