November 17, 2025

City of Coral Springs
Building Department
9500 West Sample Rd
Coral Springs, FL 33065

Regarding: Country Club Tower Condominiums

Dear Building Official,

Boukzam PE Consulting, Inc. performed the building recertification inspection for the property located at 10777 West Sample Road, Coral Springs, FL 33065.

The inspection was conducted on October 28, 2025

Based on my evaluation, the building is safe for occupancy and no electrical repairs are required at this time.

This report should not be interpreted as a guarantee of any part of the electrical system. It reflects an assessment of the building's current condition based on observable factors within reasonable limits. No warranties, expressed or implied, are provided.

For any questions, please feel free to contact me at Andrew@SouthFloridaEngineers.com or (561) 350-1539.

Best Regards,

Andrew Boukzam, P.E.
Florida Licensed Professional Engineer #98800
Boukzam PE Consulting, Inc.

ANDREW BOUKZAM LICENSE No. 98800 STATE OF FLORIDA PROFESSIONAL ENGINEER

Digitally signed by Andrew R Boukzam
Date: 2025.11.17 09:42:50 -05'00'

BOUKZAM PE CONSULTING, INC.
10532 El Paraiso Pl, Delray Beach, FL 33446
Phone: (561) 350-1539 | Email: andrewboukzam@gmail.com
www.southfloridaengineers.com

ELECTRICAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: Boukzam PE Consulting

Address: 10532 El Paraiso Place, Delray Beach, FL 33446

Telephone Number: 561-350-1539

Inspection Commenced Date: 10/28/25 Inspection Completed Date: 10/28/25

☑ No Repairs Required ☐ Repairs are Required as Outlined in the Attached Inspection Report

Florida Licensed Professional: ☑ Engineer ☐ Architect

Name: Andrew Boukzam

License Number: 98800

ANDREW BOUKZAM LICENSE No. 98800 Andrew Boukzam STATE OF FLORIDA PROFESSIONAL ENGINEER

Seal

I am qualified to practice in the discipline in which I am hereby signing,

Signature: Digitally signed by Andrew R Boukzam Date: 2025.11.17 09:42:01 -05'00' Date: 11/17/25

This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the structure based upon careful evaluation of observed conditions to the extent reasonably possible.

1. DESCRIPTION OF STRUCTURE	
a. Name on Title:	Country Club Tower of Coral Springs Association, Inc.
b. Street Address:	10777 W Sample Rd, Coral Springs, FL 33065
c. Legal Description:	COUNTRY CLUB TOWER OF CORAL SPRINGS CONDO UNIT 1001PER CDO BK/PG: 6408/454
d. Owner's Name:	Country Club Tower of Coral Springs Association, Inc.
e. Owner's Mailing Address:	10777 W Sample Rd, Coral Springs, FL 33065
f. Email Address:	Countryclubtower@bellsouth.net Contact Number: (954) 752-3750
g. Folio Number of Property on which Building is Located:	484117AB (Multiple Folio #'s)
h. Building Code Occupancy Classification:	Residential R-2
i. Present Use:	Residential
j. General Description: Please see section "m. Additional Comments:"	Type of Construction: Masonry / I-S0-6 / I-B
k. Square Footage:	379,080 Number of Stories: 12

l. Special Features:

N/A

m. Additional Comments:

12 story residential condo building with common areas, pool, lobby, stairwells, elevators, hallways and laundry rooms.

2. INSPECTIONS

a. Date of Notice of Required Inspection:

b. Date(s) of Actual Inspection: 10/23/25

c. Name and Qualifications of Individual Preparing Report:

Andrew Boukzam, Electrical Engineer (PE # 98800)

d. Are any Electrical Repairs Required?

1. [✓] No – None Required
2. [ ] Yes – Required (Describe Nature of Repairs):

No repairs are required.

