

RESOLUTION NO. 2014- 158

A RESOLUTION BY THE COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, ADOPTING AND AUTHORIZING FOR EXECUTION RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION IN REFERENCE TO HARBOR COMMUNITY BANK.

WHEREAS, Harbor Community Bank has been selected by the County and the Clerk of Court to provide certain banking services including, but not limited to money market investments, at a Qualified Public Deposit account; and

WHEREAS, the St. Johns County Clerk of Court has requested the approval of a resolution of lodge, association or other similar organization for the purposes of facilitating greater earnings for the County surplus funds that are invested by the Clerk's Finance Department.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, as follows:

Section 1. The attached Resolution of Lodge, Association or Other Similar Organization is adopted and approved.

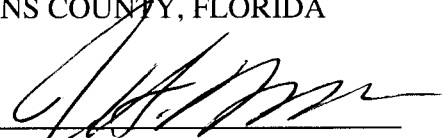
Section 2. The Chair and Clerk of Court are hereby authorized to execute the attached Resolution of Lodge, Association or Other Similar Organization as part of this present St. Johns County Resolution.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 17th day of June, 2014.

ATTEST: Clerk of Courts

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: 
Deputy Clerk

By: 
John H. Morris, Chair

Effective Date: 6/17/2014

Rendition Date: 6/19/2014

HARBOR COMMUNITY BANK
 2991 SW HIGH MEADOWS AVE
 PALM CITY, FL 34990

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):
 Single-Party Account Multiple-Party Account
 Multiple-Party Account - Tenancy by the Entireties
 Trust-Separate Agreement Dated: _____

RIGHTS AT DEATH (Select one and initial):
 Single-Party Account
 Single-Party Account With Pay-on-Death Designation (name beneficiaries below)
 Multiple-Party Account With Right of Survivorship
 Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)
 Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY

 BUSINESS: _____
 COUNTY & STATE OF ORGANIZATION: _____
 AUTHORIZATION DATED: _____

DATE OPENED 05/27/2014 BY Veronica Tamayo
 INITIAL DEPOSIT \$ _____ CASH _____
 HOME TELEPHONE # _____
 BUSINESS PHONE # _____
 E-MAIL _____
 EMPLOYER _____
 Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS
 TIN: 59-6000825
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
 SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).
 X _____
 COUNTY OF ST. JOHNS BOARD OF C C (Date)

ACCOUNT NUMBER PORTFOLIO NUMBER
 1023059 7104

ACCOUNT OWNER(S) NAME & ADDRESS
 COUNTY OF ST. JOHNS
 BOARD OF COUNTY COMMISSIONERS
 4010 LEWIS SPEEDWAY
 ST. AUGUSTINE, FL 32084 *

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
 This is your (check one): HOMETOWN BUSINESS MONEY MARKET
 Permanent Temporary account agreement.

Number of signatures required for withdrawal 1
 FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):
 Terms & Conditions Truth In Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

(1): [X]
 ALLEN MACDONALD
 I.D. # _____ D.O.B. _____

(2): [X]
 LINDA PAYNE
 I.D. # _____ D.O.B. _____

(3): [X]
 I.D. # _____ D.O.B. _____

(4): [X]
 I.D. # _____ D.O.B. _____

Convenience Account Agent (Single-Party Accounts Only)
 [X]
 I.D.# _____ D.O.B. _____

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

HARBOR COMMUNITY BANK
2991 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

By: COUNTY OF ST. JOHNS
BOARD OF COUNTY COMMISSIONERS

4010 LEWIS SPEEDWAY

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, CHERYL STRICKLAND, certify that I am Secretary (clerk) of the above named association organized under the laws of Florida, Federal Employer I.D. Number 69-6000825, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>ALLEN MACDONALD, FINANCE DIRECTOR</u>	X _____	X _____
B. <u>LINDA PAYNE, ASSISTANT FINANCE DIRECTOR</u>	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	_____
_____	(2) Open any deposit or share account(s) in the name of the Association.	_____
<u>A, B</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Association's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

X _____
(Secretary)

X _____
(Attest by Other Officer)

X _____
(Attest by Other Officer)

Certification Regarding Internet Gambling

The business entity identified below certifies that it does not engage in an Internet gambling business within the meaning of Federal Reserve Regulation GG.

Business Entity

COUNTY OF ST. JOHNS

CHERYL STRICKLAND

Date