

Florida Department of Economic Opportunity, Special District Accountability Program
FY 2020/2021 Special District Fee Invoice and Update Form
 Required by Sections 189.064 and 189.018, Florida Statutes, and Chapter 73C-24, Florida Administrative Code

Invoice No.: 82449			Date Invoiced: 10/01/2020
Annual Fee: \$175.00	Late Fee: \$0.00	Received: \$0.00	Total Due, Postmarked by 12/02/2020: \$175.00

STEP 1: Review the following information, make changes directly on the form, and sign and date:



1. Special District's Name, Registered Agent's Name, and Registered Office Address:

Leon County Housing Finance Authority
 Mr. Mark Hendrickson
 918 E. Railroad Avenue
 Tallahassee, FL 32310

- 2. Telephone: (850) 606-1900
- 3. Fax: (850) 606-1901
- 4. Email: hfa@leoncountyfl.gov
- 5. Status: Dependent
- 6. Governing Body: Local Governing Authority Appoints
- 7. Website Address: www.leoncountyhfa.com
- 8. County(ies): Leon
- 9. Function(s): Housing Finance
- 10. Boundary Map on File: 06/10/1999
- 11. Creation Document on File: 06/07/1982
- 12. Date Established: 11/01/1980
- 13. Creation Method: Local Ordinance
- 14. Local Governing Authority: Leon County
- 15. Creation Document(s): County Ordinance 80-39
- 16. Statutory Authority: Chapter 159, Part IV, Florida Statutes
- 17. Authority to Issue Bonds: Yes
- 18. Revenue Source(s): Bond Issuer Fees
- 19. Most Recent Update: 10/10/2019

I do hereby certify that the information above (changes noted if necessary) is accurate and complete as of this date.

Registered Agent's Signature:  Date 10-6-20

STEP 2: Pay the annual fee or certify eligibility for the zero fee:

a. **Pay the Annual Fee:** Pay the annual fee online by following the instructions at www.Floridajobs.org/SpecialDistrictFee or by check payable to the Department of Economic Opportunity.

b. **Or, Certify Eligibility for the Zero Fee:** By initialing each of the following items, I, the above signed registered agent, do hereby certify that to the best of my knowledge and belief, **ALL** of the following statements contained herein and on any attachments hereto are true, correct, complete, and made in good faith as of this date. I understand that any information I give may be verified.

- 1. This special district and its Certified Public Accountant determined the special district is not a component unit of a local general-purpose government.
- 2. This special district is in compliance with the reporting requirements of the Department of Financial Services.
- 3. This special district reported \$3,000 or less in annual revenues to the Department of Financial Services on its Fiscal Year 2018/2019 Annual Financial Report (if created since then, attach an income statement verifying \$3,000 or less in revenues).

Department Use Only: Approved: Denied: Reason: _____

STEP 3: Make a copy of this form for your records.

STEP 4: Mail this form and payment (if paying by check) to the Department of Economic Opportunity, Bureau of Budget Management, 107 E. Madison Street, MSC 120, Tallahassee, FL 32399-4124. Direct any questions to (850) 717-8430.