****** NOTE: Provide photographs as necessary to reflect relevant conditions and index appropriately. ******

3. ELECTRIC SERVICE

a. Size: Voltage (120/208); Amperage (3000);

b. Main Service Protection (3000 Amps): [✓] Fuse [ ] Breaker

c. Service Rating Amperage (3000 Amps):

d. Phase: ☑ Three Phase ☐ Single Phase

e. Condition: ☑ Good ☐ Needs Repairs

Describe the Nature of Repairs:

No deficiencies noted.
Disconnect 1 of 7 feeds apartments on 9th-12th floor and is 120/208V, 2000A, 3PH, 4W.
Disconnect 2 of 7 feeds apartments on 2nd-8th floor and is 120/208V, 3000A, 3PH, 4W.
Disconnect 3 of 7 feeds AC equipment for common areas and is 120/208V, 1600A, 3PH, 4W.
Disconnect 4 of 7 feeds AC equipment for common areas and is 120/208V, 1200A, 3PH, 4W.
Disconnect 5 of 7 is an emergency panel and is 120/208V, 600A, 3PH, 4W.
Disconnect 6 of 7 feeds apartments on 1st and 2nd floor and is 120/208V, 600A, 3PH, 4W.
Disconnect 7 of 7 feeds equipment and is 120/208V, 400A, 3PH, 4W.

4. SERVICE EQUIPMENT

a. Clearances: ☑ Good ☐ Requires Repair

Describe the Nature of Repairs:

No deficiencies noted.

5. ELECTRIC ROOMS

a. Clearances: ☑ Good ☐ Requires Repair

Describe the Nature of Repairs:

No deficiencies noted.

6. GUTTERS, WIREWAYS, ETC.

a. Location: [✓] Good [ ] Requires Repair

Describe the Nature of Repairs:

No deficiencies noted.

b. Taps and Box Fill: [✓] Good [ ] Requires Repair

Describe the Nature of Repairs:

No deficiencies noted.

7. ELECTRICAL SWITCHGEAR

a. Panel # (Various) [✓] Good [ ] Needs Repairs

b. Panel # (_____) [ ] Good [ ] Needs Repairs

c. Panel # (_____) [ ] Good [ ] Needs Repairs

d. Panel # (_____) [ ] Good [ ] Needs Repairs

e. Panel # (_____) [ ] Good [ ] Needs Repairs

Describe the Nature of Repairs:

No deficiencies noted.

8. BRANCH CIRCUITS

a. Identified: [✓] Yes [ ] Must Be Identified

b. Conductors: [✓] Good [ ] Deteriorated [ ] Must Be Replaced

Describe the Nature of Repairs:

No deficiencies noted.

9. GROUNDING OF SERVICE

[✓] Good [ ] Repairs Required

Comments:

No deficiencies noted.

10. GROUNDING OF EQUIPMENT

[✓] Good [ ] Repairs Required

Comments:

No deficiencies noted.

11. SERVICE CONDUITS/RACEWAYS

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

12. SERVICE CONDUCTOR AND CABLES

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

13. GENERAL CONDUIT/RACEWAYS

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

14. FEEDER CONDUCTORS

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

15. BUSWAYS

a. Location: ☑ Good ☐ Repairs Required

Describe the Nature of Repairs:

No deficiencies noted.

16. OTHER CONDUCTORS

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

17. EMERGENCY LIGHTING

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

22. EMERGENCY POWER SYSTEMS

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

23. WIRING AND CONDUIT AT ALL PARKING LOTS AND GARAGES

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

24. SWIMMING POOL WIRING

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

25. WIRING TO MECHANICAL EQUIPMENT

☑ Good ☐ Repairs Required

Comments:

No deficiencies noted.

Zvonimir T. Belfranin, P.E.
Consulting Structural Engineer
4836 S.W. 74th Court
Miami, Florida 33155
(305) 669-0255
Fax (305) 669-1073
E-mail : belfranin@aol.com

October 24, 2025

Attn: Building Official
Coral Springs, Broward County, Florida

RE: 50 years recertification
Folio No. 484117 AB
Country Club Tower
10777 West Sample Road, Coral Springs

To Whom It May Concern
This letter is to inform you that our office has performed a visual observation of the above reference structure we prepared the foregoing 50 years certification report. It is our professional opinion that the building is structurally safe for its intended occupancy.

