



COLLIER COUNTY GOVERNMENT  
GROWTH MANAGEMENT DIVISION  
[www.colliergov.net](http://www.colliergov.net)

2800 NORTH HORSESHOE DRIVE  
NAPLES, FLORIDA 34104  
(239) 252-2400 FAX (239) 252-5724

## ADDRESSING CHECKLIST

Please complete the following and email to [GMD\\_Addressing@colliergov.net](mailto:GMD_Addressing@colliergov.net) or fax to the Operations Department at 239-252-5724 or submit in person to the Addressing Department at the above address. Form must be signed by Addressing personnel prior to pre-application meeting, please allow 3 days for processing.

Not all items will apply to every project. Items in **bold type** are required. **FOLIO NUMBERS MUST BE PROVIDED.** Forms older than 6 months will require additional review and approval by the Addressing Department.

**PETITION TYPE** (Indicate type below, complete a separate Addressing Checklist for each Petition type)

- |   |  |
|---|--|
| <input type="checkbox"/> BL (Blasting Permit)               | <input type="checkbox"/> SDP (Site Development Plan)                     |
| <input type="checkbox"/> BD (Boat Dock Extension)           | <input type="checkbox"/> SDPA (SDP Amendment)                            |
| <input type="checkbox"/> Carnival/Circus Permit             | <input type="checkbox"/> SDPI (Insubstantial Change to SDP)              |
| <input type="checkbox"/> CU (Conditional Use)               | <input type="checkbox"/> SIP (Site Improvement Plan)                     |
| <input type="checkbox"/> EXP (Excavation Permit)            | <input type="checkbox"/> SIPI (Insubstantial Change to SIP)              |
| <input type="checkbox"/> FP (Final Plat)                    | <input type="checkbox"/> SNR (Street Name Change)                        |
| <input type="checkbox"/> LLA (Lot Line Adjustment)          | <input type="checkbox"/> SNC (Street Name Change – Unplatted)            |
| <input type="checkbox"/> PNC (Project Name Change)          | <input type="checkbox"/> TDR (Transfer of Development Rights)            |
| <input type="checkbox"/> PPL (Plans & Plat Review)          | <input type="checkbox"/> VA (Variance)                                   |
| <input type="checkbox"/> PSP (Preliminary Subdivision Plat) | <input type="checkbox"/> VRP (Vegetation Removal Permit)                 |
| <input type="checkbox"/> PUD Rezone                         | <input type="checkbox"/> VRSFP (Vegetation Removal & Site Fill Permit)   |
| <input type="checkbox"/> RZ (Standard Rezone)               | <input checked="" type="checkbox"/> OTHER <u>development name change</u> |

**LEGAL DESCRIPTION** of subject property or properties (copy of lengthy description may be attached)

see attached

**FOLIO (Property ID) NUMBER(s)** of above (attach to, or associate with, legal description if more than one)

00410760008

**STREET ADDRESS** or **ADDRESSES** (as applicable, if already assigned)

9300 Marina Circle Aventine FL 3360

• **LOCATION MAP** must be attached showing exact location of project/site in relation to nearest public road right-of-way

• **SURVEY** (copy - needed only for unplatted properties)

**PROPOSED PROJECT NAME** (if applicable)

Advenir at Aventine LLC

**PROPOSED STREET NAMES** (if applicable)

Marina Circle

**SITE DEVELOPMENT PLAN NUMBER** (for existing projects/sites only)

SDP - or AR or PL # 2017 0003201



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Project or development names proposed for, or already appearing in, condominium documents (if application; indicate whether proposed or existing)

San Marino Apartments

Please Return Approved Checklist By: ☒ Email ☐ Fax ☐ Personally picked up

Applicant Name: Nadine Austerfield

Phone: 561-239-5516 Email/Fax: impermithing@yahoo.com

Signature on Addressing Checklist does not constitute Project and/or Street Name approval and is subject to further review by the Operations Department.

