

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| u | is certificate does not comer rights to | J tile | ceru | incate noticel in hea of st | | |). | | | |
|-------------|---|--------------|--------------------------------------|--|-------------------|--|----------------------------|---|-------------|------------|
| PRO | DUCER | | | | CONTAC NAME: | CT | | | | |
| | | | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | | | | |
| | | | E-MAIL ADDRESS: | | | | | | | |
| | | | | | ADDRES | | | | | |
| | | | | | INSURE | | URER(S) AFFOR | DING COVERAGE | | NAIC # |
| INSU | RED | | | | INSURE | | | | | |
| | | | INSURE | | | | | | | |
| | | | | | INSURE | RD: | | | | |
| | | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN CI | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FECLUSIONS AND CONDITIONS OF SUCH F | QUIF PERT | REMEN | NT, TERM OR CONDITION THE INSURANCE AFFORDS | OF ANY | CONTRACT | OR OTHER I | DOCUMENT WITH RESPEC | T TO \ | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | ; | |
| | COMMERCIAL GENERAL LIABILITY | | | | | (| , | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED | \$ | |
| | | | | | | | | ` ' | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | | \$ | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | | \$ \$ | |
| | ANY AUTO | | | | | | | (Ea accident) | ֆ \$ | |
| | OWNED SCHEDULED | | | | | | | ` ' ' | φ \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | DDODEDTY/DAMAGE | φ \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | | φ \$ | |
| | UMBRELLA LIAB OCCUP | | | | | | | | \$ \$ | |
| | EXCESS LIAB OCCUR CLAIMS-MADE | | | | | | | | | |
| | DED RETENTION \$ | | | | | | | | φ \$ | |
| | WORKERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | * | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | \$ | |
| | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | ACORD |) 101, Additional Remarks Schedul | e, may be | attached if more | e space is require | ad) | | |
| | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | , | | | | SHO THE ACC | ULD ANY OF T EXPIRATION ORDANCE WI | I DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI Y PROVISIONS. | | |
| | | | | | | RIZED REPRESE | NTATIVE | | | |
| | | | | | 1/5 | 2 | | | | |

| NOTEDAD | | | PAGE 2 |
|---------|----------------|--------|--------|
| NOTEPAD | INSURED'S NAME | OP ID: | Date |
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A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003

Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

2000 11523 FLD RCBP National Flood Insurance Policy

FFL99.001 1124

0701321

7/14/25

FLOOD DECLARATIONS PAGE RENEWAL

| Policy Number | NFIP Policy Number | Product Type: |
|------------------|--------------------|--|
| 09 1152585637 01 | 1152585637 | Residential Condominium Building Policy Form |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|----------------------------|
| From: 7/14/25 To: 7/14/26 12:01 am Standard Time | 07/14/2025 | 0701321 | 8705410718 |

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

SPANISH PINES II CONDOMINIUM ASSOC INC 1035 COLLIER CENTER WAY STE 7 (C/O ADVANCED PROPERTY MGMT) NAPLES FL 34110-8474

RECEPTIONIST@ROSENTHALBROS.COM

Property Location (if other than above) 135 CÝPRESS WAY E, NAPLES FL 34110 Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 2 floors

Flood Risk: X

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1981

Prior NFIP Claims: Number of Units: 8

Replacement Cost Value: 1,602,848

| Coverage | Deductible | Annual Premium |
|---|------------------------------------|----------------|
| BUILDING \$1,603,000 | \$1,250 | \$10,144.00 |
| CONTENTS NO CONTENTS COVERAGE | INSURED DECLINED CONTENTS COVERAGE | \$0.00 |
| | ICC Premium: | \$75.00 |
| Your property's NFIP flood claims history | Community Rating Discount: | \$2,506.00 |
| can affect your premium. For more information | n FULL RISK PREMIUM: | \$7,713.00 |
| contact your insurance agent or company. | Statutory Discounts | |
| | Annual Increased Cap Discount: | \$4,857.00 |
| | DISCOUNTED PREMIUM: | \$2,856.00 |
| | Reserve Fund Assessment: | \$514.00 |
| | Federal Policy Service Fee: | \$376.00 |
| | HFIAA Surcharge: | \$250.00 |
| | TOTAL ANNUAL PAYMENT | \$3,996.00 |

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.



FFL99.001 1124 0701321 7/14/25

09 1152585637 01

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:





A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1124 0701321 7/14/25 2000 11523 FLD RCBP

National Flood Insurance Policy

| FLOOD | DECLARATIONS | PAGE |
|--------------|---------------------|-------------|
| | RENEWAI | |

| Policy Number | NFIP Policy Number | Product Type: | | | | |
|------------------|--------------------|--|--|--|--|--|
| 09 1152585657 01 | 1152585657 | Residential Condominium Building Policy Form | | | | |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|----------------------------|
| From: 7/14/25 To: 7/14/26 12:01 am Standard Time | 07/14/2025 | 0701321 | 8705410742 |

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

SPANISH PINES II CONDOMINIUM ASSOC INC 1035 COLLIER CENTER WAY STE 7 (C/O ADVANCED PROPERTY MGMT) NAPLES FL 34110-8474

RECEPTIONIST@ROSENTHALBROS.COM

Property Location (if other than above) 141 CYPRESS WAY E, NAPLES FL 34110

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 2 floors

Flood Risk: X

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1981

Prior NFIP Claims: Number of Units: 8

Replacement Cost Value: 1,602,848

| Coverage | Deductible | Annual Premium |
|---|---|---|
| BUILDING \$1,603,000 CONTENTS NO CONTENTS COVERAGE | \$1,250 INSURED DECLINED CONTENTS COVERAGE | \$10,312.00 \$0.00 |
| Your property's NFIP flood claims history can affect your premium. For more informatio contact your insurance agent or company. | ICC Premium: Community Rating Discount: FULL RISK PREMIUM: Statutory Discounts Annual Increased Cap Discount: DISCOUNTED PREMIUM: Reserve Fund Assessment: Federal Policy Service Fee: HFIAA Surcharge: | \$75.00 \$2,548.00 \$7,839.00 \$4,984.00 \$2,855.00 \$514.00 \$376.00 \$250.00 |
| THIS IS NOT A DILL | TOTAL ANNUAL PAYMENT | \$3,995.00 |

