

215 SOUTH MONROE STREET SUITE 815 TALLAHASSEE, FLORIDA 32301

(850) 412-2002 FAX: (850) 412-1302 MARGARET-RAY.KEMPER@RUDEN.COM

August 12, 2010

Ann Cole, Commission Clerk Division of Commission Clerk and Administrative Services Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

- 090447-Wa AUG 13 AM 9:53
- Re: Docket No. 090477-WS In Re: CWS Communities L.P. d/b/a Palm Valley Utilities

Dear Ms. Cole:

This is in response to the list of additional questions forwarded on July 20, 2010, to CWS Communities, L.P. d/b/a Palm Valley Utilities by the Office of Public Counsel.

1. <u>Summary, in the form of copies of work orders, of major additions to the plant reuse</u> system.

Enclosed, as requested, are copies of invoices from 2004 to 2007 for costs incurred in connection with construction of the reuse system during that time period.

2. <u>Description of costs associated with operating a reuse plant compared to other effluent</u> <u>disposable methods</u>.

As explained in the response to question 3 below, the only feasible option was to use spray irrigation. Therefore, comparing the operating costs of using reuse to other alternative treatment methods is without merit. CWS Communities has provided, and FPSC staff have audited, the operating costs that are relevant to this case.

3. <u>Reasons for installing a reuse system.</u>

In 1994, prior to ownership of the park by CWS Communities, the Falm Valley Mobile Home utility had entered into a consent order with the Florida Department of Environmental Protection ("FDEP") that required repair of the existing effluent disposal system. The consent order required the utility to achieve a wet weather disposal capacity of 126,000 gallons per day ("gpd"). Attempts initially were made to address the effluent

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disposal system issues by installing a drip line discharge system. These efforts, however, were unsuccessful and the consent order was amended in 1999. The amended consent order required the utility to modify substantially the wastewater treatment plant's disposal system in such a way as to repair or eliminate a portion of the drip line system and to improve the system to handle the existing discharge flows. See enclosed Provision 11. of the 1999 Consent Order, OGC File No. 94-1144B.

This effort to improve the utility's existing wastewater treatment methods occurred during a time frame when the number of units in the park was being increased as well. Due to expansion of the number of units in the park, an increase in disposal capacity from 126,000 gpd to 150,000 gpd was needed for the wastewater treatment facility. Hence, not only was it necessary to design treatment methods that would resolve the existing regulatory issues, it also was necessary to expand the existing treatment capacity of the system. The existing treatment methods using drip line discharges and percolation ponds could not meet existing requirements and certainly would not adequately address the expansion requirements.

The property on which the park is located has a high water table and consists of marginal soils for purposes of effluent disposal. There are, in fact, several wetlands areas located on or near the property. The wastewater treatment plant itself is constructed adjacent to a wetlands area. Analysis of the existing effluent disposal systems concluded that the existing systems did not have the capacity to provide effluent disposal to resolve the existing regulatory issues, much less the proposed expansion. This conclusion also is evident based upon the modification of the consent order that occurred in 1999. Therefore, the intent in providing a solution to the regulatory compliance and effluent disposal for the expansion was to develop a cost effective means of achieving effluent disposal.

All of the then existing effluent disposal systems were used in achieving the necessary capacity of 150,000 gallons per day. Since the existing systems fell significantly short of this goal, additional effluent disposal systems were developed. An exfiltration trench, a wet-weather/percolation pond, and irrigation systems were the three available and feasible additional alternatives. Therefore, the facility was permitted utilizing the existing effluent disposal systems and adding these three new systems. Every attempt was made to use the least costly effluent disposal alternatives. However, in the end, without an irrigation component, an effective effluent disposal strategy was not achievable. Given the hydrological conditions of the property and the need to expand the system, the only feasible disposal method that could be used to meet FDEP regulatory requirements was to add a reuse system component, along with an exfiltration trench and a pond, which would enable the utility to discharge the wastewater and remain in compliance with the FDEP requirements.

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Because spray irrigation was an essential available and feasible component of the overall strategy for resolving the wastewater discharge issues in the community, treatment to reuse standards, and, therefore, installation of a reuse system, was necessary so that the water could be disposed of using spray irrigation. Moreover, it also was obvious that the most economically feasible method for incorporating a reuse spray irrigation system in the community was to use common areas and home sites for irrigation purposes. To purchase additional land—assuming nearby suitable non-wetland areas even could be acquired—would have been economically prohibitive. This was the only economically and technically feasible way to meet regulatory requirements.

The use of reclaimed water also was required by the consumptive use permit issued to the utility at that time. Specifically, the St. John's Water Management District Permit No. 20117-0042UNM2R, which was issued in July 1994 and which expired in July 2001 (i.e., during the time frame when the wastewater disposal issues were being addressed and new treatment systems were being designed), contained a specific provision that stated that treated effluent must be used as irrigation water when it became available and economically feasible.

Encouraging the use of reclaimed water has long been the policy of water agencies in the State of Florida. It is, in fact, recognized policy of the Florida Public Service Commission and was discussed in the 2002 staff-assisted rate case proceeding for this facility. In that proceeding, the Commission specifically stated that "We recognize the need to promote reuse and that it is a valuable water source which should not be wasted." See, e.g., *In re: Application for staff-assisted rate case in Seminole County by CWS Communities LP d/b/a Palm Valley*, Docket No. 010823; Order No. PSC-02-1111-PAA-WS, issued August 13, 2002, p. 12. (Hereinafter, 2002 SARC Order.)

Finally, the prior staff-assisted rate case for this utility which occurred in 2002 specifically addressed the same reclaimed water system that the Office of Public Counsel and intervenors apparently are seeking to revisit in this staff-assisted rate case. The reclaimed water system addressed in the 2002 staff-assisted rate case consisted of:

filtration; high level disinfection; 30,000 gallons reclaimed water pump station; a 3-way automatic diverter valve; a 150,000 gallons reject pond; an 800,000 gallon wet weather storage/rapid infiltration basin with a disposal capacity of 17,000 gpd; a 35,000 gpd decorative pond; an 8,483 gpd clubhouse irrigation system; 21,140 gpd irrigation of 140 existing lots; 22,424 gpd irrigation of 148 new lots; a 10,000 gpd exfiltration trench; North Dripper System with a disposal capacity of 3,415 gpd; West Dripper system with a disposal capacity of 2,273 gpd; common area irrigation in new construction of 24,931 gpd and Area B Dripper System with a disposal capacity of 6,766 gpd. The total disposal capacity is 151,432 gpd.

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BOCA RATON + FT. LAUDERDALE + MIAMI + NAPLES + ORLANDO + PORT ST. LUCIE + TALLAHASSEE + TAMPA + WEST PALM BEACH

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See 2002 SARC Order, at p.7.

In that prior rate case the Commission specifically held that "all prudent costs of a reuse project shall be recovered in rates" and that "[t]herefore, the reclaimed water system is 100% used and useful." 2002 SARC Order at p.11. The Commission specifically allowed recovery of rates based on costs that included the cost of the reclaimed system as described above. 2002 SARC Order at pp. 26-36. The Commission specifically recognized that the reuse system was designed to and would extend to an additional 148 customers upon build-out. 2002 SARC Order at p. 27. The Commission even considered the reuse rate structure in detail and designed the rate structure "to encourage customers to take reuse and assure adequate effluent disposal . . . that is significantly cheaper than potable water and provides an excellent source for irrigation." 2002 SARC Order at p. 30. Hence, the Commission already has determined that installation of the reclaimed system was necessary and prudent and the current effort to revisit this issue is barred.

Sincerely,

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Margaret Ray Kemper

MRK:amb Enclosures

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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

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Bank Of America Chicago, IL 60634

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Date Check No. 9/1/2004 00077805

Check Amount \$****7,800.00

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	bital Expenditure Purchase Order	Pay from Original Invoices Attached
Separate Purchase order is requ	ured for each Project)	Project Approval Only – Work is not Done
roperty Name and Number:	Jalm Valley Utility #1238	Purchase Order Number $\frac{1238-09}{16}$ - $\frac{1238}{5}$
the project budgeted?:	Yes No Amount \$30,000	Forms to submit to receive Purchase Order:
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roject Number From Budget:	1238-04-05	Administrator for the issuance of the Purchase Order
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Street Address:	7305 Jandner St.	Copy of Vendor's Proof of Insurance with Additional Insured Information Copy of Proof of Vendor's Workers Compensation
City, State and Zip	letenter Park Fl- 32792	Insurance
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BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

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Date Check No. 6/24/2004 00066435

Check Amount \$****9,000.00

OPY

Pay to the order of:

LAWN ENFORCEMENT OF CENTRAL FL, INC. 7305 GARDNER ST. WINTER PARK FL 32792

Cauve Enforcement PACM VALLEY PO BOX 5873 WINTER PARK FL 32793-5873 DICL, FZ,

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Phase I of Th	1
THANK YOU, A 15% PER MONTH INTEREST WILL BE CHARGED ON ANY ACCOUNT OVER 30 DAYS.	

Pay from Original Invoices Attached Hometown America Capital Expenditure Purchase Order Project Approval Only - Work is not Done (A Separate Purchase order is required for each Project) Purchase Order Number / If this is an unbudgeted capex Property Name and Number: Budgeted Forms to submit to receive Purchase Order: Amount \$ Is the project budgeted?: (Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form General Ledger Account #: and all documents listed below to the Regional Administrator for the issuance of the Purchase Order フスヤーウリーク Project Number From Budget: Number). Copy of Vendor's License Preferred Vendor Name: Copy of Vendor's Proof of Insurance with Additional Insured Information . Street Address: Copy of Proof of Vendor's Workers Compensation Insurance City, State and Zip Copies of all Permits Required to Complete Work (Check here if none required ____) Phone and Fax: Other Forms or Attachments OR: Description of Activity or Item: 1⁴¹ Vendor ID# 2nd Vandor ID#_ 3rd Vendor ID# List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 35,250. 4th Vendor ID# To submit the Purchase Order for payment, mall the following forms to the Regional Manager for processing: (All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable Comments on Bids: (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and Invoice are attached.) Signed and Notarized Lien Waiver **Property Manager Signature and Date:** (notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown **Regional Manager Signature (for Family):** payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable Division Vice Pres. Signature and Date: Group President Signature and Date*: V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

BU 1238		1311/01/01/	DATE	REFERENCE	AMOUNT	DISC	NET
1230	BU DESC	1NVOICE 70179	9/24/2004	WATER IBRIGATION	7,000.00		7,000.001
ſ	Palm Valley Utility	70179	3/24/2004	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,000.00
	1]			
	· · ·				, I		
ayor:	Hometown America, LLC			Date	Check No.	Chec	k Amount
ayee:	LAWN ENFORCEMENT O	F CENTRAL FL		10/12/2004	85422	\$**	***7,000.00
	1230191						
150 N Chica SEVE	netown America, I. Wacker Drive, Ste 2800 Igo, IL 60606-4102 IN THOUSAND AND 00/1 It to the order of: LAWN ENFORCE! 7305 GARDNER S WINTER PARK FL	MENT OF CENTI)PY Ral fl, inc.	Bank Of America Chicago, IL 60634 Date Check N 10/12/2004 0008542			
	Lawn Enfor PO BOX 5873 WINTER PARK	cement (fl 32793-5	5873		(4	701 07)65	. 79 7-2001
NVO I	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY	1	07)65	7-2001
NVOI	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY	1	07)65	7-2001
	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY OCT.	1	07)65	7-2001
	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY OCT. H, RECLAMA	1	07)65	7-2001
NVOI ERVI ERVI	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY OCT. 4, RECLAIMIE	1	07)65	7-2001
NVOI ERVI SE	CE DATE: 9-24-	CFL 32793-5	PTION: T	ALM VALLEY OCT. 4, RECLAIMA -1-04	1	07)65	7-2001
RVII ERVII SE	CE DATE: 9-24-	CY DESCRIF TH OF: Se <u>IRRIG</u> AL DATE	PTION: F	ОСТ. +, RECLAIMIE -1-04	1	07)65	7-2001 charges:
NVOI ERVI SE	CE DATE: 9-24-	CY DESCRIF TH OF: Se <u>IRRIG</u> AL DATE	PTION: F	ALM VALLEY OCT. 4, RECLAIME 1-04 JEB-COST	1	07)65	7-2001 charges:
NVOI ERVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. +, RECLAIME -1-04 JEB-COST		07)65	7-2001 charges:
NVOID ERVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. +, RECLAIME -1-04 JEB-COST		07)65	
NVOI ERVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 charges:
RVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. +, RECLAIME -1-04 JEB-COST	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 charges:
	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 Charges
	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 Charges
RVI ERVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 Charges
NVOI ERVI SE	CE DATE: $9-34$ - CE FOR THE MON CES RENDERED: E PROPOSE	CFL 32793-5 OF DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO	PTION: P PDT. / MATICA ED 7- THC	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	07)65	7-2001 charges:
ERVI ERVI	CE DATE: $9 \cdot 24 - 24 - 24 - 24 - 24 - 24 - 24 - 24$	C FL 32793-5 OG DESCRIF TH OF: Se <u>IRRICA</u> AL DATO TO ADVANCE	PTION: P PTION: P PATION ED 7- TAL PAV	OCT. + RECLAIME -1-04 JEB-COST D 919104 CKHE	с. Э. Ч м		7-2001 charges:



LANDSCAPING AND MAINTENANCE 7305 Gardner St. • P.O. Box 5873 Winter Park, FL 32792 (407) 657-2001

TO: Robert Munso SUBJECT: Palm Valley 17, 500 50

111	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC 1	NET
1230	Paim Vaney Ulkiy	70230 Rece	B/27/2004	WATER INUNCATION SYSTE 9 3 04	10,500.00	171.8	10,500,00
Payor: Payoc: Area	Homolown America, LLC LAWN ENFORCEMENT OF C	ENTRAL FL		Date 9/9/2004	Chock No. 80029		ck Amount **10,500,00

SIGNED: DATE: 1

LAWNENFORCEMENT

007/26/1995 03:14 4076572001

Hometown America Capital Expenditure Purchase Order (A Separate Purchase order is required for each Project)	Pay from Original Invoices Atlacted Project Approval Only - Work is not Done
Property Name and Number: Palm Valley #1238	Purchase Order Number $1231 - 0y - 05$ If this is an unbudgeted copex $416 + 10 + 07$
is the project budgeted?: Yes No Amount \$:	Forms to submit to receive Purchase Order:
General Ledger Account #: //32	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget: 1238-04-1205	and all documents listed below to the Regional Administrator for the issuance of the Purchass Order
Preferred Vendor Name: Jaum Enforcement	Number). Copy of Vendor's License Copy of Vendor's Proof of Insurance will Additional Insured Information
City, State and ZIP Winter Jan, FE. 32792	Copy of Proof of Vendor's Workers Compensation Insurance Copies of all Permits Required to Complete Work (Check here if none required)
Phone and Fax: Description of Activity or Item: Distal reclaim water	Other Forms or Attachments OR: 1 ²¹ Vesidor ID#30_19_/ 2 ^{rdd} Vendor ID#
List Bidder's Names and Bid Amounts: (Cost of Bid) \$ /7, 500.	3 rd Vendor ID# 4 th Vendor ID#
2	To submit the Purchase Order for payment, mail the following forms to the Regional Manager fo processing:
3.	(All Payment Requests must be accompanied by a
Comments on Blds:	signed, noterized Lien Walver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and
Property Manager Signature and Date: 19604	Involce are attached.) Signed and Notarized Lien Waiver (notarized if required by state law)
Regional Manager Signature (for Family):	Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice)
Division Vice Pres, Signature and Date:	Approved Change Order(s), il applicable
Group President Signature and Date': R. M. Mar 7/14/04	

