

Environmental Protection and Growth Management Department  
Planning and Development Management Division  
1 North University Drive, Room 102A • Plantation, Florida 33324 • 954-357-6666

**REVIEW AND APPROVAL OF VACATION PETITION APPLICATION**

Date: 3/31/2020

To: County Attorney's Office      Attention: Maite Azcoitia, Office of County Attorney

From: Planning and Development Management Division

Subject: Vacation Petition No. 2018-V-19

Petitioner(s): Nova Southeastern University, Inc. et al.

Agent for Petitioner(s): Julian Bobilev

Type:     Chapter 25.99 – Vacate Plat or any Portion Thereof  
 Chapter 25.100 – Abandon Street, Alleyway, Road or Other Travel Place  
 Chapter 25.101 – Release Public Easement or Private Platted Easement

Project:  Easement                       Right-of-Way                       Other

Pursuant to Florida Statute Chapter 177.101 and Broward County Administrative Code Chapters 25.99, 25.100 and 25.101, the following determined that the requested vacation petition would not affect the ownership or right of convenient access of persons owning other parts of the subdivision:

Designated Review Agencies and Organizations                      Date: July 26, 2018

**Required Documentation:**

Vacation Petition Application                      Date Accepted: May 31, 2018

File Fee (made payable to Broward County Board of Commissioners and deposited)

Petitioner Notice of Intent                      Dates Published: 1/6/2020 and 1/13/2020

Certificate of Real Estate Taxes Paid [Revenue Collection Division]    Date: 12/30/2019

Property Location     Municipality of Davie                       Municipal Service District

Certified Copy of Municipal Resolution: No: R-2018-064                      Date(s): 2/21/2018

Sketch and Legal Description by: Raymond Young, PSM No. 5799, Craven Thompson & Associates

Location Map (Created by County Surveyor)

Aerial Photograph and Section Map (No longer provided; advise if needed for review)

Plat, if applicable                       Certified                       Copy

Written Consent of All Abutting Owners in Plat, if applicable

Certificate or Opinion of Title by: Evelyn Branas for Paramount Title Services, Inc.    Date: 4/9/2018

Documentation of all reviewers responding "no objection/no comment"

Waivers of Objection by Utility Companies

Affidavit of Posting of Notice of Vacation Signage

Draft Resolution to Set Public Hearing

Draft Resolution of Adopted Vacation

**Comments:** Approved subject to the Office of the County Attorney's receipt, review, and approval of a Title Certificate dated within 45 days prior to the Public Hearing.

Digitally signed by Kristin M. Carter  
Date: 2020.08.28 11:38:09 -04'00'

Reviewed and Approved as to Form by: Kristin M. Carter                      Signature'

Print Name: \_\_\_\_\_                      Date: \_\_\_\_\_



**Public Works Department  
REAL PROPERTY SECTION**  
115 South Andrews Avenue (Room 501-RP)  
Ft. Lauderdale, FL 33301  
Phone 954-357-6826 FAX 954-357-5544

Office Use Only  
Date Application Accepted:  
**5/31/2018**

**Application Number:** 2018-V-19

**APPLICATION FOR VACATION AND ABANDONMENT**

A.  Vacation of Plats, or any Portion Thereof (BCAC 25.99)  
 B.  Abandonment of Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 25.100)  
 C.  Release of Public Easements and Private Platted Easements or Interests (BCAC 25.101)

**PETITIONER INFORMATION**

**Petitioners (Owners):**

Petitioner 1: NOVA SOUTHEASTERN UNIVERSITY, INC.	Folio(s): See below
Address: 3301 COLLEGE AVENUE	Phone: (954) 262-8805
Address (cont'd):	Fax:
City, State Zip: DAVIE FL 33314	Email: Randy Seneff - rseneff@nova.edu

Important: Proof of Property Ownership required.  
 Note: For Co-Petitioners/Owners, complete additional Petitioner/Owner Information page(s).

**AGENT INFORMATION**

**Agent for Petitioners:** CRAVEN THOMPSON & ASSOCIATES, INC.

Contact Person: CATHERINE A. DONN	Phone 1: 954-739-6400
Address: 3563 NW 53 STREET	Phone 2:
Address (cont'd):	Fax:
City, State Zip: FT LAUDERDALE, FL 33309-6311	Email: cdonn@craventhompson.com

Note: Proof of Agent Authorization by Petitioners required.

**PROPERTY INFORMATION**

**Vacation Requested:** (brief description) Vacation of five platted canal/drainage easements dedicated to the Central Broward Water Control District, due to redevelopment of NSU property E of University Drive

Section: 21, 22 and 28 Township: 50 N Range: 41 E

Approximate Street Address: SW 36 ST, SW 30 ST, and property in between both streets

Location:  Municipality  Unincorporated Broward County

Folio Number(s): 504121130023, 504121130020, 504121130030, 504121130040, 504122060010, 504122060011

Plat: YOUNG WORLD PLAT, PB 124-43 BCR; NOVA UNIVERSITY NO.1, PB 146-49 BCR

Surveyor/Mapper: CRAVEN THOMPSON & ASSOCIATES, INC.

