AFFIDAVIT OF AUTHORIZATION

FOR PE	HITION NUMBERS(S) PL20180000049
Paul M. Thrift	(print name), as President (title, if
	of Thompson Thrift Development, Inc. (company, If applicable), swear or affirm
	, that I am the (choose one) owner applicant contract purchaser and that:
2. 3. 4.	I have full authority to secure the approval(s) requested and to impose covenants and restrictions of the referenced property as a result of any action approved by the County in accordance with this application and the Land Development Code; 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; I have authorized the staff of Collier County to enter upon the property during normal working hour for the purpose of investigating and evaluating the request made through this application; and that The property will be transferred, conveyed, sold or subdivided subject to the conditions and restrictions imposed by the approved action. We/I authorize Q. Grady Minor & Associates, P.A. and Coleman, Yovanovich & Koester, P.A. to act as our/my representative in any matters regarding this petition including 1 through 2 above.
*Notes:	
 If the appy typically be If the appy partner" of If the appy partner of In each in 	olicant is a corporation, then it is usually executed by the corp. pres. or v. pres. blicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should be signed by the Company's "Managing Member." blicant is a partnership, then typically a partner can sign on behalf of the partnership. blicant is a limited partnership, then the general partner must sign and be identified as the "general fithe named partnership. blicant is a trust, then they must include the trustee's name and the words "as trustee". Instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, and theil ppropriate format for that ownership.
Under pena the facts st	alties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that lated in it are true. 1
	FLORIDA INDIANA F COLLIER, MARION
The foregoir	ng instrument was sworn to (or affirmed) and subscribed before me on 120 18 (date) by (name of person providing oath or affirmation), as
President	who is personally known to me or who has produced
	ntification) as identification.
STAMP/SEAL	Signature of Notary Public
MOTAR SEAL	JENNIFER RADCLIFF MERRITI Notary Public, State of Indiana Marion County Commission # 687456 My Commission Expires June 29, 2024

CP\08-COA-00115\155 REV 3/24/14