

This Instrument Was Prepared By, and
Record and Return To:

Patricia K. Green, Esq.
Stearns Weaver Miller Weissler
Alhadeff & Sitterson, P.A.
150 West Flagler St., Suite 2200
Miami, Florida 33130

TERMINATION OF COVENANTS

This Termination of Covenants (the "Termination") is made and entered into as of the ____ day of _____, 2016 by the City of Pompano Beach, a municipal corporation of the State of Florida (the "City")

RECITALS

- A. The City is the beneficiary of the covenants and agreement made pursuant to that certain Declaration of Restriction recorded June 14, 1999 in Official Records Book 29550, Page 1654, of the Public Record of Broward County, Florida (the "Declaration") which restricts the property described therein to parking purposes only.
- B. The City has determined it no longer requires the restriction for parking purposes provided in the Declaration. Accordingly, the City desires to terminate and relinquish rights to restrict the property described in the Declaration for parking purposes.

AGREEMENT

NOW, THEREFORE, the City agrees as follows:

- 1. Recitals. The above recitals are true and correct and by this reference are incorporated as if fully set forth herein.
- 2. Release and Termination. The City hereby releases and relinquishes any and all rights created in its favor by the Declaration, and terminates the Declaration in its entirety.

IN WITNESS WHEREOF, the City has caused this Termination to be duly executed as of the date and year first set forth above.

“CITY”:

Witnesses:

CITY OF POMPANO BEACH

By: _____
LAMAR FISHER, MAYOR

By: _____
DENNIS W. BEACH, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To Form:

MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2015 by **LAMAR FISHER** as Mayor, **DENNIS W. BEACH** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY’S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

[END OF SIGNATURES]