Legal Description Attached:  Full  Short Zoning: RAC-AV Land Use: Activity Center

Reason for Vacation (be specific): The five different easements, dedicated by two different plats, are either not used or are being relocated due to redevelopment of the site, so the easements need to be vacated.

First Application?  Yes  No If No, previous Application No:

**NOTE: Please type/print clearly. Application must be complete and accurate for acceptance.**

<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 2: UNIVERSITY ASSOCIATES LTD c/o THE BRANDON CO	Folio(s): 5041 2113 0020
Address: 5761 BIRD RD	Phone: 305-775-4623
Address (cont'd):	Fax:
City, State Zip: MIAMI FL 33155	Email: Jeff Brandon: jbrandon@thebrandoncompany .com
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 3: DAVIE MEDICAL CENTER, LLC	Folio(s): 504121130023
Address: ONE PARK PLAZA	Phone: 615.344.4880
Address (cont'd):	Fax:
City, State Zip: NASHVILLE, TN 37202	Email: Stamper Jarrod <Jarrod.Stamper@hcahealthcare.com>
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 4:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 5:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 6:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 7:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
<b>ADDITIONAL PETITIONER INFORMATION</b>	
Petitioner 8:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:

The undersigned Petitioner(s) has fully reviewed the Instructions concerning the Application for Vacation and Abandonment and understands that the Application must be complete and accurate prior to Broward County acceptance and review. The undersigned hereby petitions the Broward County Board of County Commissioners to vacate and abandon the property described herein. By signing as Petitioner(s), the undersigned certifies authenticity of ownership and, when applicable, authorizes the Agent to be its representative in this Application to Vacate and Abandon process.

**PETITIONER 3:**

12/27/19 DAVIE MEDICAL CENTER, LLC  
Date Petitioner

[Signature]  
Witness  
Roberta Sanders  
Witness

[Signature] (print name)  
By Nicholas L. Paul  
(signature)  
Nicholas L. Paul, Vice President  
(print signer's name)

\_\_\_\_\_  
Date Petitioner  
\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness

\_\_\_\_\_  
(print name)  
By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(print signer's name)

**PETITIONER ACKNOWLEDGMENT (By Individual)**

State \_\_\_\_\_

County \_\_\_\_\_

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, \_\_\_\_\_

(name), who being first duly sworn by me this day, depose and state that s/he is the Petitioner in the foregoing Application for Vacation and Abandonment.

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_  
20\_\_\_, by \_\_\_\_\_  
who is  personally known to me or  has produced \_\_\_\_\_  
as identification.

NOTARY  
(SEAL)

Print Name: \_\_\_\_\_

Notary Public in and for the County and State last aforesaid.

My Commission Expires: \_\_\_\_\_

Serial No., if any: \_\_\_\_\_

PETITIONER ACKNOWLEDGMENT (By Business or Government Entity)

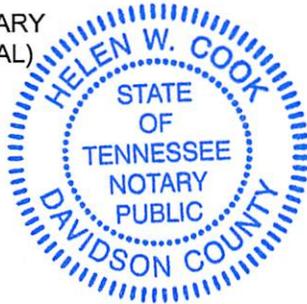
State TENNESSEE  
County DAVIDSON

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments,

Nicholas L. Paul, as Vice President of Davie Medical Center, LLC (name)  
as Vice President (title)  
of DAVIE MEDICAL CENTER, LLC (name of entity),  
a Florida limited liability company (type of corporation/partnership/government),  
on behalf of the business or government entity, who being first duly sworn by me this day, deposes and states that s/he is authorized on behalf of the business or government entity as Petitioner(s) in the foregoing Application for Vacation and Abandonment.

The foregoing instrument was acknowledged before me this 27 day of December  
2019, by Nicholas L. Paul, as Vice President of Davie Medical Center, LLC  
who is  personally known to me or  has produced \_\_\_\_\_  
as identification.

NOTARY  
(SEAL)



Notary Signature: Helen W. Cook

Print Name: Helen W. Cook

Notary Public in and for the County and State last aforesaid.

My Commission Expires: January 3, 2022

Serial No., if any: N/A

AFFIDAVIT TO AUTHORIZE PETITIONER(S) AGENT

I/We, DAVIE MEDICAL CENTER, LLC

Nicholas L. Paul, VP for, the property owner(s) of property to be vacated in the subject Application for Vacation and Abandonment, being duly sworn, depose(s) and say(s):

1. That I/we am/are the owner(s) and record title holder(s) of the lands that are to be vacated and abandoned. my/our Folio Number(s) is/are as follows: 504121130023
2. That I/we do hereby appoint the following Agent to act on my/our behalf in the processing of the subject Application for Vacation and Abandonment to Broward County Board of Commissioners:

Name: CRAVEN THOMPSON & ASSOCIATES, INC.  
 Address: 3563 NW 53 STREET  
 City, State Zip: FORT LAUDERDALE, FL 33309-6311  
 Telephone: 954-739-6400  
 Contact Person: Catherine A. Donn

Davie Medical Center, LLC

Name of Petitioner/Owner(s)

By Nicholas L. Paul  
(signature)

Nicholas L. Paul, Vice President

(print name)

27 day of December, 2019

State TENNESSEE

County DAVIDSON

The foregoing instrument was acknowledged before me this 27 day of December 2019, by Nicholas L. Paul as Vice President of Davie Medical Center, LLC who is  personally known to me or  has produced \_\_\_\_\_ as identification.