FOR STAFF USE ONLY

Folio Number \_\_\_\_\_

Folio Number \_\_\_\_\_

Folio Number \_\_\_\_\_

Folio Number \_\_\_\_\_

Folio Number \_\_\_\_\_

Folio Number \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

IF OLDER THAN 6 MONTHS, FORM MUST BE  
UPDATED OR NEW FORM SUBMITTED

Print

New Search

Tax Bills

Change of Address

## Property Summary

Property Detail

Aerial

Sketches

Trim Notices

Parcel No. 00410760008

Site Adr. 9300 MARINO CIR, NAPLES, FL 34114

Name / Address AVENTINE AT NAPLES LLC

1427 CLARKVIEW RD # 500

City BALTIMORE

State MD

Zip 21209

Map No.

Strap No.

Section

Township

Range

Acres \*Estimated

5B11

000100 004 5B11

11

50

26

36.96

Legal

11 50 26 N1/2 OF N1/2 OF NW1/4 OF SW1/4, N1/2 OF S1/2 OF S1/2 OF SW1/4 OF NW1/4, S1/2 OF S1/2 OF S1/2 OF SW1/4 OF NW1/4 , S1/2 OF N1/2 OF NW1/4 OF SW 1/4, N1/2 OF S1/2 OF NW1/4 OF SW1/4 LESS R/W

Millage Area ① 39

Millage Rates ① \*Calculations

Sub./Condo 100 - ACREAGE HEADER

School

Other

Total

Use Code ① 3 - MULTI-FAMILY 10 UNITS OR MORE

5.122

6.3384

11.4604

## Latest Sales History

(Not all Sales are listed due to Confidentiality)

Date	Book-Page	Amount
08/09/13	<u>4954-1802</u>	\$ 44,250,000
06/30/10	<u>4582-2398</u>	\$ 22,000,000
11/03/09	<u>4509-2995</u>	\$ 100
02/04/03	<u>3212-361</u>	\$ 35,375,000
09/01/00	<u>2717-1840</u>	\$ 190,000
03/14/00	<u>2651-915</u>	\$ 0
05/27/94	<u>1951-1610</u>	\$ 110,000
03/01/94	<u>1923-243</u>	\$ 0
02/25/94	<u>1917-1727</u>	\$ 0
05/01/89	<u>1440-908</u>	\$ 100,000

## 2017 Preliminary Tax Roll

(Subject to Change)

Land Value	\$ 6,949,860
(+) Improved Value	\$ 31,408,706
(=) Market Value	\$ 38,358,566
(=) Assessed Value	\$ 38,358,566
(=) School Taxable Value	\$ 38,358,566
(=) Taxable Value	\$ 38,358,566

If all Values shown above equal 0 this parcel was created after the Final Tax Roll



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2017

ADVENIR AT AVENTINE APARTMENTS  
9300 MARIO CIRCLE  
NAPLES, FL 34114

Subject: **ADVENIR AT AVENTINE APARTMENTS**

REGISTRATION NUMBER: **G17000076760**

This will acknowledge the filing of the above fictitious name registration which was registered on July 18, 2017. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website [www.sunbiz.org](http://www.sunbiz.org) for Address & FEI/EIN Changes. Please reference the original registration number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Marquitta Williams  
Reinstatement Section  
Division of Corporations

Letter No. 117A00014555

Account number: I20160000072 Account charged: 50.00

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

17 JUL 18 PM 3:34

Section 1

1. Advenir at Aventine Apartments  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

9300 Marino Circle

Mailing Address of Business  
Naples, Florida 34114

City State Zip Code

3. Florida County of principal place of business: Collier

(see instructions if more than one county)

FEI Number: 82-1661023

G17000076760

This space for office use only

Section 2

## A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.  
Address  
City State Zip Code

2. Last First M.I.  
Address  
City State Zip Code

## B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Advenir@Aventine, LLC  
Entity Name  
17501 Biscayne Boulevard, Suite 300  
Address  
Aventura, Florida 33160  
City State Zip Code  
Florida Document Number L17000118832  
FEI Number: 82-1661023

2. Entity Name  
Address  
City State Zip Code  
Florida Document Number  
FEI Number:

☒ Applied for ☐ Not Applicable

☐ Applied for ☐ Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.

Signature of Owner in Section 1

Date

david@advenirliving.com

E-mail address: (to be used for future renewal notification)

Phone Number: (305) 948-3535

Section 4

## FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

Signature of Owner of Registration being Cancelled

Date

Signature of Owner of Registration being Cancelled

Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50