

CERTIFICATION OF TAXABLE VALUE

Year	2011	County: VOLUSIA				
	ipal Authority : FAX HOSPITAL	Taxing Authority : HALIFAX HOSPITAL	-	-		
SEC	TION I: COMPLETED BY PROPERTY APPRAISER					
1.	Current year taxable value of real property for operating pur	poses	\$	11,	653,655,797	(1)
2.	Current year taxable value of personal property for operating	g purposes	\$		863,744,976	(2)
3.	Current year taxable value of centrally assessed property for	operating purposes	\$		16,175,206	(3)
4.	Current year gross taxable value for operating purposes (Lin	e 1 plus Line 2 plus Line 3)	\$	12,	533,575,979	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, at personal property value over 115% of the previous year's value	nnexations, and tangible	\$		84,551,168	(5)
6.	Current year adjusted taxable value (Line 4 minus Line 5)		\$	12,	449,024,811	(6)
7.	Prior year FINAL gross taxable value from prior year applicable		\$	13,	405,813,820	(7)
8.	Does the taxing authority include tax increment financing ar of worksheets (DR-420TIF) attached. If none, enter 0	eas? If yes, enter number	✓ YES	□ №	Number 12	(8)
9.	Does the taxing authority levy a voted debt service millage o years or less under s. 9(b), Article VII, State Constitution? If ye DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attache	☐ YES	✓ NO	Number 0	(9)	
	Property Appraiser Certification I certify the	taxable values above are	orrect to th	ne best o	f my knowled	lge.
SIGN HERE	Signature of Property Appraiser:		Date :			
IIIIVL	Electronically Certified by Property Appraiser on 6/30/2	2011 2:42 PM				
SECT	ION II: COMPLETED BY TAXING AUTHORITY				•	
	If this portion of the form is not completed in FULL your possibly lose its millage levy privilege for the ta				ion and	
	Prior year operating millage levy (If prior year millage was adjumillage from Form DR-422)	usted then use adjusted	2.00	000	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, d	livided by 1,000)	\$		26,811,628	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an dedicated increment value (Sum of either Lines 6c or Line 7a for all Di		\$		1,489,487	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	12)	\$		25,322,141	(13)
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for	r all DR-420TIF forms)	\$		502,783,306	(14)
15.	Adjusted current year taxable value (Line 6 minus Line 14)		\$	11,8	346,241,505	(15)
16.	Current year rolled-back rate (Line 13 divided by Line 15, multi	iplied by 1,000)	2.13	76	per \$1000	(16)
17.	Current year proposed operating millage rate	1.75	00	per \$1000	(17)	
IX I	Total taxes to be levied at proposed millage rate <i>(Line 17 mulby 1,000)</i>	ltiplied by Line 4, divided	\$		21,933,758	(18)