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Bank of America.			ιο
BANK OF AMERICA DIRECT			Tools 1 /
Payments Direct	Receipts Direct	Treasury Direct	
5-prvices Notifications			

View Today's Stop Payment Confirmations

• View Stop Payment Confirmation History

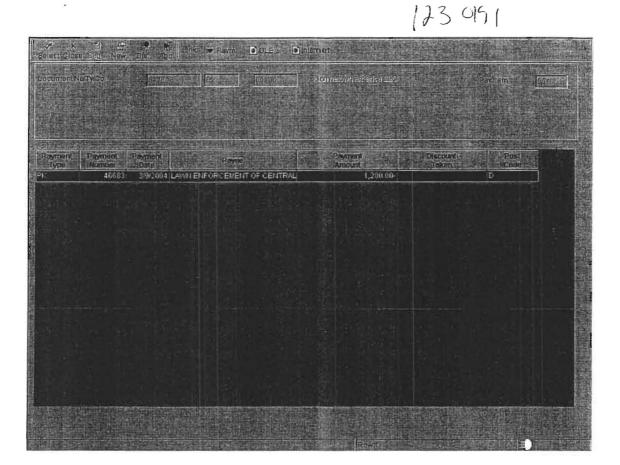
Stop payment confirmations last updated at: 04/23/2004 at 16:30:22 CDT

Account	:8666100299	Expire Date:	04/02/2004	Tupor	Stop Place
	0000046683	Effective Date:	04/23/2004	Type: Bank Status:	Stop Place Rejected
	-,	Request User:	CC024511	Reason:	
Payee:	Lawn Enforcement of Central			Activity Status	:Confirmed
Memo:					
Alert:	Stop Place Rejected. Stamount, and check #.	top Payment found	for account,		
Account	8666100299	Expire Date:	10/25/2004	Туре:	Stop Place
Check #:	0000046512	Effective Date:	04/23/2004	Bank Status:	Accepted
	2/7 20	Request User:	CC024511	Reason:	
Amount:	367.28	neguest ober			
Payee:	Acom Safe & Lock	Request Oser.		Activity Status	:Confirmed
Amount: Payee: Memo: Account:	• • · ·	Expire Date:	10/25/2004		
Payee: Memo: Account:	Acom Safe & Lock	-		Activity Status	Stop Place Accepted
Payee: Memo: Account:	Acom Safe & Lock 8666100299 0000042611	Expire Date: Effective	10/25/2004	Activity Status Type:	Stop Place

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https://direct.bankofamerica.com/servlet/BofaDirect.DirectUtils.DirectUtilsServlet?page=P... 4/23/2004



<u>^_BU</u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Pälm Vailey Utility	100404-145	10/4/2004	HURRICANE-FURNISH & IN	30,000.00		30,600.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SEI	RVICES	<u> </u>	Date 11/1/2004	Check No. 88754		**30,000.00

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

2-3 710 IL.

Date Check No. 11/1/2004 00088754

Check Amount \$****30,000.00

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COPY

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

...... Station and a 1.2 in and an and the second ··· _ a ter a construction de la construcción de la ----------

WAYNE'S DIVERSIFIED SERVICES

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #100404-145

Billed to: Palm Valley	Invoice Date: Oct. 04, 200	4
	Project Name: Sewer plant	······································
	Location: Oviedo, Fl.	
	Date of Service:	
Furnish and install new Lamson control panel	n centrifical blower and	\$30,000.00
BU # 1238 Supplier # 2 460 CapEx PO # Invoice # 100404-145 GL Acct. # Description Arr 8600.105 30,0		
BU# 123 10/6/04 Robert	8	
	DUE THIS INVOICE	\$30,000.00

THANK YOU FOR YOUR BUSINESS

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	102004-150	10/20/2004	HURRICANE-SEWER PLANT	1,123.00		1,123.00
	·						
					1		I
					{ }		
Payor:	Hometowa America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SER	VICES		11/1/2004	88757	\$**	***1,123.00

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 11/1/2004 00088757

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Check Amount \$****1,123.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

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WAYNE'S DIVERSIFIED SERVICES

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

			02004-150
Billed to: Palm Valley		Invoice Date: Oct. 20, 2	004
		Project Name:	
	· · · · ·	Location: Oviedo, Fl.	
	۷.,	Date of Service:	
170000			
Installed new bat solenoid,	tteries(4) and n	ew starter with	\$1123.00
BUH 12 10/26/0 Mail che Robert 1 1968 INV Oplando	Slevo.15 Slevo.15 Managa Approval Additional Approval 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4	$\frac{04^{-150}}{4}$ escription Amt $\frac{1/23}{1/23}$ Total $\frac{1}{2}$ $\frac{1}{2}$	
OPLANCO I	TOTAL DIE	THIS INVOICE	#1100.00
			\$1123.00



1 of 1

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	071104-104	7/11/2004	SEWER REPAIR	50.00		250.00
			ļ				
				1			
		Į					
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SER	VICES		8/1/2004	73125	\$**	****250.00
	24601						

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 8/1/2004 00073125

Check Amount \$*****250.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

WAYNE'S DIVERSIFIED SERVICES

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #071104-104

Billed to: Palm Valley	Invoice Date: July 11, 2004
	Project Name: Sewer plant
·	Location: Oviedo, Fl.
· · · · · · · · · · · · · · · · · · ·	Date of Service: July 9, 2004
Perform PM on 2 Sutterbilt blowe new belts, intake filters, greas	
POS	
	CP Limited Partnership Date Received by A/P Una # 2460/ Dev238
BU # 1238 Labert Mimro	Ven # 7400 Dev 750 Acci # 7400.1900 \$ 350 .
labert Mimro	Acct #\$
7/14/04	Desc
Souver WWTP)	CRF # Date Date Date Date Date Z/23/84 Rep. control opproval Date Z/23/84 Date Processed
Server WUTP repairs	
TOTAL DU	E THIS INVOICE

THANK YOU FOR YOUR BUSINESS

						1	ot 1
BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	083004-122	8/30/2004	CHARLEY-RPLC COMPRESSO	8,066.00		8,068.00
	Hometown America, LLC WAYNE'S DIVERSIFIED SER	VICES	<u></u>	Date 9/17/2004	Check No. 81661		ck Amount ****8,068.00

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Sec. Here is

Date Check No. 9/17/2004 00081661

Bank Of America Chicago, IL 60634

Check Amount \$****8,068.00

2-3 710 IL

Pay to the order of:

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WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

WAYNE'S DIVERSIFIED SERVICES

á:

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #083004-122

Billed to: Palm_ValleyMHP	Invoice Date: Aug. 30, 200	4
	Project Name	
	Location: Oviedo, Fl.	
	Date of Service:	
Replace Whitewater compressor on replace breaker for Panel K repair air piping repair 6" water line in area 8	pressure vessel	\$1550.00 330.00 1430.00 4758.00
CP Limited Partnership Date Received by A/P_{-} Ven # 2460 Dev2 Acct # $8600 \cdot 106$ 806	3 <u>8</u> 2	
Acct # \$ Acct # \$		
Desc		
CRF # Date Date Corect Approval Date Regional Approval Date	Tietory	
211# SIGD		
BU# 8600. 10 9/11/04	06 (1238)	
fobut Minn		
TOTAL DUE	THIS INVOICE	\$8068.00
THANK YOU FO	R YOUR BUSINESS	1 1

						t	of 1
BU	BÜ DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1236	Palm Valley Utility	062104-085	6/21/2004	WATER TANK ADJUSTMENT	250.00		250.00
· .	· · · · ·			- 		•	
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SERVICES			Date 7/6/2004	Check No. 68613		*****250.00

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634 Date Check No.

00068613

7/6/2004

2-3 710 IL

Check Amount \$*****250.00

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Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

WAYNE'S DIVERSIFIED SERVICES

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P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

nv. #062104-085

	INV. #0621	04-085
Billed to: Palm Valley	Invoice Date: June 21, 200	4
	Project Name: Water plant	
·	Location: Oviedo, Fl.	
	Date of Service:	
Respond to operators emergency ca log ge dand PRV spraying all over. adjustment. All OK	ill of hydro tank water Found PRV need slight	\$250.00
CP Limited Partnership Date Received by A/P Ven # $A/60$ $Dev A38$ Acct # $74/08 \cdot 2060 \cdot s \cdot 250^{-1}$ Acct # $s \cdot 250^{-1}$ Acct #	POISTIE D Zoy	
BU # 1238 Robert Mumro 6/23/04 TOTAL DU	E THIS INVOICE	\$250.00
		M.Y.H
THANK YOU F	OR YOUR BUSINESS	BUUTILinens

" BU	。 BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	061204-083	6/12/2004	INSTALL BLOWER ON SURG	1,630.00		1,630.00
				-	1	÷.	
	g i se st				[[
]		
	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SERVICES			7/13/2004	69793	\$*****1,630.00	
	24601			······································	·		

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

O.P.Y

Bank Of America Chicago, IL 60634 Date Check No.

00069793

7/13/2004

710 IL Check Amount

\$****1,630.00

2-3

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

WAYNE'S DIVERSIFIED SERVICES .

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Billed to: Pal	m Valley	Invoice Date: June 12, 20	04
		Project Name: Sewer pla	
	· · ·	Location: Oviedo, Fl.	
		Date of Service:	
Install r	ew blower on surge tank		\$1630.00
	CP Limited Partnership Date Received by A/P		
	Ven # 24601 Dev 12	38	
	Acc: # \$	0301	
	Acct # \$		
	Acct # S		
	Desc 1238-04-1		
	CRF #	ten DOST	
	Community Approval Date Dat	Chefor Plan	1
	Date Processed	/ /	
	log fail		
6/	20/07		
Bi	4 #1238		
	1 #1238 but Munso		
K	but Munto		
/			
NCAPT	TOTAL DU	E THIS INVOICE	\$1630.00
La	THANK VOUE	OR YOUR BUSINESS	

Hometown America Cap	ital Expenditure Purchase Order	Pay from Original Invoices Attached			
(A Separate Purchase order is requi	-	Project Approval Only – Work is not Done			
Property Name and Number:	Jalm Valley #1238	Purchase Order Number 238-04-51 If this is an unbudgeted capex end			
is the project budgeted?:	Yes No Amount \$:	Forms to submit to receive Purchase Order:			
General Ledger Account #:	165	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form			
Project Number From Budget:	1238-04-U	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order			
Preferred Vendor Name:	Upines Diversilied	Number). Copy of Vendor's License			
Street Address:	Do Ros 5177	Copy of Vendor's Proof of Insurance with Additional Insured Information			
	A de ER DOTE	Copy of Proof of Vendor's Workers Compensation			
City, State and Zip	feltong It. 32/20	Copies of all Permits Required to Complete Work			
Phone and Fax:	<u> </u>	(Check here if none required) Other Forms or Attachments			
Description of Activity or Item:	Aur Compussos or hydres tank	OR: 1^{st} Vendor ID# 2^{460} 2^{nd} Vendor ID#			
List Bidder's Names and Bid Amoun	ts: (Cost of Bid) \$	3 rd Vendor ID# 4 th Vendor ID#			
1.	2175.				
2.	/630,	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for			
3.	#3 805,	processing:			
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and			
Property Manager Signature and Dat	e:	Involce are attached.) Signed and Notarized Lien Waiver			
		(notarized if required by state law)			
	$1 \sqrt{2} \sqrt{2}$	Lien waiver not required			
Regional Manager Signature (for Fan	nily):	Original Invoice with completed Hometown			
Division Vice Pres. Signature and Da	ite:	payment stamps (include PO No. on invoice)			
Sector and the organization and ba		Approved Change Order(s), if applicable			
Group President Signature and Date V.P. signature required for all capex. Group	*: <u>r.m.man</u> 7-2-04 President signature required for capex unbudgeted, over budg				

្វូ ស្រ	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Pałm Valley Ut≌ity	061204-082	6/12/2004	INSTALL WHITEWATER COM	2,175.00	¢.	2,175.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SER	VICES		Date 7/13/2004	Check No. 69794		eck Amount ****2,175.00

24501

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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102	Bank Of America Chicago, IL 60634	
CO	Date 7/13/2004	Check No. 00069794
TWO THOUSAND ONE HUNDRED SEVENTY FIVE . Pay to the order of:	AND 00/100*******************	******

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728 2-3 710 IL

Check Amount \$****2,175.00

1914 **1**912 10

at a state

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P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #061204-082

Billed to: Palm Valley	Invoice Date: June 12, 20	
	Location: Oviedo, Fl	ant
	Date of Service:	
Installed new Whitewater comp Cleaned both aeration towers	pressor on hydro tank	\$1325.00 850.00
CP Limited Partnership Date Received by A/P Ven # 2460 Acct # 132 Acct # 132 Acct # Acct # Acct # Acct # Desc $1238-04-0$ CRF # Community Approval For an Approval	Dev $\frac{238}{3275}$ s $\frac{275}{5}$ s $\frac{1}{2}$ Date $\frac{1}{2}$	
BUH# 1238 6/23/04 DORA These were both compliance issues Robert Mumo		\$2175.00
TOTAL	DUE THIS INVOICE	\$2175.00
THANK YO	UFOR YOUR BUSINESS	Capx

Hometown America Capital Expenditure Purchase Order

(A Separate Purchase order is required for each Project)

Project Approval Only - Work is not Done Purchase Order Number RMY If this is an unbudgeted capex **Property Name and Number:** Budgeted Forms to submit to receive Purchase Order: is the project budgeted?: Amount \$: (Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form General Ledger Account #: and all documents listed below to the Regional 1238-04-11 Administrator for the issuance of the Purchase Order Project Number From Budget: Number). Copy of Vendor's License Preferred Vendor Name: Copy of Vendor's Proof of Insurance with Additional Insured Information Street Address: Copy of Proof of Vendor's Workers Compensation Insurance City, State and Zip Copies of all Permits Required to Complete Work (Check here if none required) Phone and Fax: Other Forms or Attachments OR: 460 Description of Activity or Item: 1st Vendor ID# 2nd Vendor ID# 3rd Vendor ID# List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 4th Vendor ID# 1. To submit the Purchase Order for payment, mail the following forms to the Regional Manager for processing: 3. (All Payment Requests must be accompanied by a Comments on Bids: signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and Invoice are attached.) **Property Manager Signature and Date:** Signed and Notarized Lien Waiver (notarized if required by state law) Lien waiver not required _____ Regional Manager Signature (for Family): Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Division Vice Pres. Signature and Date: Approved Change Order(s), if applicable Group President Signature and Date*: 1. M. M. V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

Pay from Original Invoices Attached

<u>BU</u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Paim Valley Utility	112004-164	11/20/2004	REPLACE 2 BLOWER/MOTOR	20,200.00	· · ·	20,200.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SER	VICES	[Date 12/14/2004	Check No. 95854		ck Amount ***20,200.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 12/14/2004 00095854

Check Amount \$****20,200.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

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> P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

		112004-164					
Billed to: Palm Valley	Invoice Date: Nov. 20,	2004					
	Project Name: Sewer plant						
	Location: Oviedo, Fl						
	Date of Service:						
Replace #2 blower/motor		\$20200.00					
Manager Approval Total Manager Approval /Date Additional Approval ()/// Date	CapEx PO # /232-04-02 Invoice # //2004-02 GL Acct. # Description //32 20200.						
BU# 1238 11/23/04 Robert Munro- Bend Check to							
Sevel Check to Robert Munizo							
TOTAL DUE T	HIS INVOICE	\$20200.00					



