

This instrument was prepared by:  
Lois E. La Seur, Esquire  
Florida Communities Trust  
Department of Environmental Protection  
3900 Commonwealth Boulevard, MS #115  
Tallahassee, Florida 32399

FLORIDA COMMUNITIES TRUST  
DEP CONTRACT NUMBER: 97-CT-3A-95-56-J1-025  
FCT PROJECT NUMBER: #95-025-P56  
PROJECT NAME: NORTH SEBASTIAN CONSERVATION AREA

**GRANT AWARD AGREEMENT AMENDMENT NO. 1**

THIS AMENDMENT No. 1 to the Grant Award Agreement ("GAA") recorded in the public records of Indian River County, Florida, at book 1134, page 0268, is entered into this \_\_\_\_\_ day of \_\_\_\_\_ between the FLORIDA COMMUNITIES TRUST ("FCT"), a non-regulatory agency and instrumentality within the State of Florida, Department of Environmental Protection ("Department"), and INDIAN RIVER COUNTY, and CITY OF SEBASTIAN, a Florida local government ("Recipient").

WHEREAS, Recipient submitted and FCT approved, a Management Plan pursuant to Rule 62-815.011(1)(b), Florida Administrative Code ("F.A.C."); and

WHEREAS, FCT approved the Recipient's request to amend the project elements in the Management Plan; and

WHEREAS, approval of the amended Management Plan necessitates an amendment to the GAA recorded in O.R. Book 1134, Page 0268 of the Official Public Records of Indian River County.

NOW THEREFORE, in consideration of the foregoing recitals, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties mutually agree to amend the GAA as follows:

1. Recitals: The Recitals set forth hereinabove are true and correct and are incorporated herein by reference.

2. The GAA is hereby amended as follows:

A. Section V.I. of the GAA is amended to remove restrooms from the list of outdoor recreational facilities.

In all other respects, the GAA and all related attachments, shall remain in full force and effect and are hereby reconfirmed by FCT and the Recipient, as of the date of this amendment.

In the event of a conflict between this Amendment and the GAA, incorporating by reference any and all previous Amendments (as applicable), this Amendment shall control.

It is understood and agreed by FCT and the Recipient that this Amendment is binding upon FCT and Recipient and their successors and assigns.

This Amendment may be executed in counterparts, each of which is deemed to be an original but all of which taken together shall constitute one and the same amendment.

IN WITNESS WHEREOF, the Parties hereto have duly executed this Amendment.

Witnesses:

INDIAN RIVER COUNTY  
a Florida Local Government

\_\_\_\_\_  
Print Name: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Approved as to Form and Legality:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of  
Notary Public

Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

Witnesses:

Jeanette Williams  
Print Name: Jeanette Williams  
Deborah Abreu  
Print Name: Deborah Abreu

CITY OF SEBASTIAN  
a Florida Local Government

By: [Signature]  
Print Name: Jim Hill  
Title: Mayor  
Date: January 26, 2022

Approved as to Form and Legality:  
By: [Signature]  
City Attorney  
Print Name: Manny Anon, Jr.

STATE OF FLORIDA  
COUNTY OF Indian River

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization, this 26th day of January, 2022, by Mayor Jim Hill.

(SEAL)



Catherine E. Testa  
Signature of Notary Public

Catherine E. Testa  
Print, Type, or Stamp Commissioned Name of  
Notary Public

Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

Witnesses:

Kathy C Griffin  
Print Name: Kathy C Griffin

Wanda B. Reeves  
Print Name: Wanda B. Reeves

FLORIDA COMMUNITIES TRUST

By: Callie DeHaven

Secretary or Designee  
Print Name: Callie DeHaven

Title: FCT Chair  
Date: September 9, 2021

Approved as to Form and Legality:

By: Lois La Seur  
Digitally signed by Lois La Seur  
Date: 2021.08.31 15:48:33 -0400

Trust Counsel  
Print Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEON

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 9<sup>th</sup> day of September, (year), by (name of person making statement).  
2021 Callie DeHaven

(SEAL)

Kathy C Griffin  
Signature of Notary Public – State of Florida



Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_