19.	TYPE of princi	ipal authority (check	cone) Cou	ınty	√ Indep	endent Spe	cial District	(19)
		,	Mur	nicipality [Water	r Manageme	ent District	
20.	Applicable ta:	xing authority (chec	k one) 📝 Prin	cipal Authority [ndent Specia	al District ent District Basin	(20)
	_	-			Water	- Widi layense	HIL DISUICE DASHI	
21.	_	ed in more than one co		Yes [✓ No			(21)
	DEPENDEN	IT SPECIAL DISTRIC	TS AND MSTUS	STOP	STOP I	HERE - SIG	IN AND SUBM	11T
22.		valorem proceeds of the Js at rolled-back rate. (T			al ş		25,322,141	(22)
23.	Current year aggre	egate rolled-back rate (Li	ine 22 divided by Line	15, multiplied by 1,00	0)	2.1376	per \$1,000	(23)
24.	Current year aggre	egate rolled-back taxes (i	Line 4 multiplied by Li	ne 23, divided by 1,00	00) \$		26,791,772	(24)
25.		perating ad valorem taxe Il dependent districts, ar		\$		21,933,758	(25)	
26.	Current year propo by 1,000)	osed aggregate millage r	rate (Line 25 divided b	y Line 4, multiplied		1.7500	per \$1,000	(26)
27.	Current year propo Line 23, minus 1 , 1	osed rate as a percent ch multiplied by 100)	nange of rolled-back	rate (Line 26 divided b	ру		-18.13 %	(27)
J	First public budget hearing	Date : 9/12/2011	Time : 5:05 PM	Place : 303 N. Clyde Mori Daytona Beach, F		rance Tower	ower Conference Room	
	Taxing Aut	thority Certification	The millages con	ges and rates are comply with the provior s. 200.081, F.S.				
Ī		Chief Administrative Office	cer:			Date :		
_	· ·	Certified by Taxing Auth	hority on 8/2/2011 1	1:27 AM				
N	N Title:			Contact Name a ERIC M. PEBURN			areg	
F	ERIC M. PEBU	RN, CHIEF FINANCE OFFI	ICER	ENIC MI, I EDONI	N, CHELLI	INVINCE OF L	ICLN	
F	Mailing Addre	ess : MORRIS BLVD		Physical Address 303 N CLYDE M		√D		
E	City, State, Zip		· · · · · · · · · · · · · · · · · · ·	Phone Number : Fax Number :			lumber :	
	DAYTONA BE/	ACH, FL 32114	,	386-425-4568		386-	425-4575	

CERTIFICATION OF TAXABLE VALUE INSTRUCTIONS

"Principal Authority" is a county, municipality, or independent special district (including water management districts).

"Taxing Authority" is the entity levying the millage. This includes the principal authority, any special district dependent to the principal authority, any county municipal service taxing unit (MSTU), and water management district basins.

Each taxing authority must submit to their property appraiser a DR-420 and the following forms, as applicable:

- · DR-420TIF, Tax Increment Adjustment Worksheet
- · DR-420DEBT, Certification of Voted Debt Millage
- · DR-420MM-P, Maximum Millage Levy Calculation Preliminary Disclosure

Section I: Property Appraiser

Use this DR-420 form for all taxing authorities except school districts. Complete Section I, Lines 1 through 9, for each county, municipality, independent special district, dependent special district, MSTU, and multicounty taxing authority. Enter only taxable values that apply to the taxing authority indicated. Use a separate form for the principal authority and each dependent district, MSTU and water management district basin.

Line 8

Complete a DR-420TIF for each taxing authority making payments to a redevelopment trust fund under Section 163.387(2)(a), Florida Statutes or by an ordinance, resolution or agreement to fund a project or to finance essential infrastructure.

Check "Yes" if the taxing authority makes payments to a redevelopment trust fund. Enter the number of DR-420TIF forms attached for the taxing authority on Line 8. Enter 0 if none.

Line 9

Complete a DR-420DEBT for each taxing authority levying either a voted debt service millage (s.12, Article VII, State Constitution) or a levy voted for two years or less (s. 9(b), Article VII, State Constitution).

Check "Yes" if the taxing authority levies either a voted debt service millage or a levy voted for 2 years or less (s. 9(b), Article VII, State Constitution). These levies do not include levies approved by a voter referendum not required by the State Constitution. Complete and attach DR-420DEBT. Do not complete a separate DR-420 for these levies.

Send a copy to each taxing authority and keep a copy. When the taxing authority returns the DR-420 and the accompanying forms, immediately send the original to:

Florida Department of Revenue Property Tax Oversight Program - TRIM P. O. Box 3000 Tallahassee, Florida 32315-3000

Section II: Taxing Authority

Complete Section II. Keep one copy, return the original and one copy to your property appraiser with the applicable DR-420TIF, DR-420DEBT, and DR-420MM-P within 35 days of certification. Send one copy to the tax collector. "Dependent special district" (ss. 200.001(8)(d) and 189.403(2), F.S.) means a special district that meets at least one of the following criteria:

- The membership of its governing body is identical to that of the governing body of a single county or a single municipality.
- All members of its governing body are appointed by the governing body of a single county or a single municipality.
- During their unexpired terms, members of the special district's governing body are subject to removal at will by the governing body of a single county or a single municipality.
- The district has a budget that requires approval through an affirmative vote or can be vetoed by the governing body of a single county or a single municipality.