Hometown America Capital Expenditure Purchase Order (A Separate Purchase order is required for each Project)	Pay from Original Invoices Atlached Project Approval Only – Work is not Done
Property Name and Number: Jack Valley # 1235	Purchase Order Number $1238 - 04 - 54$ If this is an unbudgeted capex $46 121004$
Is the project budgeted?: Yes No Amount \$: General Ledger Account #: // 32 Project Number From Budget: // 32 Project Number From Budget: // 32 Preferred Vendor Name: // 32 Street Address: // 32 City, State and Zip Pettore, Fl. 3224 Phone and Fax: Description of Activity or Item: Description of Activity or Item:	Forms to submit to receive Purchase Order: (Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional Administrator for the issuance of the Purchase Order Number). Copy of Vendor's License Copy of Vendor's Proof of Insurance with Additional Insured Information Copy of Proof of Vendor's Workers Compensation Insurance Copies of all Permits Required to Complete Work (Check here if none required) Other Forms or Attachments OR: 1 st Vendor ID#
List Bidder's Names and Bid Amounts: (Cost of Bid) $20,200$.	3 rd Vendor ID# 4 th Vendor ID#
<u>.</u> 2. 3.	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for processing:
Comments on Bids:	(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:	Involce are attached.) Signed and Notarized Lien Waiver
Regional Manager Signature (for Family): Division Vice Pres. Signature and Date:	 (notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*: V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget	or in excess of \$10,000

57.000.00	
07,000.001	57,000.00
Check No.	Check Amount
90165	\$****57,000.00
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energy and a second

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

OPY

Bank Of America Chicago, IL 60634

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2-3 7101L

Date Check No. 11/9/2004 00090165

Check Amount \$****57,000.00 .-

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Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

ward ward a start of the

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #100404-146

Billed to: Palm Valley Invoice Date: Oct. 04, 2004					
	Project Name: Water meter				
	Location: Oviedo, Fl.				
	Date of Service:				
Furnish and install well meters a each well. bit # 234 Supplier # 24607 CapEx PO # $234-04-04$ Invoice # $100404-146$ GL Acct. # Description An 1/32 57.0 Manager Approval 57.0 Additional Approval $06/04$ Date 704.9		\$57,000.00			
B4# 1238 10/6/04 Robert Mur	ro-				
TOTAL DUE	THIS INVOICE	\$57,000.00			

Hometown America Capital	Expenditure Purchase Order	Pay from Original Invoices Attached
(A Separate Purchase order is required f	or each Project)	Project Approval Only – Work is not Done
Property Name and Number:	Jun Valley #1238	Purchase Order Number $1238 - 04 - 4$ If this is an unbudgeted capex $12380 + 52$
Is the project budgeted?:	Yes No Amount \$:	Forms to submit to receive Purchase Order: 46 105
General Ledger Account #:	1132	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget:	1238-04-11	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Warmen Dimonsilie	Number). Copy of Vendor's License
- Street Address:	P. D. Rox 5122	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip	Deltona Fl. 32724	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:		Copies of all Permits Required to Complete Work (Check here if none required)
Description of Activity or Item:	Mandate	Other Forms or Attachments \overline{OR} : 1^{st} Vendor ID# 2460
List Bidder's Names and Bid Amounts:	(Cost of Bid) \$ 57,000	2 nd Vendor ID# 3 rd Vendor ID# 4 th Vendor ID#
1.		
2.		To submit the Purchase Order for payment, mall the following forms to the Regional Manager for
3		processing:
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check
Property Manager Signature and Date:		- the following lines to indicate whether Lien Waiver and invoice are attached.) Signed and Notarized Lien Waiver
Regional Manager Signature (for Family): Division Vice Pres. Signature and Date:	NCKRK IN/19/14/	 (notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice)
Group President Signature and Date*:	dent signature required for capex unpudgeted, over budg	Approved Change Order(s), if applicable

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1 of 1

លប	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	100404140	10/4/2004	EFFLUENT POND	207,500.00		207,500.00
					l.	:	
					•		
Payor:	Hometown America, LLC			Date	Check No.		ck Amount
Payce:	WAYNE'S DIVERSIFIED S	ERVICES		10/19/2004	86521	5**	**207,500.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

Date Check No. 10/19/2004 00086521

2-3 710 IL Check Amount \$***207,500.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

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P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #100404-140

Billed to: Palm Valley	Invoice Date: Oct. 04, 2004			
	Project Name: Effluent pon			
	Location: Oviedo, Fl.			
	Date of Service:			
Construct new lined effluent po engineers drawings (phase one		\$207,500.00		
BU#1238-	04-04			
10/6/04 Robert 1.	BU# <u>1238</u> Supplier# <u>2460</u> CapEx PO# <u>1238 - 04 - 07</u> Wroice # <u>100 404 - 140</u>	Amt 500,		
	Manager Approval Date Additional Approval Date	 		
TOTAL D	DUE THIS INVOICE	\$207,500.00		

Project Number From Budget: $123p-04-0$ $123p-04-0-0$ $123p-04-0-0$ $123p-04-0-0$ $123p-04-0-0-0$ $123p-04-0-0-0$ $123p-04-0-0-0$ $123p-04-0-0-0-0$ $123p-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0$	3 6		/
(A Separate Purchase order is required for each Project)	Hometown America Car	oital Expenditure Purchase Order	Pay from Original Invoices Attached
Property Name and Number: Image: Stand			Project Approval Only - Work is not Done
Is the project budgeted?: Yes / NoAmount \$: 2/5,000 General Ledger Account #: //3 //// All required forms are adtached for the preferred vendor. Fax this PO form and all documents listed below to the Regional Additional instruct infor the issuance of the Purchase Order (Check hall lines to verify that required comes are attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional Additional instruct information Capy of Vendor's License Capy of Vendor's Verkers Compensation Insurance Caps of all Permits Required to Complete Work Check here finone required Other Forms or Attachments List Bidder's Names and Bid Amounts; (Cost of Bid) \$ 2 1 // Vendor 10B Comments on Bids: Property Manager Signature and Date: Property Manager Signature and Date: Division Vice Pres. S	Property Name and Number:		
Genéral Ledger Account #: //3 Project Number From Budget: //3 Project Number From Budget: //3 Project Number From Budget: //3 Preferred Vendor Name: //3 Street Address: //0 Additional Insured Information Copy of Vendor's Proof of Insurance with Additional Insured Information City, State and Zip //1 Phone and Fax: //1 Description of Activity or Item: //1 List Bidder's Names and Bid Amounts: (Cost of Bid) 2 //3 2 //3 2 //4 2 //4 3 (Cost of Bid) 2 //3 2 //3 2 //4 2 //4 2 //4 2 //4 3 //4 2 //4 3 //4 1 //4 2 //4 3 //4 1 //4 2 //4 3 <	is the project budgeted?:	Yes No Amount \$:2/5,000	
Project Number From Budget: /230-04-0 Preferred Vendor Name: ////////////////////////////////////	General Ledger Account #:	1132	I (Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Preferred Vandor Name: Wargene 'o furces fuel Street Address: for - box 5772 City, State and Zip Deblaca, FL: 32224 Phone and Fax: Copies of all Pernits Required to Complete Work (Check here if none required to Complete Work end) 2 3 Comments on Bids: 3 Comments on Bids: Signed and Notarized Lien Waiver and involce are attached.) 4 Signed a	Project Number From Budget:	(130-14-1))	and all documents listed below to the Regiona Administrator for the issuance of the Purchase Order
Street Address: A - Box 5772 City, State and Zip Additional Insurance with Additional Insurance with Additional Insurance Phone and Fax: Description of Activity or Item: List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 217, 500. 1 2 2 3 Comments on Bids: Comments on Bids: Property Manager Signature and Date: D (D) [14] 0.4 Regional Manager Signature (for Family): D (D) [14] 0.4 Division Vice Pres. Signature and Date: D (D) [14] 0.4	-	112	Number).
City, State and Zip		Waigne & Juverseifer	Copy of Vendor's Proof of Insurance with
Converted and Exp Copies of all Permits Required to Complete Work (Check here if none required) Other Forms or Attachments Description of Activity or Item: Copies of all Permits Required to Complete Work (Check here if none required) Other Forms or Attachments List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 267, 500. 1. 2. 3. Comments on Bids. Property Manager Signature and Date: Colled Forms of track with the Purchase Context of the required to Complete Hometown payment stamps (include PO No. on invoice) Division Vice Pres. Signature and Date: Colled for Pres. Signature and Date:	Street Address:	A O-BOX 311	Copy of Proof of Vendor's Workers Compensation
Phone and Fax: Check here if none required	City, State and Zip	Jelting, Fl. 32728	
Description of Activity or Item: Image: Construction of Activity or Item: Image:	Phone and Fax:	<u> </u>	(Check here if none required)
List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 207,500. 1. 2. 4" Vendor ID#	Description of Activity or Item:	Effluent tond	O.D.
List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 207,500. 1. 2. 4" Vendor ID#			2 ^{ed} Vendor ID#
1. 2. 2. 3. Comments on Bids: (Ail Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and invoice are attached.) Property Manager Signature and Date: Signed and Notarized Lien Waiver (notarized if required by state law) Lien waiver not required Lien waiver not required Division Vice Pres. Signature and Date: Manager Signature and Date:	List Bidder's Names and Bid Amou	nts: (Cost of Bid) \$ 742 CPS.	1 2 Vendol ID#
2. following forms to the Regional Manager for processing: 3. (All Payment Requests must be accompanied by a signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and invoice are attached.) Property Manager Signature and Date: Signed and Notarized Lien Walver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and invoice are attached.) Regional Manager Signature (for Family): Division Vice Pres. Signature and Date: Division Vice Pres. Signature and Date: Division Vice Pres. Signature and Date:	1.		
3	2.		To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
Comments on Bids: (Ail Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and invoice are attached.) Property Manager Signature and Date: Signed and Notarized Lien Waiver (notarized Lien Waiver and invoice are attached.) Regional Manager Signature (for Family): Division Vice Pres. Signature and Date: Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable			
Property Manager Signature and Date: Regional Manager Signature (for Family): Division Vice Pres. Signature and Date: Noolce are attached.) Signed and Notarized Lien Waiver (notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable	Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Regional Manager Signature (for Family): Division Vice Pres. Signature and Date: Division Vice Pres. Signature and Date: Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable	Property Manager Signature and Da	ate:	Involce are attached.) Signed and Notarized Lien Waiver
Regional Manager Signature (for Family): Division Vice Pres. Signature and Date: Original Invoice with completed Hometown payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable	ан а саранда бара сара на сарана на сара са бала со со се ба то со се ба то со се ба то со со се бала со со со Т	0 10 10	
Division Vice Pres. Signature and Date: Approved Change Order(s), if applicable	Regional Manager Signature (for Fa	$(mily): \sqrt{\sqrt{10100}}$	
······································	Division Vice Pres. Signature and D	Date: Not in the second s	
	× .		Approved Change Order(s), if applicable

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BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	081004-106	8/10/2004	REPLACED COMPRESSOR	730.00		730.00
	and the second s						
					ŕ		
						· ·	
		<u> </u>					•••••••
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SEP	RVICES		9/2/2004	79406	\$**	****730.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

Date

9/2/2004

Check No.

00079406

2-3 710 IL

والمستحد والعالة

Check Amount \$*****730.00

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Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

P.O. BOX 5177 Deltona, FL 32728

	Inv. #0810	004-106
Billed to: Palm Valley	Invoice Date: Aug. 10, 2004	4
	Project Name: Decortive por	
	Location: Oviedo, Fl.	
	Date of Service:	
Replaced burned up compressor on a	eration system	\$730.00
	DSTED	
8/12/04 123	38 - 64 - 03 CP Limited Partnership Date Received by A/P Ven # 2460 Dev_	1234
Jobert Munro TOTAL DUE T	Acct #S	230,
IOTAL DUE		\$730.00

Hometown America Capital Expenditure Purchase Order	Pay from Original Invoices Attached
(A Separate Purchase order is required for each Project)	Project Approval Only - Work is not Done
Do 11 a #	Purchase Order Number
Property Name and Number: Jalm Valley 1238	If this is an unbudgeted capex HB 083104
Is the project budgeted?: Yes No Amount \$: 2/5,000	
General Ledger Account #: //32	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget: 123864-07	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name; I. Dung Dungaling	Number). Copy of Vendor's License
Street Address:	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip Altoro, Fl 32728	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:	Copies of all Permits Required to Complete Work (Check here if none required)
	Other Forms or Attachments
Description of Activity or Item: feplace congresson +	$\frac{1^{st} \text{ Vendor ID# } 2 \frac{1}{6} \frac$
List Bidder's Names and Bid Amounts: (Cost of Bid) \$ 730,	3 rd Vendor ID#
1.	4 th Vendor ID#
2.	To submit the Purchase Order for payment, mail the
3.	 following forms to the Regional Manager for processing:
Comments on Bids:	All Payment Requests must be accompanied by a
	 signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check
	 the following lines to indicate whether Lien Waiver and Invoice are attached.)
Property Manager Signature and Date:	Signed and Notarized Lien Waiver
in al-al-a	 (notarized if required by state law) Lien waiver not required
Regional Manager Signature (for Family): 00/109	Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:	payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*: On file w/ survives request	
V.P. signature required for all capex. Group President signature required for capex unbudgeted over bud	iget or in excess of \$10,000

of 1

<u>- 90</u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1284	Palm Valley Utility	081004-105	8/10/2004	REMOVED PUMPS	4,775.00		4,775.00
	1						
-	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -						
						ļ	
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SER	VICES		9/2/2004	79407	\$**	***4,775.00

					and the state of the state
Hometown America, LL 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102		Bank Of America Chicago, IL 60634		<u>2-3</u> 710 IL	
	COPY	Date 9/2/2004	Check No. 00079407	Check Amount \$****4,775.00	
FOUR THOUSAND SEVEN HUNDS	ED SEVENTY FIVE AND 00/10)#####################################	*****		
WAYNE'S DIVERSIFIE PO BOX 5177 DELTONA FL 32728	DSERVICES				
				<u> </u>	
					And all Andres . And Samp Dock

P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597 Inv. #081004-105

Billed to: Palm Valley	Invoice Date: Aug. 10, 2004	
·····	Project Name: Irrigation pumps	
	Location: Oviedo, Fl.	
	Date of Service:	
Removed exsisting pumps from clear installed new pumps. Exsisting pum up internally		
04) 1238-04-67 BUH# 1238 alin104		
Reuse ipr pumps	CP Limited Partnership Date Received by A/P Ven # 2460/ Dev_1238	
Reuse INC. pump	Acci # 5 47251 Acci # 5	
	Acct #	
	CRF & Date Date Processed Date Processed	
TOTAL DUE T	HIS INVOICE \$4775.00	

Hometown America Cap (A Separate Purchase order is requi	ital Expenditure Purchase Order ired for each Project)	Project Approval Only – Work is not Done
Property Name and Number:	Palm Valley # 1238	Purchase Order Number If this is an unbudgeted capex 41B 0431 04
is the project budgeted?:	Yes No Budgeted Amount \$: 2/5,000.	Forms to submit to receive Purchase Order:
General Ledger Account #:		(Check all lines to verify that required forms ar attached for the preferred vendor. Fax this PO for
Project Number From Budget:	123804-07	and all documents listed below to the Region Administrator for the issuance of the Purchase Orde
Preferred Vendor Name:	1. hung's American	Number). Copy of Vendor's License
Street Address;	PO Bar 5722	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip	Detro Fl 31724	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:	- freeding / A Jay	Copies of all Permits Required to Complete Work (Check here if none required)
	P.P. aquitaine a	Other Forms or Attachments
Description of Activity or, Item:	feplace new pump	1^{*i} Vendor ID# 2460 2 nd Vendor ID#
List Bidder's Names and Bid Amount	s: (Cost of Bid) \$ 4/275	3 rd Vendor ID# 4 th Vendor ID#
1.	<i>JTTST</i>	
2		To submit the Purchase Order for payment, mail the
3		following forms to the Regional Manager for processing:
Comments on Bids:		(All Payment Requests must be accompanied by
		signed, notarized Lien Walver Form where applicabl (notarization not required in all states). Please chec
		 the following lines to indicate whether Lien Waiver an invoice are attached.)
Property Manager Signature and Date): 	Signed and Notarized Lien Waiver
· · · · · · · · · · · · · · · · · · ·	Pallal and	(notarized if required by state law) Lien waiver not required
Regional Manager Signature (for Fam	ily):	Original Invoice with completed Hometown
Division Vice Pres. Signature and Dat	e: <u><u></u></u>	payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*:	malife all according reason	et or in excess of \$10,000