As a routine matter, to avoid possible misunderstanding, nothing in this report should be construed directly or indirectly as a guarantee for any portion of the structure. To the best of our knowledge and ability, this report represents an accurate appraisal of the present condition to the extent reasonably possible.

Please do not hesitate to contact me if you have any question regarding this report.

Sincerely:

Zvonimir T. Belfranin, P.E.
President

ZVONIMIR T. BELFRANIN No. 3074 STATE OF FLORIDA PROFESSIONAL ENGINEER

NOV 0 6 2025

STRUCTURAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: ZVONIMIR T. BELFRANIN, P.E.

Address: 4836 S.W. 74 COURT, MIAMI, FL. 33155

Telephone Number: 305 669-0255

Inspection Commenced Date: MAY 23, 2025 Inspection Completed Date: JULY 31, 2025

☑ No Repairs Required ☐ Repairs are Required as Outlined in the Attached Inspection Report

Florida Licensed Professional: ☑ Engineer ☐ Architect

Name: ZVONIMIR T. BELFRANIN P.E.

License Number: 33074

Threshold Building – Certified Special Inspector ☑ Yes ☐ No

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION PROCEDURE IS DESCRIBED IN ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C395A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:15:57 -04'00'

Seal

I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____ Date: _____

This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the structure based upon careful evaluation of observed conditions to the extent reasonably possible.

1. DESCRIPTION OF STRUCTURE			
a. Name on Title: COUNTRY CLUB TOWER OF CORAL SPRINGS			
b. Street Address: 10777 West Sample Road Coral Springs			
c. Legal Description: CONDOMINIUM			
d. Owner's Name: Country Club Tower of Coral Spring			
e. Owner's Mailing Address: 10777 West Sample Rd. Coral Springs 33065			
f. Email Address: Country club tower@bellsouth.net	Contact Number: 781 929-7301		
g. Folio Number of Property on which building is located: 484117AB			
h. Building Code Occupancy Classification: Residential R-2			
i. Present Use: CONDOMINIUM			
j. General Description: APTS	Type of Construction: Concrete		
k. Square Footage: 379 Thousand Sq. Ft.	Number of Stories: 12		
l. Is this a Threshold Building (per F.S. 553.71):		Yes	No

STATE OF FLORIDA PROFESSIONAL ENGINEER
OCT 17 2025

m. Special Features:

NONE

n. Describe any Additions to the Original Structure:

NONE

o. Additional Comments:

NONE

2. PRESENT CONDITION OF STRUCTURE

a. General Alignment (Note: Good, Fair, Poor, Explain if Significant):

1. Bulging: ☐ Good ☑ Fair ☐ Poor ☐ Significant (Explain):

2. Settlement: ☑ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

3. Deflections: ☑ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

4. Expansion: ☑ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

5. Contraction: ☑ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D00000 1926C393A9E00006B4S, cn=Zvonimir Belfranin
Date: 2025.10.16 10:16:24 -04'00'

b. Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other):

NONE

c. Surface Conditions – Describe General Conditions of Finishes, (Noting Cracking, Spalling, Peeling, Signs of Moisture Penetration, and Strains):

NONE

d. Cracks – Note the Location of Significant Members. Identify crack size as HAIRLINE if barely discernible; FINE if less than 1mm in width; MEDIUM if between 1mm and 2mm in width; WIDE if over 2mm:

NONE

e. General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood:

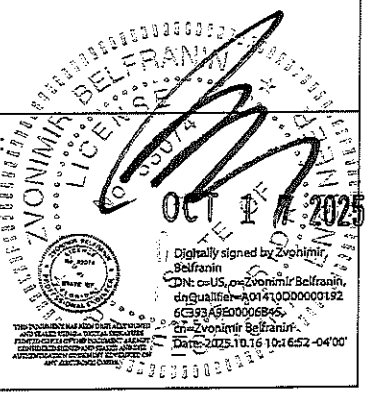
NONE

f. Note Previous Patching or Repairs:

BALCONIES WALLS

g. Nature of Present Loading Indicate Residential, Commercial, and Other Estimated Magnitude:

CONDOMINIUM



3. INSPECTIONS

a. Date of Notice of Required Inspection:

b. Date(s) of Actual Inspection:

c. Name and Qualifications of the Individual Preparing Report:
ZVONIMIR T. BELFRANIN P.E.

d. Description of Laboratory or Other Formal Testing, if required, rather than Manual or Visual Procedures:
NONE

e. Structural Repairs:
CMU WALLS AT THE BALCONIES

f. Has the Property Record been Researched for any Current Code Violations or Unsafe Structure Cases? ☐ Yes ☑ No

Explanation/Comments:

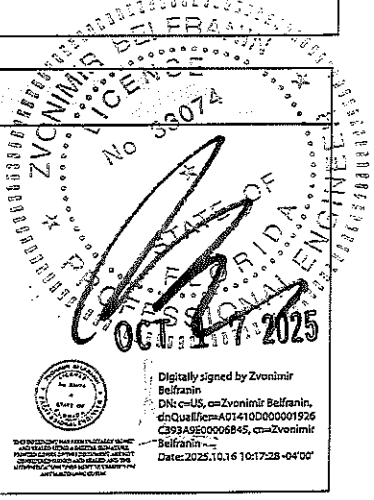
4. SUPPORTING DATA ATTACHED

a. Sheets of Written Data:

b. Photographs: YES

c. Drawings or Sketches:

d. Test Reports: NONE



5. FOUNDATION

a. Describe Building Foundation:
THE STRUCTURAL OF THE BUILDING IN GOOD CONDITION FOR ALL STRUCTURE COMPONENTS WERE VISUALLY EXPOSED.

b. Describe any Cracks or Separation in the Walls, Columns or Beams that Signal Differential Settlement:

c. Is there Additional Sub-Soil Investigation Required? ☐ Yes ☑ No

1. If yes, explain:

6. MASONRY BEARING WALL – Indicate Good, Fair or Poor on Appropriate Lines

	Good	Fair	Poor
a. Concrete Masonry Units:	☐	☑	☐
b. Clay Tile or Cotta Units:	☐	☐	☐
c. Reinforced Concrete Tie Columns:	☐	☐	☐
d. Reinforced Concrete Tie Beams:	☐	☐	☐
e. Lintel:	☐	☐	☐
f. Other Type Bond Beams:	☐	☐	☐

g. Masonry Finishes – Exterior:

	Good	Fair	Poor
1. Stucco:	☑	☐	☐
2. Veneer:	☑	☐	☐
3. Paint Only:	☑	☐	☐
4. Other:	☐	☐	☐

4a. Explain:

ZVONIMIR BELFRANIN LICENSE NO 33074 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:17:56 -04'00'

h. Cracks – Describe Beams, Columns, or Others, Including Locations:

NONE

i. Spalling – Describe Beams, Columns, or Others, Including Locations:

NOT NOTED

j. Rebar Corrosion – Check Appropriate Line:

1. [✓] None Visible
2. [ ] Minor – Patching Will Suffice
3. [ ] Significant – Patching Will Suffice
4. [ ] Significant – Structural Repairs Required

4a. Describe:

k. Were Samples Chipped Out for Examination in Spalled Areas?

1. [✓] No
2. [ ] Yes – Describe Color, Texture, Aggregate, and General Quality:

ZVONIMIR BELFRANIN LICENSE No 35074 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:18:24 -04'00'

7. FLOOR AND ROOF SYSTEM

a. **Roof:** Flat Roof Sloped to drains

1. Describe the Type and Condition of the Current Roof:

Flat Roof at the present time at fair condition. and no repairs required.

2. Note Water Tanks, Cooling Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and Condition of Support:

The cooling tower and A/C units at the roof and support system for cooling tower at fair condition.