"Independent special district" (ss. 200.001(8)(e) and 189.403(3), F.S.) means a special district that is not a dependent special district as defined above. A district that includes more than one county is an independent special district unless the district lies wholly within the boundaries of a single municipality.

"Non-voted millage" is any millage not defined as a "voted millage" in s. 200.001(8)(f), F.S.

Lines 12 and 14

Adjust the calculation of the rolled-back rate for tax increment values and payment amounts. See the instructions for DR-420TIF. On Lines 12 and 14, carry forward values from the DR-420TIF forms.

Line 24

Include only those levies derived from millage rates.



Yea	ar:	2011		County:	V	OLUSIA	· As the second	
Prir	ncipa	al Authority : X HOSPITAL	* 100 H - 2010E	Taxing Aut	thority :	200		
		nity Redevelopment Area : a Beach-Ballough Road	-	Base Year	:	germalik om i		
SEC	TIO	NI: COMPLETED BY PROPERTY APPR	RAISER	l .		,		
1.	Cur	rent year taxable value in the tax increme	ent area		23,035,872	(1)		
2.	Bas	e year taxable value in the tax increment	area		9,086,882	(2)		
3.	Cur	rent year tax increment value (Line 1 min	us Line 2)			\$	13,948,990	(3)
4.	Prio	r year Final taxable value in the tax incre	ment area		-	\$	23,086,992	(4)
5.	Prio	r year tax increment value (Line 4 minus	Line 2)		<u> </u>	\$	14,000,110	(5)
		Property Appraiser Certificati	on	the taxable	values ab	ove are correct to	the best of my knowled	dge.
	GN ERE	Signature of Property Appraiser:			-71	Date :		
		Electronically Certified by Property A	ppraiser on 6/30)/2011 2:42	РМ			
SEC	CTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.							
6. If	the	amount to be paid to the redevelopment	t trust fund IS BA	ASED on a sp	pecific pro	portion of the tax	increment value:	
6a.	6a. Enter the proportion on which the payment is based. 95.00 % (6a)							(6a)
6b.	Ded	icated increment value (Line 3 multiplied if value is zero or less than zero, then ea			a)	\$	13,251,541	(6b)
6с.	Am	ount of payment to redevelopment trust	fund in prior ye	ar	·	\$	26,600	(6c)
7. If	the	amount to be paid to the redevelopment	t trust fund IS NO	OT BASED o	n a specific	proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust	fund in prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form	DR-420, Line 10			0.000	per \$1,000	(7b)
7c.		es levied on prior year tax increment valu e 5 multiplied by Line 7b, divided by 1,000)	ie			\$	0	(7c)
7d.	Prio (Line	r year payment as proportion of taxes lever 2a divided by Line 7c, multiplied by 100)	vied on increme	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied If value is zero or less than zero, then e	by the percenta ter zero on Lin	ge on Line <i>7</i> : e 7e	d)	\$	0	(7e)
	·	Taxing Authority Certification	I certify the ca	lculations, n	nillages an	d rates are correct	to the best of my knowle	dge.
S	;	Signature of Chief Administrative Officer	r:			Date :		
ı		Electronically Certified By Taxing Author	rity On 8/2/2011	11:27 AM				
N	1	Title: ERIC M. PEBURN, CHIEF FINANCE OFFICE	ER			ame and Contact EBURN, CHIEF FIN		
H Mailing Address: 303 N CLYDE MORRIS BLVD					Physical A 303 N CLY	ddress : 'DE MORRIS BLVE		
City, State, Zip: Phone Number:						mber:	Fax Number :	
		DAYTONA BEACH, FL 32114	386-425-4	1568	386-425-4575			

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

- s. 163.387(2)(a), Florida Statutes, or
- An ordinance, resolution, or agreement to fund a project or to finance essential infrastructure.