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Ļ	<u>BU</u>	BUDESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
ľ	1230	Paim Valley Utility	081004-104	8/10/2004	REPLACED STARTER	2,134.00		2,134.00
								4,104.00
[· · · · · · · · · · · · · · · · · · ·				i		
						9 T	•	
ſ		Homelown America, LLC WAYNE'S DIVERSIFIED SER			Date	Check No.		ck Amount
C		24601			9/2/2004	79408	\$**	****2,134.00

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P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597 Inv. #081004-104					
Billed to: Palm Valley	Invoice Date: Aug. 10, 200)4			
	Project Name: Fox Row Lift	: Station			
	Location: Oviedo, Fl.				
	Date of Service:				
Replaced 2hp pump and starter in p	anel	\$2134.00			
DETED					
015 1238-04-04 BU #1238 8/12/04					
Rober Munro permit issue	$\begin{array}{c} \textbf{CP Limited Partnership} \\ \textbf{Date Received by A/P} \\ \textbf{Ven # 2460 / \text{Dev } / \text{R} \\ \textbf{Acct # } / 1 - 32 & \text{s} \\ \textbf{Acct # } \\ \textbf{Acct # } \\ \textbf{s} \end{array}$	38 · 134.			
	Acct # \$				
	CRF Con Date Reg. Date Date Processed	8/27/04			
TOTAL DUE	THIS INVOICE	\$2134.00			

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Hometown America Capit (A Separate Purchase order is requir	tal Expenditure Purchase Order ed for each Project)	Pay from Original Invoices Attached Project Approval Only – Work is not Done
Property Name and Number:	Palyn Valley # 1238	Purchase Order Number If this is an unbudgeted capex UB 08 31 04
Is the project budgeted?:	Yes No Amount \$: 17,000,	Forms to submit to receive Purchase Order:
General Ledger Account #:	1132	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget:	1220-04-04	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	like of Armenia hit	Number). Copy of Vendor's License
	Red averaged	Copy of Vendor's Proof of Insurance with Additional Insured Information
Street Address:	$1.0.08\times 3/12$	Copy of Proof of Vendor's Workers Compensation
City, State and Zip	- Clettong, F.L. 32728	Copies of all Permits Required to Complete Work
्र Phone and Fax:		(Check here if none required) Other Forms or Altachments
Description of Activity or Item:	Leplace sumpristantes	OR: 1 st Vendor ID# <u>2460</u> 2 nd Vendor ID#
panel.	:: (Cost of Bid) \$ 2/34	3 rd Vendor ID#
List Bidder's Names and Bid Amounts	$(\text{cost of Bid}) \Rightarrow \alpha / 3 \gamma$	4 th Vendor ID#
1		To submit the Purchase Order for payment, mail the
2.		following forms to the Regional Manager for
3.		processing:
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check the formula line line to be the state of the line to be state of the li
Property Manager Signature and Date	:	the following lines to indicate whether Lien Waiver and Invoice are attached.) Signed and Notarized Lien Waiver
Regional Manager Signature (for Fami	11y): DC 8/27/04	(notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown
Division Vice Pres. Signature and Date	e:	payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*:	X a. in maning 8/27/04	
W.P. signature required for all capex. Group F	Prosident signature required for copex unbudgeted, over budget	or in excess of \$10,000

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #103105-170

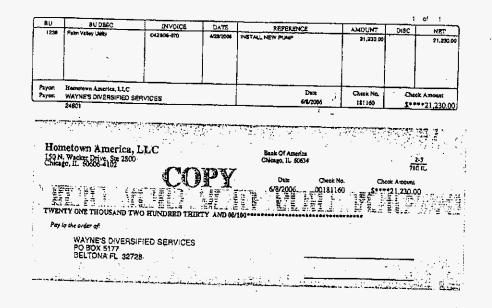
Billed to: Palm Valley MHP	Invoice Date: Oct. 31, 2	2005
<u> </u>	Project Name: Sewer plant	
	Location: Oviedo, Fl.	
	Date of Service:	1
Completion, permitting and accept pumping and pond.	ance of effluent	\$51368.00
11/2/05 BUH 12380507 Robert Mumo Dr.De		
$\begin{array}{c} \text{BU \# } \underline{238} \text{ Supplier \# } \underline{2401} \\ \text{CapEx PO \# } \underline{238 - 05 - 02} \\ \text{Invoice \# } \underline{10305 - 120} \\ \text{GL Acct. \# } \\ \underline{1032} \\ \underline{51368} \\ \underline{513688} \\ \underline{5136888} \\ \underline{5136888} \\ \underline{5136888} \\ \underline{5136888} \\ \underline{5136888} \\ \underline{51368888} \\ \underline{5136888} \\ 5136888$		
Manager Approval Usite Additional Approval OC / W Data (/ >/ @		
TOTAL DUE 1	HIS INVOICE	\$51,368.00

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #103105-170

Billed to: Palm Valley MHP	Invoice Date: Oct. 31, 2	2005
-	Project Name: Sewer plant	
	Location: Oviedo, Fl.	
	Date of Service:	1
Completion, permitting and accept pumping and pond.	ance of effluent	\$51368.00
$\frac{11/2/05}{BUH1/2380507}$ $\frac{BUH1/2380507}{BUH1/2380507}$ $\frac{BUH1/238}{BUD2}$ $\frac{BUH1/238}{BUD2}$ $\frac{BUH1/238-05-02}{BUD2}$ $\frac{10305-120}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$ $\frac{BUD2}{BUD2}$		
TOTAL DUE	THIS INVOICE	\$51,368.00





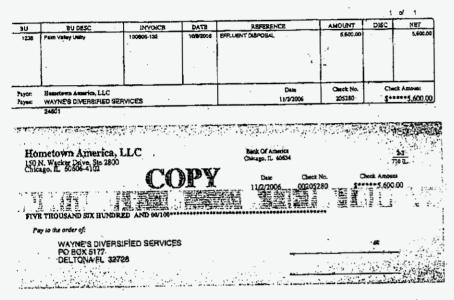
WAYNE'S DIVERSIFIED SERVICES P.O. BOX 5177 Deltona, FL 32728

(407) 330-7507

(+01) 230-	137) Tom #040044 +++
Billed to: Palm Valley MHP	Inv. #042806-070
P	ADT11 28 2006
	roject Name: Sewer plant
	ocation: Oviedo, Fl.
D	ate of Service:
Replaced 12" gravity main in main li installed new reuse pump installed new diffusers and cleaned CU# // 32 Supplies! CopErPO# Invoice# GLACSL # Catoription Amil 	piping
Manager Approval Data Additional Approval Data Data	6
TOTAL DUE THIS	NVOICE \$21230.00
	421230.00

WAYNE'S DIVERSIFIED SERVICES PO: BOX 5177

Deltona, FL 32728 -----



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Billed to: Palm Valley	Invoice		0.06]
	Project 1	Sewer_pla	ant	
	Location	Oviedo El.		
· · · · · · · · · · · · · · · · · · ·	Date of a	Service:		
Installed 2 new effluent pump 10/14/06	s in clean	water tank	\$5600.00	
10/14/06 BU+ 1238 Polit Munso	А.	BU# 1237 Su CapEx PO# Invoice#	1238-06- 1238-06- 180806-1	2/ 1/2 132
		Pur	Description 146NT 145 TA 28 TANK	Amt 5,600
·		rdanagar Approval Additional Approval	A Total fiare Date	
· · · ·				
	· · · .		.s	
TOTAL DI	JE THIS INVO		\$5600.00	

1230	BUDBYC	INVOICE	DATE	REFERSNCE	AMOUNT	DUC.	NET
1230	Pain Valley Utility	082806-121	8/29/2006	INSTALL SURGE BLOWER	3,200.00	1040	3,200.00
	· · ·						
Payon Payee:	Hometowe America, LLC WAYNE'S DIVERSIFIED S	SERVICES		Date 10/1/2006	Check No.		Amount
	24001						~3,200.00
	197 <u>1 16</u> 197 19 19	h sa				* 1 ******	
					1		
Нол	netown America,	LLC		Bask Of America			
Chica	Wacker Drive, Ste 2800	0		Chicago, JL 60634		 710 1	-
-		10	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER				
		រា ដា ដ	a 197/				~
		UU .	ШY	Date Check		it Amount	
·· ·		UU test i	ЯY	Date Check 10/1/2006-00199			
THE			N V Ne se			it Amount	
	E THOUSAND TWO HU					it Amount	
			HY.			it Amount	
Payl	E THOUSAND TWO HU to the order of: WAYNE'S DIVERS PO BOX 5127	NORED AND 00/100				it Amount	
Pay i	E THOUSAND TWO HU Is the order of: WAYNE'S DIVERS PO BOX 5177 5. DELTONA FL 327	NDRED AND 00/100				it Amount	
Pay i	E THOUSAND TWO HU to the order of: WAYNE'S DIVERS PO BOX 5127	NDRED AND 00/100				it Amount	
Pay i	E THOUSAND TWO HU Is the order of: WAYNE'S DIVERS PO BOX 5177 5. DELTONA FL 327	NDRED AND 00/100				it Amount	
Pay i	E THOUSAND TWO HU Is the order of: WAYNE'S DIVERS PO BOX 5177 5. DELTONA FL 327	NDRED AND 00/100				it Amount	
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WAYNE'S DIVERSIFIED SERVICES P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

	Inv. #082	2805-121
Billed to: Palm Valley MHP	Invoice Date: Aug. 28, 2	006
	Project Name: Sewer pla	nt
	Location: Oveido, Fl.	
	Date of Service:	
Installed new surge blower 8/31/06 BU#1238 Robert Muniso	· · · ·	\$3200.00
$\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} $	nt 72 ,	
Manager Approval i utal Manager Approval Date Additional Approval DX/UY Date 9//5	Zau	
TOTAL DUE TH THANK YOU FOR Y		\$3200.00

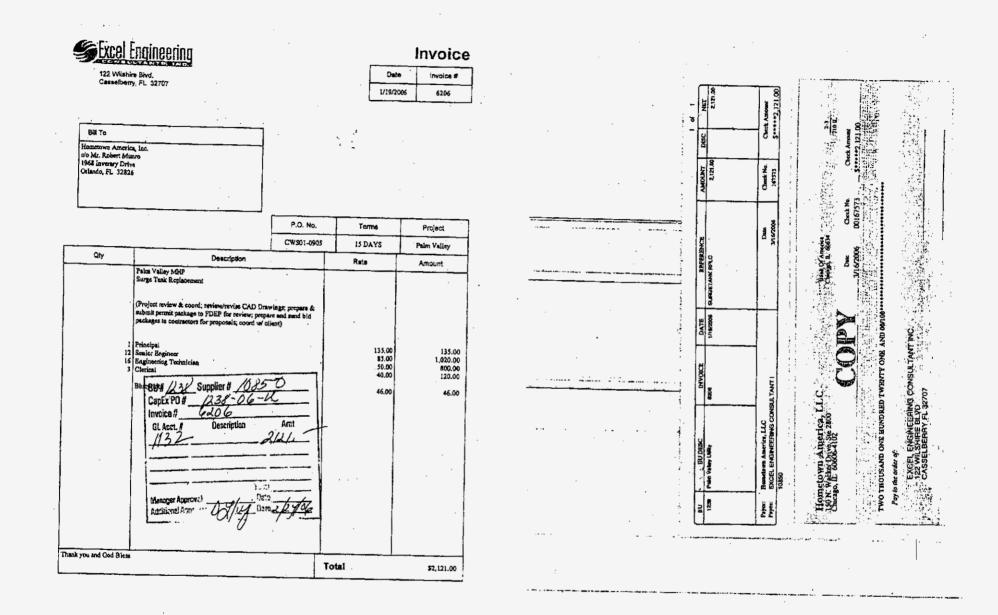
. . .

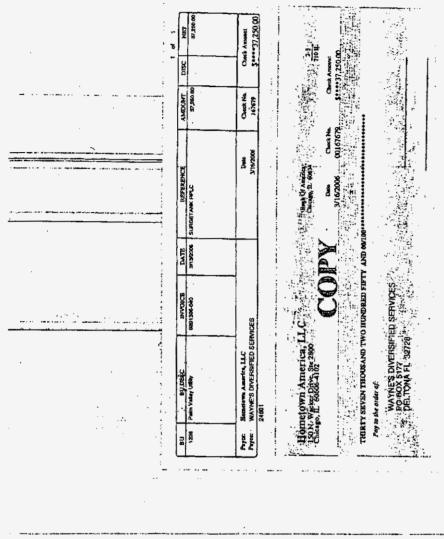
S Excel E	nqineering				Invo	oice
122 Wilshir				Data	inwo	Nice #
CasserDerry	y,FL 32707			4/14/20	66 64	116
Bit To Hometowa America do Mr. Robert Mau 1968 Inversy Driv Ortendo, FL 32826	nro c					
,		P.O. No.	Te	 ms	Projet	ct
· · · · · · · · · · · · · · · · · · ·	·	CW801-0905	15 0	AYS	Paka Va	lley
City	Description Paim Valley MHP		Rate		Amour	ĸ
2.5	Surge Tank Replacement Task 1 - Design & Permitting (Project review & coord, coord w/ FDEP regardin coord w/ Orlando Sentianet re Public Notice; and public notice to FDEP) Clerical Orlando Sentinet Public Notice U · 1238 - 06 - 52 Taking & from Z	l legal affidavit of	6 4/6 Nachal	40.00 461.15 1085 -0.00 		461.15
Thank you and God Biers			Total		5:	561.15

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122 Wilshi Careelbar	The second s			
	re Blvd, y, FL 32707		Date	> Involce #
	, · · · · · · · · · · · · · · · · · · ·		3/8/20	6315
84 To	·			
Hometown Ameria c/o Mr. Robert Mu 1968 Inversey Driv Orlando, FL 3282	1000			
		[····	T	·
		P.O. No. CWS01-0905	Terms	Project
Oty	Description		IS DAYS Rale	Paim Valley Amount
l 2.25	verify Irrigation Acreage propercisibilit RAI resp prepare and and secondmendation letter for ensira Source Engineer Clarical Copies UPS to PDEP, 1/17/06 Bitteprints	etors bids)	85.00 40.00 21.73 19.87	85.00 90.00 21.73 19.87
	Total Reinhursable Expenses	ç.	7,00	7.00
ou and God Bless	Total Reinbursable Expenses BU# 1238 Supplier# 108 CapEx PO# 1238 062 Invoice# 1238 062 Invoice# 1238 062 Invoice# 1238 108 GL Acet.# Description 1132 PR ASCCT PR ASCCT Data Manager Approved Data Data Additive: 1000 CapEx PO	50 52- 123.60 123.60 3.2840	Pp Just	7.00





WAYNE'S DIVERSIFIED SERVICES P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