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President



FFL99.001 1124 0701321 7/14/25

09 1152585657 01

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:





A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1124 0701321 7/14/25 2000 11523 FLD RCBP

National Flood Insurance Policy

| FLOOD DECLARATIONS PAGE |
|-------------------------|
| RENEWAL |

| Policy Number | NFIP Policy Number | Product Type: |
|------------------|--------------------|--|
| 09 1152585666 01 | 1152585666 | Residential Condominium Building Policy Form |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|----------------------------|
| From: 7/14/25 To: 7/14/26 12:01 am Standard Time | 07/14/2025 | 0701321 | 6500375249 |

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

SPANISH PINES II CONDOMINIUM ASSOC INC 1035 COLLIER CENTER WAY STE 7 (C/O ADVANCED PROPERTY MGMT) NAPLES FL 34110-8474

RECEPTIONIST@ROSENTHALBROS.COM

Property Location (if other than above) 145 CYPRESS WAY E, NAPLES FL 34110

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 2 floors

Flood Risk: X

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1981

Prior NFIP Claims: Number of Units: 7

Replacement Cost Value: 1,468,087

| Coverage | | Deductible | Annual Premium |
|----------------|----------------------------------|------------------------------------|----------------|
| BUILDING | \$1,469,000 | \$1,250 | \$7,867.00 |
| CONTENTS | NO CONTENTS COVERAGE | INSURED DECLINED CONTENTS COVERAGE | \$0.00 |
| F | | ICC Premium: | \$75.00 |
| | 's NFIP flood claims history | Community Rating Discount: | \$1,937.00 |
| | ur premium. For more information | FULL RISK PREMIUM: | \$6,005.00 |
| contact your i | nsurance agent or company. | Statutory Discounts | |
| | | Annual Increased Cap Discount: | \$3,291.00 |
| | | DISCOUNTED PREMIUM: | \$2,714.00 |
| | | Reserve Fund Assessment: | \$489.00 |
| | | Federal Policy Service Fee: | \$329.00 |
| | | HFIÅA Surcharge: | \$250.00 |
| | | TOTAL ANNUAL PAYMENT | \$3,782.00 |

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Lengeston Jones
Patricia Templeton-Jones, President



FFL99.001 1124 0701321 7/14/25

09 1152585666 01

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:





A Stock Company P.O. Box 33003 St. Petersburg, FL 33733-8003 Customer Service: 1-800-820-3242 Claims: 1-800-725-9472

FFL99.001 1124 0701321 4/01/25 2000 11523 FLD RCBP

National Flood Insurance Policy

| FLOOD | DECLA | ARAT | IONS | PAGE |
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| Policy Number | NFIP Policy Number | Product Type: | | |
|------------------|--------------------|--|--|--|
| 09 1152564331 01 | 1152564331 | Residential Condominium Building Policy Form | | |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|----------------------------|
| From: 4/12/25 To: 4/12/26 12:01 am Standard Time | 04/01/2025 | 0701321 | 8705757884 |

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

SPANISH PINES II CONDOMINIUM ASSOC INC 1035 COLLIER CENTER WAY STE 7 (C/O ADVANCED PROPERTY MGMT) NAPLES FL 34110-8474

RECEPTIONIST@ROSENTHALBROS.COM

Property Location (if other than above) 131 CYPRESS WAY E, NAPLES FL 34110

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine

Primary Residence: N

Building Occupancy: Residential Condominium Building

Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 2 floors

Flood Risk: X

First Floor Height: 1.0 ft

Method Used to Determine First Floor Height: FEMA Determined

Date of Construction: 01/01/1991

Prior NFIP Claims: Number of Units: 8

Replacement Cost Value: 1,602,848

| Coverage | Deductible | Annual Premium |
|---|------------------------------------|----------------|
| BUILDING \$1,603,000 | \$1,250 | \$9,602.00 |
| | INSURED DECLINED CONTENTS COVERAGE | \$0.00 |
| | ICC Premium: | \$75.00 |
| Your property's NFIP flood claims history | Community Rating Discount: | \$2,371.00 |
| can affect your premium. For more information | FULL RISK PREMIUM: | \$7,306.00 |
| contact your insurance agent or company. | Statutory Discounts | . , |
| | Annual Increased Cap Discount: | \$4,371.00 |
| | DISCOUNTED PREMIUM: | \$2,935.00 |
| | Reserve Fund Assessment: | \$528.00 |
| | Federal Policy Service Fee: | \$376.00 |
| | HFIÁA Surcharge: | \$250.00 |
| | TOTAL ANNUAL PAYMENT | \$4,089.00 |

THIS IS NOT A BILL

Premium Paid by: Insured

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FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523 Wright National Flood Insurance Company A stock company Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President



FFL99.001 1124 0701321 4/01/25

09 1152564331 01

Agent (847)940-4300 BALDWIN KRYSTYN SHERMAN PTRS 4211 W BOY SCOUT BLVD STE 800 TAMPA FL 33607-5757

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For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