"Tax increment value" is the cumulative increase in taxable value from the base year to the current year within the defined geographic area. It is used to determine the payment to a redevelopment trust fund under:

- s. 163.387(1), F.S. or
- An ordinance, resolution, or agreement to fund a project or finance essential infrastructure. In this case, the taxing authority must certify the boundaries and beginning date to the property appraiser.

"Dedicated increment value" is the portion of the tax increment value used to determine the payment to the redevelopment trust fund. (See s. 200.001(8)(h), F.S.) Calculate the dedicated increment value on this form and enter on either Line 6b or Line 7e.

"Specific proportion," used to determine whether to complete Line 6 or Line 7, refers to the calculation of the tax increment payment. Examples:

Example 1.

Section.163.387(1), F.S., states the payment made by the taxing authority should equal 95% of the millage levied times the tax increment value. The specific proportion in this case is 95%. The ordinance providing for the payment may set a percentage lower than 95%. In these cases, the lower percentage would be the specific proportion.

Example 2.

Some required tax increment payments are not directly related to the tax increment value. A constant dollar payment is a payment not based on a specific proportion of the tax increment value. Line 7 converts these payments into a proportion based on the prior year's payment and tax increment value to reach the current year's dedicated increment value.

Section I: Property Appraiser

A. Complete Section I of this form for each county, municipality, independent special district, dependent special district, and MSTU that:

- · Has a tax increment value and
- Is not exempted from making payments to a community redevelopment trust fund based on tax increments (s. 163.387(2)(c), F.S.).

If a taxing authority has more than one tax increment value, they must complete a separate form for each tax increment value. Send a copy to each taxing authority with the DR-420 and keep a copy. When the taxing authority returns the completed forms, immediately send the original to:

Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee, Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Yea	ar:	2011		County:	v	/OLUSIA	man cale in a			
		al Authority: X HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL					
		ınity Redevelopment Area :		Base Year	r :	7 - 110.11				
Da	yton	a Beach-Downtown	!	1981						
SEC	TIO	NI: COMPLETED BY PROPERTY APPR	AISER				·			
1.	Cur	rent year taxable value in the tax increme	nt area			\$	110,896,944	(1)		
2.	Bas	e year taxable value in the tax increment	area			\$	49,000,577	(2)		
3.	Cur	rent year tax increment value (Line 1 minu	us Line 2)			\$	61,896,367	(3)		
4.	Prio	r year Final taxable value in the tax increr	ment area			\$	124,294,071	(4)		
5.	Prio	r year tax increment value (Line 4 minus L	ine 2)			\$	75,293,494	(5)		
CI	-CAI	Property Appraiser Certification	on I certify	the taxabl	e values ab	ove are correct to	o the best of my knowled	dge.		
	IGN ERE	Signature of Property Appraiser:	•			Date :				
		Electronically Certified by Property Ap	praiser on 6/30	/2011 2:42	PM					
SEC	TIOI	N II: COMPLETED BY TAXING AUTHORIT	「Y Complete I	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	۱.		
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:									
6a. Enter the proportion on which the payment is based.							(6a)			
6b.	Dedicated increment value // ine 2 multiplied by the percentage on Line 6				ia)	\$	58,801,549	(6b)		
6с.	Amo	ount of payment to redevelopment trust t	fund in prior yea	<u>э</u> г		\$	143,058	(6c)		
7. lf	the a	amount to be paid to the redevelopment	trust fund IS NC	OT BASED o	on a specific	c proportion of th	ne tax increment value:			
7a.	Amo	ount of payment to redevelopment trust i	fund in prior yea	ar		\$	0	(7a)		
7b.	Prio	r year operating millage levy from Form E	DR-420, Line 10			0.000	0 per \$1,000	(7b)		
		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)	e			\$	0	(7c)		
7d.	Prio (Line	r year payment as proportion of taxes levi e 7a divided by Line 7c, multiplied by 100)	ied on incremer	nt value		-	0.00 %	(7d)		
7e.		icated increment value (Line 3 multiplied If value is zero or less than zero, then en			7d)	\$. 0	(7e)		
	L	Taxing Authority Certification	1	culations, r		E	to the best of my knowle	dge.		
S	;	Signature of Chief Administrative Officer	:			Date :				
1	- 1	Electronically Certified By Taxing Authori	ity On 8/2/2011	11:27 AM						
	Title: R ERIC M. PEBURN, CHIEF FINANCE OFFICER					ame and Contact EBURN, CHIEF FIN				
E R	H Mailing Address: 303 N CLYDE MORRIS BLVD				Physical Ad 303 N CLY	ddress : /DE MORRIS BLVD)			
E	•	City, State, Zip:			Phone Nu	mber :	Fax Number :			
		DAYTONA BEACH, FL 32114			386-425-4	1568	386-425-4575			