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Inv. #021305-040

Contract amount deposit/work completed to date balance to complete	Project Name:	ank/south mod
deposit/work completed to a	Doction: Oviedo, Fl.	
deposit/work complete a state	Date of Service:	
leposit/work complete a s		
•		\$149,000.00 37,250.00 111,750.00
	P Supplier # <u>24607</u> 1234-06-11 021306-040 Description Amt 37,25	
Supportunt Replacement Manager Additional Ad	EI [J15] [21	
, ,		•
TOTAL DUE TH	IS INVOICE	\$37,250.00



122 Wilshire Blvd, Casselberry, FL 32707

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Invoice

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Date	Invoice #
12/7/2005	ð115

Bill To	
Hometown America, Inc. c/o Mr. Robert Munro 1968 Inverary Drive Orlando, FL 32826	

		P.O. No.	Tems	Project
[T	CWS01-0905	15 DAYS	Palm Valley
Qty	Description		Rate	Amount
9.75	Palm Valley MHP Surge Tank Replacement (Project review & coord; coord w/ client; coord preparation of engineering report and calculation preparation of CAD drawings; site visit)	w/ contractor; begin s; begin		
22.5 13.25	Senior Engineer Staff Engineer Engineering Technician Clerical Camera & photo developing Blueprints		85.00 65.00 50.00 40.00 16.52 3.00	743.75 1,462.50 662.50 30.00 16.52 3.00
	Raht Mumra G	voice #	$\frac{1}{10000000000000000000000000000000000$	mi 18-27 tiifa6
hank you and God Bless			Total	\$2,918.27

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1258	Paim Valley Utility	70236	8/27/2004	WATER IRRIGATION SYSTE	10,500.00		10,500.00
						}	
	· ·					A	
Payor:	Hometown America, LLC			Date	Check No.	Chec	k Amount
Payee:	LAWN ENFORCEMENT C	OF CENTRAL FL		9/9/2004	80029	\$**	**10,500.00

1230191

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Hometown America, I 50 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102		Bank Of Americ Chicago, IL 606		<u></u> 710 IL
······································	COPY	Date 9/9/2004	Check No. 00080029	Check Amount \$****10,500.00
'EN THOUSAND FIVE HUNDRI	ED AND 00/100*****************	*******	******	
EN THOUSAND FIVE HUNDRI Pay to the order of:	ED AND 00/100**********************	********	******	·
Pay to the order of:	ENT OF CENTRAL FL, INC.	*******	*****	

PACA VALLEY Cauve Enforcement PO BOX 5873 WINTER PARK FL 32793-5873 70236 OUIEDO, F. (407)657-2001 INVOICE DATE 8-27-040ESCRIPTION: RECLAIMED IRRIGATION CHARGES; SERVICE FOR THE MONTH OF: AUGUST SERVICES RENDERED: MATORIAL ABVANCE ON RECLAINED WATER TRRIGATION SYSTEM FOR 25 HOMES. TOTHE COST 17.500 DUANCE unar 1 DATE DUE: ANY ACCOUNT OVER 30 DAYS. 10,500 1C THANK YOU, 🛪 A 1%% PER MONTH INTEREST WILL BE CHARGED ON ANY

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CF	Limited Partnership te Received by A/P		
Dai Ve	n # 12.30/9/	Dev 1238	
	cci #	\$ 10,50	
A	cc1 #	. D successive and a successive and a successive	Creating
A		te Tr was not define and the set of the set	an a
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, (Community	Juy Date de	30/0
]	Regional Approva	1 million and the second secon	/
	Date Frocessed	and the second difference of the second differ	
	i		
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Pay from Original Invoices Attached Homelown America Capital Expenditure Purchase Order Project Approval Only - Work is not Done (A Separate Purchase order is required for each Project) Purchase Order Number diff. 09 If this is an unbudgeted capex Property Name and Number: Budgeted Forms to submit to receive Purchase Order: 102 Amount S is the project budgeted?: (Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form General Ledger Account #: and all documents listed balow to the Regional Administrator for the issuance of the Purchase Order Project Number From Budget: Number). Copy of Vendor's License Preferred Vendor Name: Copy of Vendor's Proof of Insurance with Additional Insured Information Street Address: Copy of Proof of Vendor's Workers Compensation Insurance City, State and Zip Copies of all Permits Required to Complete Work (Check here if none required) Phone and Fax: Other Forms or Attachments OR: Description of Activity or Item: 1st Vendor ID# 2nd Vendor ID# 3rd Vendor ID# (Cost of Bid) \$ 35 200. List Bidder's Names and Bid Amounts: 4th Vendor ID# To submit the Purchase Order for payment, mail the following forms to the Regional Manager for processing: 3 (All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable Comments on Bids: (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and Invoice are attached.) **Property Manager Signature and Date:** Signed and Notorized Lien Waiver (notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown **Regional Manager Signature (for Family):** payment stamps (include PO No. on invoice) Division Vice Pres. Signature and Date: Approved Change Order(s), if applicable Group President Signature and Date*: V.P. signature required for all caper. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

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Hometown America Cap (A Separate Purchase order is requ	nital Expenditure Purchase Order	Pay from Original Invoices Allached Project Approval Only Work is not Done	
Property Name and Number:	Palm Valley # 1238	Purchase Order Number $1231 - 0y - 05$ If this is an unbudgeted capex $06 000704$	
is the project budgeted?:	Yes No Amount \$:	Forms to submit to receive Purchase Order:	
General Ledger Account #:		(Check all lines to verily that required forms are attached for the preferred vendor. Fax this PO form	
Project Number From Budget:	1238-04-1205	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order	
Preferred Vendor Name:	Jaun Enforcement	Number). Copy of Vendor's License	
Street Addross:	7305 Gardner St.	Copy of Vendor's Proof of Insurance will Additional Insured Information Copy of Proof of Vendor's Workers Compensation	
City, State and Zip	Winter land Fel. 32792	Insurance Copies of all Permits Required to Complete Work	
Phone and Fax:		(Check here if none required) Other Forms or Attachments	
Description of Activity or Item:	Install reclaim water	OR: 1 ^a Vandor ID# <u>12.30/9</u> 2 nd Vendor ID#	
	ils: (Cost of Hid) \$ 17, 500.	3 rd Vendor ID# 4 th Vendor ID#	
1			
2		To submit the Purchase Order for payment, mail the following forms to the Regional Manager for	
3.		processing:	
Comments on Bids;		(All Payment Requests must be accompanied by a signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Walver and	
Property Manager Signature and Da	to: N 196104	invoice are attached.) Signed and Notarized Lien Waiver	
Regional Manager Signature (for Fai		(notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice)	
Division Vice Pres, Signature and Di	ale:la/5/2/	Approved Change Order(s), if applicable	
Group President Signature and Date V.P. signature required for ell capex. Group		ef or in excess of \$10,000	

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<u>Bt</u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238 ,.	Pałm Valley Utility	70257	8/4/2004	GATE & PLUG VALVES	7,800.00		7,800.0
Payor: Payee:			Date 9/1/2004	Check No. 77805		ck Amount	

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634 Date Check No.

00077805

9/1/2004

2-3 710 IL

Check Amount \$****7,800.00

2

Pay to the order of:

1

LAWN ENFORCEMENT OF CENTRAL FL, INC. 7305 GARDNER ST. WINTER PARK FL 32792

Lawn Enforcement PALM VALLEY PO BOX 5873 WINTER PARK FL 32793-5873 OUISDO FC 70257 (407)657-2001 DESCRIPTION: IRRIGATION INVOICE DATE CHARGES: SERVICE FOR THE MONTH OF: SERVICES RENDERED: - CLAINED WAFER NAN CF Limited Partnership Date Received by A/P_ LINE SP PRO Ven # 12301 Dev. 57) Acct.4 Acct # \$. ••• Acct #_ 1. 238-04-0 Desc URBAS E Date 0000 DATE DUE PERCE OPA THANK YOU, A14% PER MONTH INTEREST WILL BE CHARGED OB ANY CACSO

	and a second	
	Hometown America Capital Expenditure Purchase Order (A Separate Purchase order is required for each Project)	Pay from Original Invoices Altached Project Approval Only – Work is not Done
	Property Name and Number: Jalu Valley Utility #1238 Budgeted	Purchase Order Number 1238.04.01 If this is an unbudgeted copex 498
	Is the project budgeted?: Yes No Amount \$: 7,000	Forms to submit to receive Purchase Order:
	General Ledger Account #: //3 2	(Check all lines to verify that required forms are attached for the preferred vendor. Pax this PO form
	Project Number From Budget: 1238-04-01	and all documents listed below to the Regiona Administrator for the issuance of the Purchase Orde
	Pretorred Vendor Name:	Number).
	- Phana and a second	Copy of Vendor's License Copy of Vendor's Proof of Insurance with
-	Street Address: 7305 Landres ST.	Additional Insured Information Copy of Proof of Vendor's Workers Compensation
	City, State and Zip Ulenter lack, FU. 32792	Insurance Copies of all Permits Required to Complete Work
	Plione and Fax:	(Check here if none required) Other Founs of Allachments
	Description of Activity or Hem: Sate & plug Values	OR: 1" Vendor ID# 1230/9
•		2 ¹⁰ Vendor ID#
	List Bluder's Names and Bld Amounts: (Cost of Bid) S , POO ,1.	4 th Vendor ID#
	2	To submit the Purchase Order for payment, mail the
	3.	following forms to the Regional Manager for processing:
	Comments on Bids:	(All Payment Requests must be accompanied by a signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check
	Property Manager Signature and Date:	the following lines to indicate whether Lien Walver and involce are attached.) Signed and Notarized Lien Waiver
	Regional Manager Signature (for Family):	(notarized if required by state law) Lien waiver not required Original Invoice with completed Homelown
r	Division Vice Pres. Signature and Date:	payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
:	Group President Signature and Date: 1. M. Man 8123/04	
	V.P. signature required for all capex. Group President signature required for caper unbudgetest, over budget	of hi ascess at \$10,000

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BU	BUDESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	70256	8/4/2004	IRRIGATION SYSTEM	18,200.00		18,200.00
-		2				94 4	
	Hometown America, LLC LAWN ENFORCEMENT OF			Date 8/24/2004	Check No. 77387		ck Amount **18,200.00

Hometown America, LLC

150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

nicago, IL	00034	

Bank Of America

2-3 710 IL

Date Check No. 8/24/2004 00077387

Check Amount \$****18,200.00

Pay to the order of:

LAWN ENFORCEMENT OF CENTRAL FL, INC. 7305 GARDNER ST. WINTER PARK FL 32792

Lawn Enforcement PACH VALLEY PO BOX 5873 WINTER PARK FL 32793-5873 OUIGDO, R.

70256

(407)657-2001

INVOICE DATE 8404 DESCRIPTION: TRRIGATION CHARGES: SERVICE FOR THE MONTH OF: AIRENSE SERVICES RENDERED: 47TON SYSTEM FAR LRAIR CEF-2 $\beta 2 \cap$ SITTIONIC iter POGA ** IN 118 RAU FINA AN unc NAAJ DATE DUE: 212127 TOTAL DUE: A 18% PER MONTH INTEREST WILL BE CHARGED ON ANY ACCOUNT OVER 30 DAYS. THANK YOU, 18,200

Hometown America Cap (A Separate Purchage order is regu	ital Expenditure Purchase Order ired for each Project)	Pay from Qriginal Invoices Atlached Project Approval Only – Work is not Done	
Property Name and Number:	Jalm Valley Utility #1238	Purchase Order Number 1238 04-05 If this is an unbudgeted capex	2/10
is the project budgeted?:	Yes No Amount \$:30,000	Forms to submit to receive Purchase Order: (Check all lines to verify that required forms are)
General Ledger Account #:	1132	attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional	
Project Number From Budget:	1238-04-05	Administrator for the issuance of the Purchase Order Number).	
Preferred Vendor Name:	Jawn Enforcement	Copy of Vendor's License Copy of Vendor's Proof of Insurance with	
Street Address:	7325 Jardner St.	Additional Insured Information Copy of Proof of Vendor's Workers Compensation	
City, State and Zip	Whater Park Fl. 32792	Insurance Copies of all Permits Required to Complete Work	
Phone and Fax:	407-657-2001	(Check here if none required) Other Forms or Attachments	
Description of Activity or Item:	Sugation	- 1 ⁴¹ Vendor ID# 123019 (
		- 2 nd Vendor ID# 3 rd Vendor ID#	
	its: (Cost of Bid) \$ 35,200.	4 ⁱⁿ Vendor ID#	
2. Jawon Enforcement	y. s	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for processing:	
3. Comments en Bids:	· · · · · · · · · · · · · · · · · · ·	 (All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and 	4
Property Manager Signature and Da	le:	invoice are attached.) Signed and Notarized Lien Waiver (notarized if required by state law)	
Regional Manager Signature (for Fa	mily): DC 5/16/84	Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice)	
Division Vice Pres. Signature and D	ate: 5 -1/////	Approved Change Order(s), if applicable]
Group President Signature and Dat	e*: <u>SIGIO</u> President signatura required for capax unbudgeted, over bu	that acia excess of \$10,000	

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n / /			1		1		
BU 1238	BU DESC Palm Valley Utility	INVOICE 70220	DATE 7/28/2004	REFERENCE	AMOUNT 7,000.00	DISC	NET 7,000.0
Payor: Payee:	Hometown America, LLC LAWN ENFORCEMENT C			Date	Check No.		k Amount
ayee.	1230191	DF CENTRAL FL		8/17/2004	76259	<u> </u>	<u>***7,000.0</u>
Hor 150 N Chicz	netown America J. Wacker Drive, Ste 280 Igo, IL 60606–4102	<i>ю</i>)PY	Bank Of America Chicago, IL 60634 r Date Check I 8/17/2004 000762			
		700**********	******	*******	•	 	
Pay	to the order of:						
	LAWN ENFORCE 7305 GARDNER WINTER PARK F	MENT OF CENTR/ ST. L 32792	AL FL, INC.				
		· · · · · · · · · · · · · · · · · · ·	$\overline{}$				
	Caum Enforce PO BOX 5873 WINTER PARK	<i>ement</i> FL 32793-587	PACU 3 ORI	1 VALLEY E. FZ,		7022 7)657-	
	Ŷ				(40	7)657-	2001
/0101	Ŷ	Descripti		1 VALLEY -, EZ, USE FIRPIGATI	(40	7)657-	2001
	DATE: 7-28-0	Descripti H OF:	ON: RET	USE FIRRIGAT	(40	7)657-	2001
	DATE: 7-28-C	Descripti H of:	ON: RET	USE FIRRIGAT	(40	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Descripti H OF:	ON: RET	USE FIRRICATI N 25,200 °C	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	2001
	DATE: 7-28-C FOR THE MONT S RENDERED: 6FFF 20	Dydescripti H OF: THEST DI DF \$ 7	ON: RET	USE FIRRICATI N 725,20000	(40 ON	7)657-	

tometown America Capit	al Expenditure Purchase Order	Pay from Original Invoices Attached
A Separate Purchase order is require	ed for each Project)	Project Approval Only – Work is not Done
and the first	Do 11 million	Purchase Order Number 1238 - 04 - 05
roperty Name and Number:	Talm Valley thility #1238	If this is an unbudgeted capex
s the project budgeted?:	Yes No Amount \$:30,000	Forms to submit to receive Purchase Order:
ieneral Ledger Account #:	1/32	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
roject Number From Budget:	1238-04-05	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
referred Vendor Name:	Saura Enlercoment	Number). Copy of Vendor's License
	SZOF A Litt	Copy of Vendor's Proof of Insurance with Additional Insured Information
Street Address:	1505 prover of -	Copy of Proof of Vendor's Workers Compensation
City, State and Zip	lehuter Park, Fl. 32792	Insurance Copies of all Permits Required to Complete Work
Phone and Fax:	407-657-2001	(Check here if none required) Other Forms or Attachments
Description of Activity or Item:	Sugation	OR: 1 st Vendor ID# <u>1230/9</u>
······································	there	2 nd Vendor ID# 3 rd Vendor ID#
ist Bidder's Names and Bid Amounts	: (Cost of Bld) \$ 211 200	4 th Vendor ID#
Agun Enforcement	57,200 - 20	To output the Burchard Order for payment mail the
		To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	processing:
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable
		(notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:		Invoice are attached.)
		Signed and Notarized Lien Waiver
		(notarized if required by state law) Lien waiver not required
egional Manager Signature (for Famil	1y): 1) () 5/6/04	Original Invoice with completed Hometown
ivision Vice Pres. Signature and Date		payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*:	resident signature required for capex unbudgeted, over budg	

