

Record 10.03

RETURN TO: BOX 25

This instrument prepared by

Julie Sizemore
Fort Pierce Utilities Authority
P.O. Box 3191, Fort Pierce, Florida 34948-3191

Property Appraisers Parcel Identification (Folio) Number(s):

243333300010006

**ANNEXATION AGREEMENT
INDIVIDUAL**

To: Customer Service
Fort Pierce Utilities Authority
P.O. Box 3191
Fort Pierce, FL 34948-3191

4560 S. 25 ST

Location Address

4560 S. 25 ST

Mailing Address (if different from location address)

Dear Sir:

The undersigned does hereby apply to the Fort Pierce Utilities Authority for water service and/or sewer service outside the City limits of the City of Fort Pierce, Florida to the following-described property which I own, to wit:

THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4, LESS THE NORTH 800 FEET AND LESS THE WEST 40 FEET AND LESS THE SOUTH 78 FEET OF SECTION 33, TOWNSHIP 35 SOUTH, RANGE 40 EAST, ST LUCIE COUNTY, FLORIDA

The above-described property is the homestead of the Grantor(s). If not the homestead, the

Grantor(s) Reside(s) at 6173 NW DUKE CIR-PT ST LUCIE, FL 34983

I hereby agree that in consideration of my request for water service and/or sewer service to my property, that if my property becomes contiguous to the City limits of the City of Fort Pierce, Florida, as such term is defined in the Laws of Florida, or may otherwise be lawfully annexed, that this application shall be considered as an application for the annexation of my property (above-described) into the City of Fort Pierce, Florida. I do also hereby for myself, my heirs, successors and assigns approve the annexation of my property into the City of Fort Pierce, Florida and consent thereto in the event that it, or any area including it, is proposed for annexation by election or otherwise. I waive any and all objections to annexation of the property and agree that this Agreement shall be construed to satisfy any requirements of law for consent to, or approval of, such annexation now or hereafter required.

I further confirm that this Agreement shall be binding upon my heirs, successors or assigns and that this document may be recorded in the Public Records of St. Lucie County, Florida for the purpose of serving as notice to all persons or entities.

In Witness Whereof, We hereunto set Our hand(s) and seal this 19th day of October, 2004.

Signed, sealed and delivered in our presence as witnesses:

Julie Sizemore
Witness Signature

JULIE SIZEMORE
Printed Witness Signature

Thelma Tipton
Witness Signature

THELMA TIPTON
Printed Witness Signature

STATE OF Florida

COUNTY OF St. Lucie

John Owens
Signature

JOHN OWENS
Printed Signature

6173 NW DUKE CIR.
Address

PORT ST LUCIE, FL 34983
City, State, Zip

Shelly Owens
Signature

SHELLY OWENS
Printed Signature

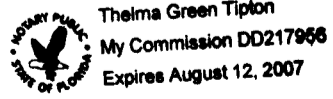
6173 NW DUKE CIR.
Address

PORT ST LUCIE, FL 34983
City, State, Zip

I hereby certify that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JOHN OWENS & SHELLY OWENS, HIS WIFE

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that They executed the same, that I relied upon the following form(s) identification of the above-named person(s): (Personally known to me) FL-Dr.Lic. and that an oath was not taken.

RUBBER STAMP NOTARY SEAL



Witness my hand and official Seal in the County and State last

Aforesaid this 19 day of Oct A.D. 2004

Thelma Green Tipton
Notary Signature

Thelma Tipton
Notary Printed Signature