3. Note Types of Drains, Scuppers, and Condition:

The Flat Roof sloped to drains and over flow drains.

4. Describe Parapet Construction and Current Condition:

GOOD CONDITION

5. Describe Mansard Construction and Current Condition:

NONE NOTED

ZVONIMIR BELFRANIN LICENSE No 33074 STATE OF FLORIDA PROFESSIONAL ENGINEER
OCT 17 2025

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D00000 1926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:18:53 -04'00'

6. Describe any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

NONE NOTED

7. Note any Expansion Joint and Condition:

YES AND GOOD CONDITION.

b. Floor System(s):

1. Describe Type of System Framing, Material, Spans, and Condition:

CONCRETE SLAB WITH REINFORCING.

2. Balconies – Indicate Location, Framing System, Material, and Condition:

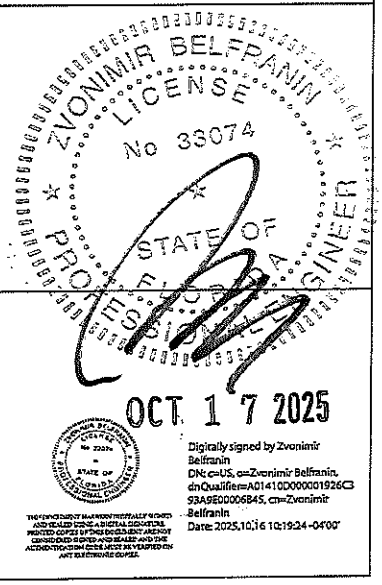
AT ALL UNITS, PARAPET CMU WALLS, AND CAP BEAMS AT THE TOP.
GOOD CONDITIONS.

3. Stairs and Escalators – Indicate Location, Framing System, Material, and Condition:

EAST, SOUTH, WEST
3 LOCATION STAIRS ONLY.

4. Ramps – Indicate Location, Framing System, Material, and Condition:

NONE.



5. Guardrails – Indicate Type, Location, Material and Condition:

NONE.

c. Inspection:

Note: Exposed areas available for inspection and where it was found necessary to open ceilings, etc. for inspection of typical framing members.

Floor, Balconies, Roof no ceiling required to be open.

8. STEEL FRAMING SYSTEM

a. Full Description of the System:

NONE NOTED.

b. Exposed Steel – Describe the Condition of the Paint and Degree of Corrosion:

NONE NOTED.

c. Steel Connections – Describe Type and Condition:

NONE NOTED.

d. Concrete or Other Fireproofing – Describe any Cracking or Spalling and Note Where any Covering was Removed for Inspection:

NONE

ZVONIMIR BELFRANIN LICENSE No 33074 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006845, cn=Zvonimir Belfranin
Date: 2025.10.16 10:19:54 -04'00'

e. Identify any Steel Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection. Provide Location(s):

NONE NOTED.

f. Elevator Sheave Beams, Connections, and Machine Floor Beams – Note Column:

FAIR CONDITIONS.

9. CONCRETE FRAMING SYSTEM

a. Full Description of the Structural System:

CONCRETE SLAB ON GRADE. CMU REINFORCED WALL, CONCRETE COLUMNS, CONCRETE BEAM, CONCRETE REINFORCED SLAB.

b. Cracking:

1. ____ Significant ____ Not Significant

2. Description of Members Affected, Location, and Type of Cracking:

NONE

c. General Condition:

FAIR

ZVONIMIR BELFRANIN LICENSE No 33074 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D0000019 26C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:22:38 -04'00'

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

d. Rebar Corrosion – Check Appropriate Line:

1. [✓] None Visible
2. [ ] Location and Description of Members Affected and Type Cracking
3. [ ] Significant – Patching Will Suffice
4. [ ] Significant – Structural Repairs Required (Describe):

e. Were Samples Chipped Out for Examination in Spalled Areas?

1. [✓] No
2. [ ] Yes – Describe Color, Texture, Aggregate, General Quality:

f. Identify any Concrete Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection. Provide Location(s):

NONE NOTED.