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	70222	6/16/2004	ABOVE GROUND IRRIGATIO	9,000.00		9,000.00
	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		1				
				-			
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	LAWN ENFORCEMENT OF C	ENTRAL FL		6/24/2004	66435	\$**	****9,000.00
	1230191						

1230191

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634	
Date	

11

710 IL

2-3

Check No. 6/24/2004 00066435

Check Amount \$****9,000.00

Pay to the order of:

LAWN ENFORCEMENT OF CENTRAL FL, INC. 7305 GARDNER ST. WINTER PARK FL 32792

Lawn Enforcement PACM VALLEY PO BOX 5873 WINTER PARK FL 32793-5873 DICL F	70222
WINTER PARK FL 32793-5873 U.C.L. FZ. (407)657-2001
INVOICE DATE: 6-16-04 DESCRIPTION: 12121614770W	CHARGES:
SERVICE FOR THE MONTH OF: JUNC	
SERVICES RENDERED: AS POR PROPOSAC.	
ABOUC GROUND IBRIGATION FOR	
EFE 5, NEW SYSTEM	
and an	2000-
6/16/04	
pober Munro	
CAP X # 1238-04-05	
Phase I of The	
THANK YOU, RECIEPT-TOTAL DU	E:
A 1%% PER MONTH INTEREST WILL BE CHARGED ON ANY ACCOUNT OVER 30 DA	AYS. 1

		Pay from Original Invoices Attached
Hometown America Capita A Separate Purchase order is required	Expenditure Purchase Order	Froject Approval Only - Work is not Done
A Separate Furchase order is required	jor each rrujech	<u> </u>
Property Name and Number:	Jalm Valley Utility #1238	Purchase Order Number $1 + 38 - 64 - 65$ If this is an unbudgeted capex
s the project budgsted?:	Yes No Amount \$30,000	Forms to submit to receive Purchase Order:
General Ledger Account #:	1132-	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget:	1238-04-05	and all documents listed below to the Regional Administrator for the Issuance of the Purchase Order
		Number). Copy of Vendor's License
Preferred Vendor Name: (Jawa Enforcement	Copy of Vendor's Proof of Insurance with
Street Address;	7325 Spedner &f -	Additional Insured Information Copy of Proof of Vendor's Workers Compensation
City, Slate and Zip	letuter fash, Fl. 32792	Insurance Coples of all Permits Required to Complete Work
Phone and Fax:	407-657-2001	(Check here if none required) Other Forms or Attachments
escription of Activity or Item:	Inigation	- 1" Vendor ID# 1230191
ist Bidder's Names and Bid Amounts:	(Cost of Bid) \$ 35,250.	2 ^{ed} Vendor ID# 3 rd Vendor ID# 4 th Vendor ID#
Jown Enforcement		
	By: is	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
L	<	processing:
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check
		the following lines to indicate whether Lien Walver and invoice are attached.)
Property Manager Signature and Date:		Signed and Notarized Lien Waiver
		 (notarized if required by state law) Lien waiver not required
Regional Manager Signature (for Family)	· 1) (, 5) (6) 84	Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:	po	payment stamps (include PO No, on invoice)
From President Signature and Date*	A 4 M 35/6/04	Approved Change Order(s), if applicable

Group President Signature and Date*: <u>M.M.M.</u> V.P. signature required for all copex. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

- 5

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BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
Palm Valley Utility	70179	9/24/2004	WATER IRRIGATION	7,000.00		7,000.00
					,	
Hometown America, LLC LAWN ENFORCEMENT OF (CENTRAL FL		Date 10/12/2004	Check No. 85422		ck Amount ***7,000.00
•	Palm Valley Utility Hometown America, LLC	Palm Valley Utility 70179	Palm Valley Utility 70179 9/24/2004 Hometown America, LLC	Palm Valley Utility 70179 9/24/2004 WATER IRRIGATION Hometown America, LLC Date	Palm Valley Utility 70179 9/24/2004 WATER IRRIGATION 7,000.00 Hometown America, LLC Date Check No.	Palm Valley Utility 70179 9/24/2004 WATER IRRIGATION 7,000.00 Hometown America, LLC Date Check No. Check No.

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634 Date Check No.

00085422

10/12/2004

710 IL Check Amount \$****7,000.00

2.3

Pay to the order of:

LAWN ENFORCEMENT OF CENTRAL FL, INC. 7305 GARDNER ST. WINTER PARK FL 32792

Lawn Enforcement PO BOX 5873 INTER PARK FL 32793-5873

1.1

70179

(407)657-2001

INVOICE DATE: 9-24-04 DESCRIPTION: PALM VALLEY	CHARGES:
SERVICE FOR THE MONTH OF: SEPT. / OCT.	
SERVICES RENDERED: IRRIGATION, RECLAIMED SEE PROPOSAL DATED 7-1-04	
TOTAL JEB-COST	17,5000
ADVANCE PAND 9/9/04 CK# 80079	10,500.0
THANK YOU, A 13% PER MONTH INTEREST WILL BE CHARGED ON ANY ACCOUNT OVER 30 DAYS.	7,000 00

LAWN ENFORCEMENT

LANDSCAPING AND MAINTENANCE 7305 Gardner St. • P.O. Box 5873 Winter Park, FL 32792 (407) 657-2001

TO: Robert Munso SUBJECT: Palm Valley 17,500 bb

- 141	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NEL
, 1230	Pairn Vaney Uliky	70236 Vice	red	WATER IRRIGATION SYSTE 9 3 04	10,500.00		10,500,00
Payor: Payor: Anii	Homotown America, LLC LAWN ENFORCEMENT OF C	ENTRAL FL		Dute \$78/2004	Chack No. 80029		ck: Amount **10,500,00

SIGNED: DATE: 9/1/04

LAWAENFORCEMENT

Hometown America Capital Expenditure Purchase Order (A Separate Purchase order is required for each Project)	Pay from Original Invoices Atlached Project Approval Only - Work is not Done
Property Name and Number: Palm Valley #1238	Purchase Order Number $1231 - 0y - 05$ If this is an unbudgeted capex $418 + 10 + 03$
Bitrifleren	Forms to submit to receive Purchase Order:
te the project bingeraut.	(Check all lines to verily that required forms are attached for the preferred vendor. Fax this PO form
General Ledger Account #: //32	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Project Number From Budget: /238-04-64.05	Number).
Preferred Vendor Name: Jaum Enforcement	Copy of Vendor's License Copy of Vendor's Proof of Insurance with
Stroot Addross: 7305 Parduer At-	Additional Insured Information Copy of Proof of Vendor's Workers Compensation
City, State and ZIP 4 Junter fact, Feb. 32792	Copies of all Permits Required to Complete Work
Phono and Fax:	(Check here if none required) Other Forms or Attachments
Description of Activity or Item: Sastal reclaim water	DR: 1 st Vandor ID# <u>12.30/9</u> 2 rd Vendor ID#
lines	2 rd Vendor ID#
List Bidder's Names and Bid Amounts: (Cost of Bid) \$ /7, 500.	4" Vendor ID#
1.	To submit the Purchase Order for payment, mail the
2	following forms to the Regional Manager fo processing:
3.	the prement Pagueste must be accompanied by a
Comments on Bids:	(All Payment Requests Walver Form where applicable signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check (notarization not required in all states).
	the following lines to indicate whether Lien vraiver and
Polon a polo	involce are attached.) Signed and Notarized Lien Waiver
Property Manager Signature and Date:	(notarized if required by state law)
12/0 7/12/04	Lien waiver not required Original Invoice with completed Homelossa
Regional Manager Signature (for Family):	- include P() No. on Invoice)
Division Vice Pres. Signature and Date:	Approved Change Order(s), if applicable
Group President Signature and Date': <u>R. M. Marchart</u> 7/14/04 V.P. signature required for all capex. Group President signature required for capex unbudgated, over built	

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Bank of America.				ĹŎ
BANK OF AMERICA DIRECT				Tools /
HOME KILNorthications Anuspes	Payments Direct	Receipts Direct	Treasury Direct	Ť
	Services Notifications			

View Today's Stop Payment Confirmations

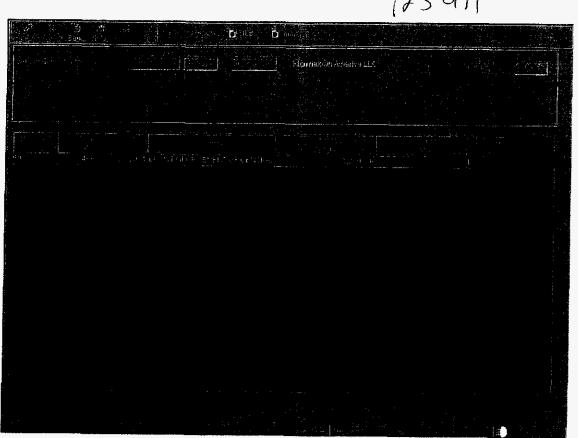
View Stop Payment Confirmation History

Stop payment confirmations last updated at: 04/23/2004 at 16:30:22 CDT

Account	: 8666100299	Expire Date:	04/02/2004	Туре:	Stop Place
Check #:	0000046683	Effective Date:	04/23/2004	Bank Status:	Rejected
Amount:	1,200.00	Request User:	CC024511	Reason:	
Payee:	Lawn Enforcement of Central	-		Activity Status	:Confirmed
Memo:					
Alert:	Stop Place Rejected. St amount, and check #.	top Payment found	for account,		
Account	8666100299	Expire Date:	10/25/2004	Туре:	Stop Place
	8666100299 0000046512	Expire Date: Effective Date:	10/25/2004 04/23/2004	Type: Bank Status:	Stop Place Accepted
Check #:		Effective			-
Check #: Amount:	0000046512	Effective Date:	04/23/2004	Bank Status:	Accepted
Check #: Amount: Payee:	0000046512 367.28	Effective Date:	04/23/2004	Bank Status: Reason:	Accepted
Check #: Amount: Payee: Memo:	0000046512 367.28	Effective Date:	04/23/2004	Bank Status: Reason:	Accepted
Check #: Amount: Payee: Memo: Account:	0000046512 367.28 Acorn Safe & Lock	Effective Date: Request User:	04/23/2004 CC02451 1	Bank Status: Reason: Activity Status	Accepted
Check #: Amount: Payee: Memo: Account:	0000046512 367.28 Acorn Safe & Lock 8666100299 0000042611	Effective Date: Request User: Expire Date: Effective	04/23/2004 CC02451 1 10/25/2004	Bank Status: Reason: Activity Status Type:	Accepted Confirmed Stop Place

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" BU	BUDESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	100404-145	10/4/2004	HURRICANE-FURNISH & IN	30,000.00		30,000.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED S	SERVICES		Date 11/1/2004	Check No. 88754		ck Amount ***30,000.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Chicago, IL 60634 Date 11/1/2004

Bank Of America

2-3 710 IL

Check No. 00088754

Check Amount \$****30,000.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

same a state and a sub-the second second second Sector second of the

P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

Inv. #100404-145

Billed to: Palm Valley	Invoice Date: Oct. 04, 2004	L
	Project Name: Sewer plant	
	Location:	
	Date of Service:	
Furnish and install new Lamson cer control panel	ntrifical blower and	\$30,000.00
BU # 1238 Supplier # 2 4100 CapEx PO # Invoice # 100 404 - 145 GL Acct. # Description Ant 8600.105 30,000. Manager Approval Additional Approval 101/104		
Additional Approval 1240		
	THIS INVOICE	\$30,000.00

THANK YOU FOR YOUR BUSINESS

BU	BUDESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	102004-150	10/20/2004	HURRICANE-SEWER PLANT	1,123.00		1,123.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SE	RVICES		Date 11/1/2004	Check No. 88757		eck Amount ****1,123.00

24601

Hometown	America,	LL	C

150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634

2-3 710 IL

 Date
 Check No.

 11/1/2004
 00088757

Check Amount \$*****1,123.00

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #102004-150

Billed to: Palm Valley	Invoice Date: Oct. 20, 200)4
	Project Name:	
	Location: Oviedo, Fl.	
	Date of Service:	
Installed new batteries(4) and new	e startor with	
solenoid,	w starter with	\$1123.00
BU# 1238 Supplie	1# 24601	
CapEx PO #		
Invoice # <u>/6200</u> GL Acct. # Des	cription Amt	
8600.105		
	Totzi	
Manager Approval	Data 10 22/04 14 Data 10 0/02/04	
Additional Approval	1+	
D. H.	Ŭ	
BUH 1238 10/26/04	an a	
10/26/04		
Mail check to		
phone in the second		
10/26/04 Mail check to Robert Munso 1968 INVERARY PR. 02/Ando FI 32826 TOTAL DUE T		
1968 INVERTICY		
TOTAL DUE T	THIS INVOICE	\$1123.00

THANK YOU FOR YOUR BUSINESS

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Patm Valley Utility	071104-104	7/11/2004	SEWER REPAIR	50.00		250.00
	[·					l a	
			1				
Payor:	Hometown America, LLC	1	i	Date	Check No.	Ch	L eck Amount
Payee:	WAYNE'S DIVERSIFIED S	SERVICES		8/1/2004	73125	\$**	*****250.00
	24601					LZ	

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 8/1/2004 00073125

Check Amount \$*****250.00

COPY

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

....

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #071104-104

Billed to: Palm Valley	Invoice Date: July 11, 2004	
	Project Name: Sewer plant	
	Location: Oviodo, Fl.	
	Date of Service: July 9, 200	04
Perform PM on 2 Sutterbilt blower new belts, intake filters, grease	s	\$250.00
· · ·		
[<u>D</u>]		
R11#1238	CP Limited Partnership Date Received by A/P Ven # $2460/$ Dev Acci # 7400.1900 s	1238 250,
BU # 1238 Labert Mumro	Acct # \$\$_	
1/14/04	CRF # Community Approval pc//y	Date
Server UNITP repairs	Reputed Approval Defe	
Jepur.		
TOTAL DUE	THIS INVOICE	\$250.00

THANK YOU FOR YOUR BUSINESS

<u> </u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	083004-122	8/30/2004	CHARLEY-RPLC COMPRESSO	8,068.00		8,068.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SE 24601	RVICES		Date 9/17/2004	Check No. 81661		***8,068.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

COPY

Bank Of America Chicago, IL 60634 Date Check No.

