## Prepared by and Return to:

Monique E. Parker, Esquire Rabin Parker Gurley, P.A 2653 McCormick Drive Clearwater, Florida 33759

## COUNTRY CHASE RESIDENTIAL HOMEOWNERS' ASSOCIATION, INC.

## A RESOLUTION OF THE BOARD OF DIRECTORS ADOPTING RULES REGARDING FIREWORKS, FIREPITS AND OUTDOOR SMOKING

WHEREAS, the Declaration of Covenants, Conditions and Restrictions of Country Chase Residential ("Declaration"), named the undersigned Association responsible for operation of the property described within the subdivision, and the entity responsible for enforcement of covenants and restrictions that have been adopted by and govern the Country Chase Residential community; and

WHEREAS, Sections 4 and 5 of the Declaration contain specific use restrictions relating to the use and occupancy of the lots within the community; and

WHEREAS, Section 8 of the Declaration and Article II of the Association's Articles of Incorporation state that the purpose of the Association is to promote the health, safety and general welfare of the residents; and

WHEREAS, Article III of the Association's Articles of Incorporation state that the Association has the authority to adopt, promulgate and enforce rules and regulations in order to effectuate the purposes for which the Association was formed, and

WHEREAS, pursuant to the foregoing authority the Board of Directors of the Association desires to adopt rules and regulations regarding the use and display of fireworks, the use and operation of firepits, and the control of smoking in outdoor areas in order to promote the health, safety and general welfare of the residents,

NOW, THEREFORE, be it resolved by the Board of Directors as follows:

- 1. FIREWORKS. Fireworks may only be used and displayed on the paved road directly in front of the dwelling owned/occupied by the persons using the fireworks. Fireworks shall not be ignited on the lots at any time, nor shall they be directed toward conservation areas, any home or other lot. Fireworks shall not be ignited over the pond as the debris affects the ecological aspects of the pond. All debris shall be swept and disposed of from the street immediately after use. Fireworks may only be used and displayed in the community on the following dates and times:
  - July 4 from 9:00 pm 9:30 pm only and
  - New Years Eve 12:00 midnight to 12:30 am.

- 2. FIREPITS. Outdoor firepits are permitted provided they are located at least ten (10) feet away from the dwelling and near the center of the lot so that neighboring properties are the least affected by smoke. Firepits shall not be located on corner/end patios as they have a direct impact on neighboring property. No fires of any kind shall be kindled in or under enclosed outdoor patios. Fires must be attended to at all times by person(s) who are able to appreciate the dangers associated therewith, and shall not be left to burn unattended at any time. All fires must be completely extinguished after use. Firepits shall not be used after 9:00 p.m. per the Association's "Quiet Time" restrictions.
- 3. OUTDOOR SMOKING. Proper consideration must be given to neighbors regarding outdoor smoking. Those homes with corner end patios must realize that smoke travels easily onto neighboring property. Residents who smoke outdoors must do so as far away from neighboring properties as reasonably possible and care should be taken to minimize the effects of second-hand smoke drifting into neighboring lots and homes. Multiple complaints from residents regarding cigarette or other smoking odors emanating from an adjacent lot shall be deemed a nuisance and a violation of the Association's nuisance restrictions.

| IN WITNESS WHEREOF, the Board of Directors has adopted this Resolution on this                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| day of, 2023.                                                                                  | para and the same of the same |
| (Signature of Witness #1)                                                                      | COUNTY CHASE RESIDENTIAL HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (Printed Name of Witness #1) (Signature of Witness #2)                                         | By: Victor Albine Pres, dept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (Printed Name of Witness #2)                                                                   | (Printed Name and Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| STATE OF FLORIDA ) COUNTY OF HILLSBOROUGH )                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The foregoing instrument was acknowledged before me by means of v physical presence or         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| online notarization, this la                                                                   | day of fund, 2023, by of Country Chase Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Homeowners Association, Inc., on behalf of the corporation, and is personally known to me or [ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| has produced as identification.                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| feddel Mary Semant                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| My commission expires:                                                                         | OTARY PUBLIC State of Florida at Large                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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