NOTARY  
(SEAL)



Notary Signature: Helen W. Cook

Print Name: Helen W. Cook

Notary Public in and for the County and State last aforesaid.

My Commission Expires: January 3, 2022

Serial No., if any: N/A

PETITIONER ACKNOWLEDGMENT (By Business or Government Entity)

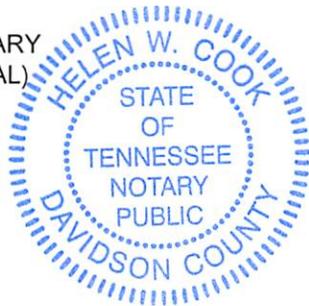
State Tennessee  
County Davidson

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments,

Nicholas L. Paul (name)  
as Vice President (title)  
of HCA HEALTH SERVICES OF FLORIDA, INC. (name of entity),  
a Florida profit corporation (type of corporation/partnership/government),  
on behalf of the business or government entity, who being first duly sworn by me this day, deposes and states that s/he is authorized on behalf of the business or government entity as Petitioner(s) in the foregoing Application for Vacation and Abandonment.

The foregoing instrument was acknowledged before me this 15 day of April  
2019, by Nicholas L. Paul  
who is  personally known to me or  has produced \_\_\_\_\_  
as identification.

NOTARY  
(SEAL)



Notary Signature: Helen W. Cook

Print Name: Helen W. Cook

Notary Public in and for the County and State last aforesaid.

My Commission Expires: January 3, 2022

Serial No., if any: N/A

The undersigned Petitioner(s) has fully reviewed the Instructions concerning the Application for Vacation and Abandonment and understands that the Application must be complete and accurate prior to Broward County acceptance and review. The undersigned hereby petitions the Broward County Board of County Commissioners to vacate and abandon the property described herein. By signing as Petitioner(s), the undersigned certifies authenticity of ownership and, when applicable, authorizes the Agent to be its representative in this Application to Vacate and Abandon process.

**PETITIONER/OWNER(S)**

4/1/19 HCA HEALTH SERVICES OF FLORIDA, INC.  
Date Petitioner  
[Signature]  
Witness  
[Signature] Witness  
By [Signature] (print name)  
Nicholas L. Paul  
(signature)  
(print signer's name)

\_\_\_\_\_  
Date Petitioner  
\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness  
\_\_\_\_\_  
By \_\_\_\_\_ (print name)  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(print signer's name)

AFFIDAVIT TO AUTHORIZE PETITIONER(S) AGENT

I/We, HCA HEALTH SERVICES OF FLORIDA, INC.

\_\_\_\_\_, the property owner(s) of property to be vacated in the subject Application for Vacation and Abandonment, being duly sworn, depose(s) and say(s):

1. That I/we am/are the owner(s) and record title holder(s) of the lands that are to be vacated and abandoned. my/our Folio Number(s) is/are as follows: 504121130023
2. That I/we do hereby appoint the following Agent to act on my/our behalf in the processing of the subject Application for Vacation and Abandonment to Broward County Board of Commissioners:

Name: CRAVEN THOMPSON & ASSOCIATES, INC.  
 Address: 3563 NW 53 STREET  
 City, State Zip: FORT LAUDERDALE, FL 33309-6311  
 Telephone: 954-739-6400  
 Contact Person: Catherine A. Donn

HCA HEALTH SERVICES OF FLORIDA, INC.

Name of Petitioner/Owner(s)

By Nicholas L. Paul  
(signature)

Nicholas L. Paul

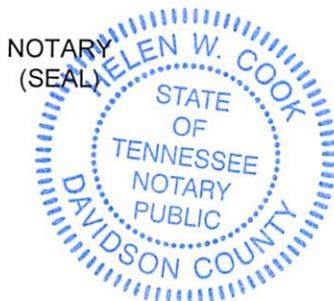
(print name)

1st day of April, 2019

State Tennessee

County Davidson

The foregoing instrument was acknowledged before me this 1st day of April, 2019, by Nicholas L. Paul who is  personally known to me or  has produced \_\_\_\_\_ as identification.



Notary Signature: Helen W. Cook

Print Name: Helen W. Cook

Notary Public in and for the County and State last aforesaid.

My Commission Expires: January 3, 2022

Serial No., if any: N/A