9/17/2004

00081661

2-3 710 IL

Check Amount \$****8,068.00

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Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Inv. #083004-122

Billed to: Palm ValleyMHP	Invoice Date: Aug. 30, 200)4
-	Project Name, Montheatre	
	Location: Oviedo, Fl.	
	Date of Service:	· · · · · · · · · · · · · · · · · · ·
Replace Whitewater compressor or replace breaker for Panel K repair air piping repair 6" water line in area 8	n pressure vessel	\$1550.00 330.00 1430.00 4758.00
CP Limited Partnership Date Received by A/P_{-} Ven # $A/60$ $Dev/2$ Acct # $8/600 \cdot 106$ s 800	<u>38</u> 68	
Acct # \$		
Acct # \$		
Desc		
CRF # Date Date Core Approval Date Region & Approval Date Date Processed Date	2/16/04	
BU# 8600.	106 (1238)	
7/11/09 Lobut Mim	NO	
	JE THIS INVOICE	\$8068.00

BU	BÙ DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	062104-085	6/21/2004	WATER TANK ADJUSTMENT	250.00		250.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SEI	RVICES		Date 7/6/2004	Check No. 68613		ck Amount *****250.00

24601

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

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Bank Of America Chicago, IL 60634

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2-3 710 IL

Date Check No. 7/6/2004 00068613

Check Amount \$******250.00 .

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

nv. #062104-085

	1110. #0821	
Billed to: Palm Valley	Invoice Date: June 21, 200	4
	Project Name: Water plant	
	Location: Oviedo, Fl.	
	Date of Service:	
Respond to operators emergency ca logg@dand PRV spraying all over. adjustment. All OK	all of hydro tank water Found PRV need slight	\$250.00
CP Limited Partnership Date Received by A/P Ven # $A/60/$ Dev $A38$ Acct # $A = \frac{1}{2400} \cdot 2060$ s Acct # S Acct # S Desc CRF # Date Regional Approval Date Date Processed	570y	
BU# 1238 Robert Munro 6/23/04		
TOTAL DU	IE THIS INVOICE	\$250.00
THANK YOU F	FOR YOUR BUSINESS	AV utility

· BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	061204-083	6/12/2004	INSTALL BLOWER ON SURG	1,630.00		1,630.00
			1				
						· .	
	. v						
	l						
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SEF	VICES		7/13/2004	69793	\$**	***1,630.00
	24601						

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 7/13/2004 00069793

Check Amount \$****1,630.00

COPY

Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

Billed to: Palm Valley Invoice Date: June 12, 2004 Project Name: Sewer plant Location: Owiedo, Fl Date of Service: Install new blower on surge tank \$1630.00 CP Limited Parmership Date Service: Install new blower on surge tank \$1630.00 CP Limited Parmership Date Service: Install new blower on surge tank \$1630.00 $Acct #$	· · · · · · · · · · · · · · · · · · ·	Inv. #061204-083
Project Name: Sewer plant Location: Oviedo, El Date of Service: Install new blower on surge tank CP Limited Parmership Date Received by AP Ven # $2/401$ Dev 1238 Acct # Acct # Desc 1238-04-04 CRF # Date Community Approval Date Regional Approval Date	Billed to: Palm Valley	Invoice Date: June 12, 2004
Location: $Oviedo, El$ Date of Service: Install new blower on surge tank $CP Limited Parmership$ Date Received hy A/P Ven # $24/601$ Dev Acct # $4/32$ S Desc 1238 Desc Desc Desc Nerf# Community Approval Date Date Desc Date Date Date Date Date Date Desc Date Date		Displaced Mtones in
Date of Service: Install new blower on surge tank \$1630.01 $CP Limited Parmership$ $Date Received by AP$		
CP Limited Partnership Date Received by A/P Ven # $\frac{4}{601}$ Dev $\frac{1238}{301}$ Acct # $\frac{1/3}{3}$ S $\frac{16301}{301}$ Acct # $\frac{1}{3}$ S $\frac{16301}{301}$ Acct # $\frac{1}{3}$ S $\frac{16301}{301}$ Desc $\frac{1236-04-04}{300}$ CRF # $\frac{1236-04-04}{300}$ CRF # $\frac{1236-04-04}{300}$ CRF # $\frac{1236-04-04}{300}$ Date $\frac{16466}{300}$		
Date Received by A/P Ven # $2/601$ Dev 1238 Acct # $1/32$ \$ 16301 Acct # \$ Acct # \$ Desc $123P-DY-M$ CRF # Date Regional Approval Date $10/10Y$ Date $10/10Y$	Install new blower on surge ta	unk \$1630.0
Date Processed /// //	Date Received by A/P Ven # $2/601$ Dev Acct # $1/32$ S Acct # S Acct # S Acct # S Desc $1/230-04-01$ CRF # Community Approval D Regional Approval D	1630, ate
	BU #1238 Robert Munso	-

	·····
Hometown America Capital Expenditure Purchase Order	Pay from Original Invoices Attached
(A Separate Purchase order is required for each Project)	Project Approval Only – Work is not Done
Property Name and Number: Jalm Valley #12.38 Budgeted	Purchase Order Number 238-04-51 If this is an unbudgeted capex Ruft
Is the project budgeted?: Yes No Amount \$:	Forms to submit to receive Purchase Order:
General Ledger Account #:	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional
Project Number From Budget: 1238 - 04 - U	Administrator for the issuance of the Purchase Order
Preferred Vendor Name: Waynes Diversified	Number). Copy of Vendor's License Copy of Vendor's Proof of Insurance with
Street Address: 40 Bax 5177	Additional Insured Information Copy of Proof of Vendor's Workers Compensation
City, State and Zip Doltary Fl. 32728	Insurance
Phone and Fax:	Copies of all Permits Required to Complete Work (Check here if none required) Other Forms or Attachments
Description of Activity or Item: The manager on hydro tank	$\frac{\overline{OR}}{1^{n!} \text{ Vendor ID# } 2^{n/6} O}$
List Bidder's Names and Bid Amounts: (Cost of Bid) \$	3 rd Vendor ID# 4 th Vendor ID#
1. 2175.	
2. /630.	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
3. #3 805,	processing:
Comments on Bids:	(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:	Invoice are attached.) Signed and Notarized Lien Waiver (notarized if required by state law)
Regional Manager Signature (for Family):	Lien waiver not required Original Invoice with completed Hometown payment stamps (include PO No. on invoice)
Division Vice Pres. Signature and Date:	Approved Change Order(s), if applicable
Group President Signature and Date*:	

V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utäity	061204-082	6/12/2004	INSTALL WHITEWATER COM	2,175.00		2,175.00
					ана 1910 - Алан		
Payor: Ilometown America, LLC Payee: WAYNE'S DIVERSIFIED SERVICES			Date 7/13/2004	Check No. 69794		ck Amount ****2,175.00	

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

2-3 710 IL

Check No. Date 7/13/2004 00069794

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\$****2,175.00

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Pay to the order of:

WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

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P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

· · · · · · · · · · · · · · · · · · ·	Inv. #0612	04-082
Billed to: Palm Valley	Invoice Date: June 12, 20	04
	Project Name: Water play	
	Location: Oviedo, El	
	Date of Service:	
Installed new Whitewater comp	ressor on hydro tank	\$1325.00
Cleaned both aeration towers		850.00
Acct # Acct # Acct # Desc38 -04-44 CRF # Commentity Approval For the test of	Dev $\frac{238}{5275}$ S Date $\frac{1238}{5275}$ Date $\frac{1238}{5275}$ Date $\frac{1238}{5275}$	
BUH 1238 6/23/04 DORA These were both compliance issues Robut Mumo		
Kobut Munro TOTAL	DUE THIS INVOICE	\$2175.00
THANK YO	U FOR YOUR BUSINESS $1238 - 04 - 05$	COPX