10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS

a. Windows, Storefronts, and Curtainwalls:

THE WINDOWS & STOREFRONT & EXTERIOR DOORS AT GOOD CONDITIONS.

ZVONIMIR BELFRANIN * LICENSE * No 93974 * STATE OF FLORIDA * PROFESSIONAL ENGINEER *

OCT 17 2025

b. Structural Glazing on the Exterior Envelope of the Threshold Building: [ ] Yes [ ] No

1. Previous Inspection Date: _____

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:23:15 -04'00'

2. Description of Curtainwall Structural Glazing and Adhesive Sealant:

3. Describe the Condition of System:

c. Exterior Doors:

1. Type (Wood, Steel, Aluminum, Sliding Glass Door, Other):
THE ALUMINUM SLIDING DOOR.

2. Anchorage Type and Condition of Fasteners and Latches:
FAIR CONDITION.

3. Sealant Type and Condition of Sealant:
FAIR

4. General Condition:
FAIR

5. Describe Repairs Needed:
NONE

ZVONIMIR BELFRANIN * LICENSE No 33074 * STATE OF FLORIDA * PROFESSIONAL ENGINEER

OCT 17 2025

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:23:48 -04'00'

11. WOOD FRAMING

a. Type – Fully Describe Mill Construction, Light Construction, Major Spans, and Trusses:

NONE

b. Indicate the Condition of the Following:

1. Walls:

CMU REINFORCED WALL AT GOOD CONDITION.

2. Floors:

ALL FLOORS WITH REINFORCED CONCRETE SLABS.

3. Roof Member, Roof Trusses:

c. Note Metal Fitting (i.e., Angles, Plates, Bolts, Splint Pintles, Other and Note Condition):

NONE NOTED.

d. Joints – Note if Well Fitted and Still Closed:

NONE NOTED.

ZVONIMIR BELFRANIN LICENSE No 3307 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006845, cn=Zvonimir Belfranin
Date: 2025.10.16 10:24:23 -04'00'

e. Drainage – Note Accumulations of Moisture:

NONE NOTED.

f. Ventilation – Note any Concealed Spaces not Ventilated:

NONE

g. Note any Concealed Spaces Opened for Inspection:

NONE

h. Identify any Wood Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

NONE

12. BUILDING FAÇADE INSPECTION (Threshold Building)

a. Identify and Describe the Exterior Walls and Appurtenances on All Sides of the Building (Cladding Type, Corbels, Precast Appliques, etc.):

NONE

b. Identify the Attachment Type of each Appurtenance Type (Mechanically Attached or Adhered):

NONE NOTED.

ZVONIMIR BELFRANIN LICENSE No 33674 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025

ZVONIMIR BELFRANIN LICENSE No 33674 STATE OF FLORIDA PROFESSIONAL ENGINEER

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:25:02 -04'00'

c. Indicate the Condition of each Appurtenance (Distress, Settlement, Splitting, Bulging, Cracking, Loosening of Metal Anchors and Supports, Water Entry, Movement of Lintel or Shelf Angles, or Other Defects):

NONE NOTED.

13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING

a. Identify and Describe any Special or Unusual Features (i.e., Cable Suspended Structure, Tensile Fabric Roof, Large Sculpture, Chimney, Porte-Cochere, Retaining Wall, Seawall, etc.):

NONE NOTED.

b. Indicate the Condition of Special Feature, its Supports, and Connections:

NONE NOTED.

ZVONIMIR BELFRANIN LICENSE No. 33074 STATE OF FLORIDA REGISTERED PROFESSIONAL ENGINEER

THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED USING A DIGITAL SIGNATURE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Digitally signed by Zvonimir Belfranin
DN: c=US, o=Zvonimir Belfranin, dnQualifier=A01410D000001926C393A9E00006B45, cn=Zvonimir Belfranin
Date: 2025.10.16 10:25:44 -04'00'

ZVONIMIR BELFRANIN LICENSE No. 33074 STATE OF FLORIDA PROFESSIONAL ENGINEER

OCT 17 2025