	1
Hometown America Capital Expenditure Purchase Order	Pay from Original Invoices Attached
(A Separate Purchase order is required for each Project)	Project Approval Only – Work is not Done
la Via #	Purchase Order Number
Property Name and Number: Reliever 12.38	If this is an unbudgeted capex Rul
Is the project budgeted?: Yes No Amount \$:	Forms to submit to receive Purchase Order:
General Ledger Account #: 165	(Check all lines to verify that required forms are
	attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional
Project Number From Budget: 1238 - 04 - U	Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Number). Copy of Vendor's License
h A -	Copy of Vendor's Proof of Insurance with
Street Address: POBOX 5177	Additional Insured Information Copy of Proof of Vendor's Workers Compensation
City, State and Zip Apltonia Fl. 32728	Insurance
Phone and Fax:	Copies of all Permits Required to Complete Work (Check here if none required)
	Other Forms or Attachments
Description of Activity or Item: / few congressos or hydro Tank	$\frac{\overline{OR}}{1^{st} \text{ Vendor ID# } 2460}$
+ new plower on slinge Trank	
List Bidder's Names and Bid Amounts: (Cost of Bid) \$	3 rd Vendor ID# 4 th Vendor ID#
12/25,	
2. /630.	To submit the Purchase Order for payment, mail the
Z	following forms to the Regional Manager for
3. #3,805,-	processing:
Comments on Bids:	(All Payment Requests must be accompanied by a
	signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check
	the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:	Involce are attached.) Signed and Notarized Lien Waiver
~~~~ /~~~ /~~~ /~~~ /~~~ /~~~~ /~~~~ /~~~~ /~~~~~ /~~~~~ /~~~~~~	(notarized if required by state law)
$  \rangle \rho = 7   _{1} \rangle$	Lien waiver not required
Regional Manager Signature (for Family):	Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:	payment stamps (include PO No. on invoice)
	Approved Change Order(s), if applicable
Group President Signature and Date*: ~, m, Man 7- 2-04	

V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget or in excess of \$10,000

<u> </u>	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	112004-164	11/20/2004	REPLACE 2 BLOWER/MOTOR	20,200.00		20,200.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SER 24601	VICES	<u> </u>	Date 12/14/2004	Check No. 95854		ck Amount ***20,200.00

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

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Date Check No. 12/14/2004 00095854

Check Amount \$****20,200.00

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P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

	Tnv. #1	12004-164			
Billed to: Palm Valley	Invoice Date: Nov. 20,	2004			
	Project Name: Sewer plar	it			
	Location: Oviedo, Fl.				
	Date of Service:				
Replace #2 blower/motor		\$20200.00			
BU # 1238       Supplier # 24601         CapEx PO # 1238-04-04         Invoice # 1/2004-164         GL Acct. # Description         4/3         20,200         Total         Manager Approval         V/V         Date         V/V         Date         V/V	DETTER				
BU # 1238 11/23/04 Robert Munro- Bend Cheet to Robert Munpo					
TOTAL DUE 1	THIS INVOICE	\$20200.00			
	Norm brightings				

THANK YOU FOR YOUR BUSINESS

Hometown America Capital Expenditure Purchase Order	Pay from Original Invoices Attached
(A Separate Purchase order is required for each Project)	Project Approval Only – Work is not Done
Property Name and Number: Talm Valley # 1235	Purchase Order Number $1238 - 04 - 54$ If this is an unbudgeted capex $46 12004$
Is the project budgeted?: Yes <u>No</u> Amount \$:	Forms to submit to receive Purchase Order:
General Ledger Account #: // 32-	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget: 1238-04-12	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name: In prepre 's Auvensite of	Number). Copy of Vendor's License
Street Address: P.O. Box 5122	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip Deltong, Fl. 3228	Copy of Proof of Vendor's Workers Compensation     Insurance     Copies of all Permits Required to Complete Work
Phone and Fax:	(Check here if none required) Other Forms or Attachments
Description of Activity or Item: <u>Blower motor mansate</u>	OR: 1 st Vendor ID#2460/ 2 nd Vendor ID#
List Bidder's Names and Bid Amounts: (Cost of Bid) $20,200$ .	2 Vendor ID# 3 rd Vendor ID# 4 th Vendor ID#
1	
2.	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
3.	processing:
Comments on Bids:	(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:	Involce are attached.) Signed and Notarized Lien Waiver
$\int \int \int \int dx$	(notarized if required by state law) Lien waiver not required
Regional Manager Signature (for Family):	Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:	payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*: V.P. signature required for all capex. Group President signature required for capex unbudgeted, over budget	

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Paim Valley Utility	100404-146	10/4/2004	INSTALL WELL METER	57,000.00		57,000.00
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SER	-		Date 11/9/2004	Check No. 90165		ck Amount ***57,000.00
	24601						

Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

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Date Check No. 11/9/2004 00090165

Check Amount \$****57,000.00

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WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

general and the second second

P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

Inv. #100404-146

Billed to: Palm Valley	Invoice Date: Oct. 04, 2004			
	Project Name: Water meters			
	Location: Oviedo, Fl.			
	Date of Service:			
Furnish and install well meters as directed by engineer each well. $\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Managa: Approval     Total       Managa: Approval     Date       Additional Approval     D       V     Date	POSTED			
B4# 1238 10/6/04 Robert Mur.	ro-			
TOTAL DUE	THIS INVOICE	\$57,000.00		



Homotown Amorica Capita	L Expanditura Burchasa Ordan	Pay from Original Invoices Attached
(A Separate Purchase order is required	I Expenditure Purchase Order for each Project)	Project Approval Only – Work is not Done
Property Name and Number:	Palm Valley #1238	Purchase Order Number $\frac{1238}{12380452}$
Is the project budgeted?:	Yes No Amount \$:	Forms to submit to receive Purchase Order: HB 105 (Check all lines to verify that required forms are
General Ledger Account #:		attached for the preferred vendor. Fax this PO form and all documents listed below to the Regional
Project Number From Budget:	1238-04-U	Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Waynes Diversified	Number). Copy of Vendor's License
Street Address:	P. D. Box 5/22	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip	Nottona Fl. 32728	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:		Copies of all Permits Required to Complete Work (Check here if none required)
	MIt	Other Forms or Attachments
Description of Activity or Item:	Mandall	- 1 st Vendor ID# <u>~ 460</u> - 2 nd Vendor ID#
List Bidder's Names and Bid Amounts:	(Cost of Bid) \$ 57,000 -	3 rd Vendor ID# 4 th Vendor ID#
<u>1</u>	·	
2.		To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
3.		processing:
Comments on Bids:		<ul> <li>(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and</li> </ul>
Property Manager Signature and Date:		Invoice are attached.) Signed and Notarized Lien Waiver (notarized if required by state law)
Regional Manager Signature (for Family	<i>λ</i> .	Lien waiver not required Original Invoice with completed Hometown
	Actor 1. 1.1	payment stamps (include PO No. on invoice)
Division Vice Pres. Signature and Date:	10/1/07/	Approved Change Order(s), if applicable

- BU-	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	100404140	10/4/2004	EFFLUENT POND	207,500.00		207,500.00
						. :	
						<b></b>	l
Payor: Payee:	Hometown America, LLC WAYNE'S DIVERSIFIED SERVICES		Dai 10/19/	-	1	eck Amount **207,500.00	
<u> </u>	2/601					<u> </u>	

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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

2-3 710 IL

Date Check No. 10/19/2004 00086521

Check Amount \$***207,500.00

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## WAYNE'S DIVERSIFIED SERVICES

P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

Inv. #100404-140

Billed to:		
Billed to: Palm Valley	Invoice Date: Oct. 04, 20	04
	Project Name: Effluent p	ond
	Location: Oviedo, F1.	
	Date of Service:	
Construct new lined effluent engineers drawings (phase	pond as directed by one)	\$207,500.00
BU#1238		
NUI TAJO	-0101	
10/6/0; Robert	BU #         1238         Supplier #         2460           CapEx PO #         1238 - 04 - 07           Horoice #         100 404 - 140           GL Acct. #         Description           1132         3	Arrit
10/6/0; Robert	CapEx PO # 1238 - 04-07 Novoice # 100 404-140 GL Acct. # Description	Arnt 07 500,



ng Ang Sang Sang Sang Sang Sang Sang Sang Sa	
Hometown America Capital Expenditure Purchase	Order Pay from Original Invoices Attached
(A Separate Purchase order is required for each Project)	Project Approval Only – Work is not Done
DO 11 m 11 m	Purchase Order Number
Property Name and Number: Talue Valley Utility	If this is an unbudgeted capex 4B [0] 8 04
Is the project budgeted?: Yes <u>No</u> Amount \$:	215,000. Forms to submit to receive Purchase Order:
General Ledger Account #:	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget: (1) 3.0-04-07	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Number). Copy of Vendor's License
Street Address: A O-box 5777	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip A. Olara Fl. 322	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:	Copies of all Permits Required to Complete Work (Check here if none required)
Description of Activity or Item:	Other Forms or Attachments
All Internet	$\frac{1^{st} \text{ Vendor ID# } 2^{rd} \text{ Vendor ID# } 3^{rd}  Vendor I$
List Bidder's Names and Bid Amounts: (Cost of Bid) \$	3 rd Vendor ID# 4 th Vendor ID#
1	
2.	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
3	processing:
Comments on Bids:	(All Payment Requests must be accompanied by a
	signed, notarized Lien Walver Form where applicable (notarization not required in all states). Please check
Property Manager Signature and Date:	the following lines to indicate whether Lien Waiver and Invoice are attached.)
	Signed and Notarized Lien Waiver
	(notarized if required by state law) Lien waiver not required
Regional Manager Signature (for Family):	Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:	payment stamps (include PO No. on invoice)
	Approved Change Order(s), if applicable
Group President Signature and Date*: <u><i>L.m.</i></u> /0//3 V.P. signature required for all capex. Group President signature required for capex unbud	

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1238	Palm Valley Utility	081004-106	8/10/2004	REPLACED COMPRESSOR	730.00		730.00
	1				×.		
						•	
	<u> </u>						
Payor:	r: Hometown America, LLC		Date	Check No.	Chec	k Amount	
Payee:	WAYNE'S DIVERSIFIED SERVICES		9/2/2004	79406	\$***	****730.00	

24601

## Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102

Bank Of America Chicago, IL 60634

Date Check No. 9/2/2004 00079406

2-3 710 IL Check Amount

\$*****730.00

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# WAYNE'S DIVERSIFIED SERVICES

P.O. BOX 5177 Deltona, FL 32728 (407) 330-7597

	Inv. #081004-106
Billed to: Palm Valley	Invoice Date: Aug. 10, 2004
	Project Name: Decortive pond
	Location: Oviedo, Fl.
	Date of Service:
Replaced burned up compres	secr on acration system
appeared barned up compres	ssor on aeration system \$730.00
OM	1230-04-03 WAter plant permit 155112 Of Limited Partnership Date Received by A/P
(M) DUH 1020	uster plant
BU" 1238	DREMIT ISSUE
0/12/04	Cr Limited Partnership Date Received by A/P
0/10/01	Ven #_2460.1 Dev_ 12.3K
Jabert Mum	NO Acci #_ 4/32 s_ 7.30,
por .	Acct # \$
	Acct # \$
	Desc 1238-04-07
	CRF
	Regions Approval Dec Dec Dec
TOT	TAL DUE THIS INVOICE \$730.00

THANK YOU FOR YOUR BUSINESS

-1		/
Hometown America Capita	al Expenditure Purchase Order	V Pay from Original Invoices Attached
(A Separate Purchase order is required		Project Approval Only – Work is not Done
	$\Omega \rho H \rho \#$	Purchase Order Number
Property Name and Number:	Jalm Valley # 1238	If this is an unbudgeted capex the OSBIDY
Is the project budgeted?:	Yes <u>No</u> Amount \$: 2/5,000.	Forms to submit to receive Purchase Order:
General Ledger Account #:	1/32	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget:	123804-07	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Inme's Awinsified	Number). Copy of Vendor's License
Street Address:	1.0. Box 5727	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip	Actor El 32024	Copy of Proof of Vendor's Workers Compensation
	perung; 12 2 12	Copies of all Permits Required to Complete Work (Check here if none required)
Phone and Fax:	Λο	Other Forms or Attachments
Description of Activity or item: auation suplem	feplace congressor +	OR: 1 st Vendor ID# <u>2 Y6 8 /</u> 2 nd Vendor ID#
List Bidder's Names and Bid Amounts:	(Cost of Bid) \$ 730,	3 rd Vendor ID#
1	(000000, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	4 th Vendor ID#
<u>ر ا</u>		To submit the Purchase Order for payment, mall the
2.		following forms to the Regional Manager for processing:
3.		
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable
		(notarization not required in all states). Please check the following lines to indicate whether Lien Waiver and
Property Manager Signature and Date:		Invoice are attached.)
		Signed and Notarized Lien Waiver (notarized if required by state law)
	UN Shalad	Lien waiver not required
Regional Manager Signature (for Family		Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:		payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date*:	On file al newions request	-
V.P. signature required for all capex. Group Pro	esident signature required for capex unbudgeted over budget	or in excess of \$10,000
	/	

<u>. 30</u>	BU DESC	INVOICE	DATE	REFERENC	Æ	AMOUNT	DISC	NET
1204	Falm Valley Utility	081004-105	8/10/2004	REMOVED PUMPS		4,775.00		4,775.00
						w.		
Payor:	Hometown America, LLC				Date	Check No.	Che	k Amount
Payee:	WAYNE'S DIVERSIFIED SER	VICES		<u> </u>	9/2/2004	79407	\$**	***4,775.00

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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL. 60606-4102 A second s

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Chicago, IL 60634 Date Chi

Bank Of America

9/2/2004

Check No. 00079407 Check Amount \$****4,775.00

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WAYNE'S DIVERSIFIED SERVICES PO BOX 5177 DELTONA FL 32728

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## **AYNE'S DIVERSIFIED SERVICES**

P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597 Inv. #081004-105

		· · · · · · · · · · · · · · · · · · ·
Billed to: palm Valley	Invoice Date: Aug. 10, 20	04
	Project Name: Irrigation p	umps
······································	Location: Oviedo, Fl.	
	Date of Service:	
Removed exsisting pumps from clea installed new pumps. Exsisting pu up internally	r well tank and mps were burned	\$4775.00
04) 1238-04-07 BUI# 1238 8/12/04		
Reuse iRR pumps	CP Limited Partnership Date Received by A/P Ven # 2/60/ Pev	1120
Reuse IRR. pumps	Acci #/32	10001
	Acci # \$	<u>4113 -</u>
	Acct # \$	
	Desc 1238-04-07	
	CRF Da Community Approval Da Regione: Approval Da Date Processed Da	startoy
TOTAL DUE 1	THIS INVOICE	\$4775.00

## THANK YOU FOR YOUR BUSINESS

Hometown America Capita (A Separate Purchase order is require	al Expenditure Purchase Order <i>d for each Project)</i>	Pay from Original Invoices Attached Project Approval Only – Work is not Done
Property Name and Number: Is the project budgeted?: General Ledger Account #: Project Number From Budget: Preferred Vendor Name: Street Address: City, State and Zip Phone and Fax: Description of Activity or,item: List Bidder's Names and Bid Amounts:	Palm Valley # 238 Yes No Budgeted Yes No Amount \$: 2/5,000. 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/32 1/3	Purchase Order Number
1 2 3		To submit the Purchase Order for payment, mail th following forms to the Regional Manager for processing:
Comments on Bids:		<ul> <li>(All Payment Requests must be accompanied by signed, notarized Lien Walver Form where applicabl (notarization not required in all states). Please chec the following lines to Indicate whether Lien Walver an Invoice are attached.)</li> </ul>
Property Manager Signature and Date: Regional Manager Signature (for Famil Division Vice Pres. Signature and Date		<ul> <li>Signed and Notarized Lien Waiver         <ul> <li>(notarized if required by state law)</li> <li>Lien waiver not required</li> <li>Original Invoice with completed Hometown             payment stamps (include PO No. on invoice)</li> <li>Approved Change Order(s), if applicable</li> </ul> </li> </ul>

BU	BU DESC	INVOICE	DATE	REFERENCE	AMOUNT	DISC	NET
1230	Palm Valley Utility	081004-104	8/10/2004	REPLACED STARTER	2,134.00		2,134.00
					i i		
	1. Sec. 1.	,					
	· · · ·						
Payor:	Hometown America, LLC			Date	Check No.	Che	ck Amount
Payee:	WAYNE'S DIVERSIFIED SER	VICES		9/2/2004	79408		***2,134.00
	24601						

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Hometown America, LLC 150 N. Wacker Drive, Ste 2800 Chicago, IL 60606-4102		Bank Of America Chicago, IL 60634			•
	COPY	Date 9/2/2004	Check No. 00079408	Check Amount \$****2,134.00	
TWO THOUSAND ONE HUNDRED		\$##\$\$			
WAYNE'S DIVERSIFIED PO BOX 5177 DELTONA FL 32728	) SERVICES				
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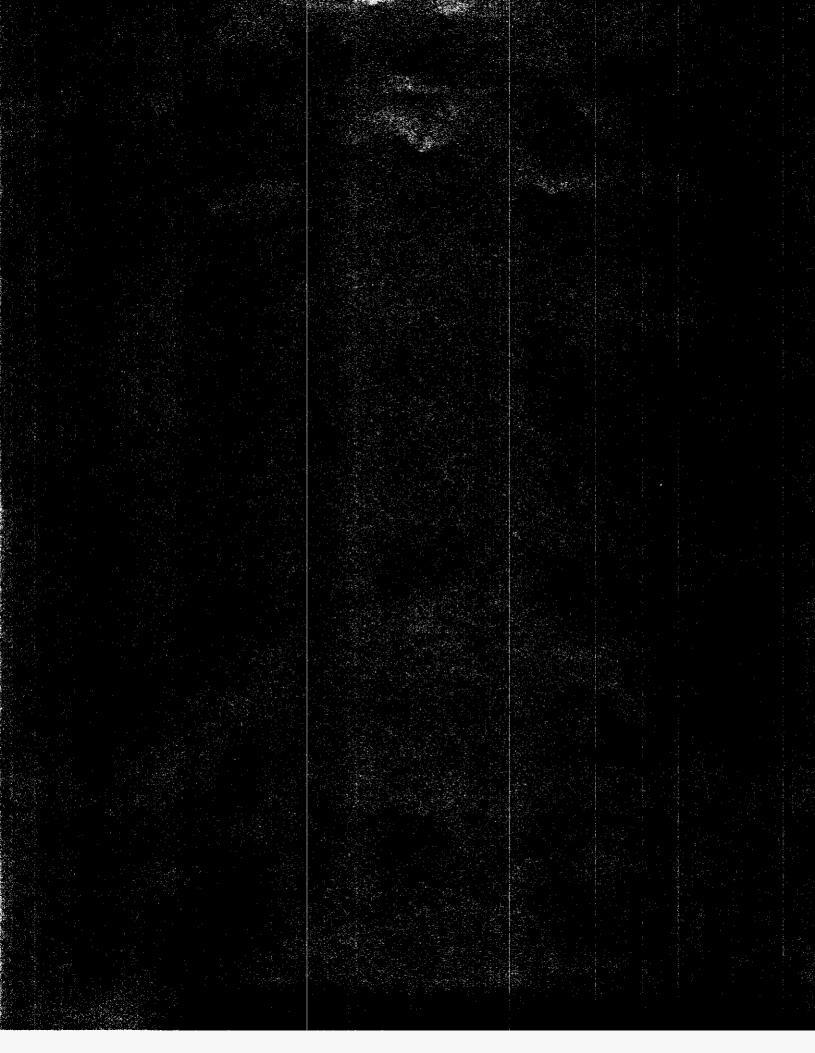
# WAYNE'S DIVERSIFIED SERVICES P.O. BOX 5177 Deltona, FL 32728

(407) 330-7597

	Inv. #081004-104
Billed to: Palm Valley	Invoice Date: Aug. 10, 2004
	Project Name: Fox Row Lift Station
	Location: Oviedo, Fl.
	Date of Service:
Replaced 2hp pump and starter in p	panel \$2134.00
01.5 1238-04-04 BU#1238 8/12/04	
Robert Munro permit issue	$\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \begin{array}{c} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \begin{array}{c} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \begin{array}{c} \end{array} \end{array}$
	Desc CRF Corr Reg. Date Date Date Date Date Date Date Date
TOTAL DUE	THIS INVOICE \$2134.00

## THANK YOU FOR YOUR BUSINESS

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Hometown America Capital Expenditure Purchase Order (A Separate Purchase order is required for each Project)		Pay from Original Invoices Attached
		Project Approval Only – Work is not Done
Property Name and Number:	Palyn Valley # 1238	Purchase Order Number If this is an unbudgeted capex UB 08 31 04
is the project budgeted?:	Yes No Budgeted Amount \$: 17,000,	Forms to submit to receive Purchase Order:
General Ledger Account #:	/132	(Check all lines to verify that required forms are attached for the preferred vendor. Fax this PO form
Project Number From Budget:	1238-04-04	and all documents listed below to the Regional Administrator for the issuance of the Purchase Order
Preferred Vendor Name:	Waynes Diversified	Number). Copy of Vendor's License
Street Address:	P.O. Box 5772	Copy of Vendor's Proof of Insurance with Additional Insured Information
City, State and Zip	Deltong F.J. 32728	Copy of Proof of Vendor's Workers Compensation
Phone and Fax:		Copies of all Permits Required to Complete Work     (Check here if none required)     Other Forms or Attachments
Description of Activity or Item:	foplace sump startes	$\overline{OR}$ : 1" Vendor ID# 2460
List Bidder's Names and Bid Amount	s: (Cost of Bid) $$2/34$ .	2 nd Vendor ID# 3 rd Vendor ID# 4 th Vendor ID#
1.		
2.	·	To submit the Purchase Order for payment, mail the following forms to the Regional Manager for
3.		processing:
Comments on Bids:		(All Payment Requests must be accompanied by a signed, notarized Lien Waiver Form where applicable (notarization not required in all states). Please check
Property Manager Signature and Date:		the following lines to indicate whether Lien Waiver and invoice are attached.) Signed and Notarized Lien Waiver
Regional Manager Signature (for Family):		(notarized if required by state law) Lien waiver not required Original Invoice with completed Hometown
Division Vice Pres. Signature and Date:		payment stamps (include PO No. on invoice) Approved Change Order(s), if applicable
Group President Signature and Date* M.P. signature required for all capex. Group	Prosident sympture required for capex unbudgeted, over budget	
	and the second sec	



10. Having reached a resolution of the matter the Department and the Respondent mutually agree and it is

### ORDERED:

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11. Respondent shall comply with the following corrective actions within the stated time periods:

On or before February 29, 2000, Respondent shall submit an application to the Department for a substantial modification of the current permit, along with the appropriate permit fee, to modify the plant's effluent disposal system. The modification shall address the repair of A2 cell or its elimination and the expansion of the disposal system to provide for a total permitted capacity of at least 0.126 MGD. The application shall be prepared and sealed by a professional engineer registered in the state of Florida. In the event the application is incomplete, Respondent shall submit the requested information within 30 days of receipt of a request for additional information to complete the application, unless a written justification for an extension of time is submitted and approved by the Department within that time frame. Within 270 days from the issuance of the Wastewater permit modification, Respondent shall complete the construction of the disposal system as authorized by the Wastewater permit and submit to the Department a Notification of Completion of Construction for Wastewater Facility signed and sealed by the engineer of record. If Respondent does not repair the A2 cell, then, upon submittal of Notification of Completion of Construction for Wastewater Facility, the Respondent shall abandon the A2 cell of the three-cell dripper system that was not constructed in accordance with Wastewater Permit FLA011085-01. If the Respondent is unable or unwilling to construct a modification of the plant's disposal system as provided in this Paragraph, the Department reserves the right to seek other relief to require the Respondent to comply with its rules and permits,