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

- s. 163.387(2)(a), Florida Statutes, or
- An ordinance, resolution, or agreement to fund a project or to finance essential infrastructure.

"Tax increment value" is the cumulative increase in taxable value from the base year to the current year within the defined geographic area. It is used to determine the payment to a redevelopment trust fund under:

- s. 163.387(1), F.S. or
- An ordinance, resolution, or agreement to fund a project or finance essential infrastructure. In this case, the taxing authority must certify the boundaries and beginning date to the property appraiser.

"Dedicated increment value" is the portion of the tax increment value used to determine the payment to the redevelopment trust fund. (See s. 200.001(8)(h), F.S.) Calculate the dedicated increment value on this form and enter on either Line 6b or Line 7e.

"Specific proportion," used to determine whether to complete Line 6 or Line 7, refers to the calculation of the tax increment payment. Examples:

• Example 1.

Section.163.387(1), F.S., states the payment made by the taxing authority should equal 95% of the millage levied times the tax increment value. The specific proportion in this case is 95%. The ordinance providing for the payment may set a percentage lower than 95%. In these cases, the lower percentage would be the specific proportion.

• Example 2.

Some required tax increment payments are not directly related to the tax increment value. A constant dollar payment is a payment not based on a specific proportion of the tax increment value. Line 7 converts these payments into a proportion based on the prior year's payment and tax increment value to reach the current year's dedicated increment value.

Section I: Property Appraiser

A. Complete Section I of this form for each county, municipality, independent special district, dependent special district, and MSTU that:

- · Has a tax increment value and
- Is not exempted from making payments to a community redevelopment trust fund based on tax increments (s. 163.387(2)(c), F.S.).

If a taxing authority has more than one tax increment value, they must complete a separate form for each tax increment value. Send a copy to each taxing authority with the DR-420 and keep a copy. When the taxing authority returns the completed forms, immediately send the original to:

Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee, Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Yea	r:	2011			County:	V	OLUSIA			
		l Authority : X HOSPITAL			Taxing Au HALIFAX	ithority: HOSPITAL				
Con	ımu	nity Redevelopment Area :			Base Yea	r:				
Day	/tona	a Beach-Main Street			1981					
SEC	TION	II: COMPLETED BY PROPERTY APPR	RAISER							-
1.	Curr	ent year taxable value in the tax increme	nt area				\$		322,563,179	(1)
2.	Base	year taxable value in the tax increment	area				\$		68,695,639	(2)
3.	Curr	ent year tax increment value (Line 1 minu	us Line 2)				\$ 253,867,540			
4.	Prior	year Final taxable value in the tax increr	ment area				\$		379,425,085	(4)
5.	Prior	year tax increment value (Line 4 minus L	ine 2)				\$		310,729,446	(5)
		Property Appraiser Certification	on Id	ertify t	he taxabl	e values ab	ove are correct	to the bes	t of my knowled	dge.
	GN ERE	Signature of Property Appraiser:	<u>'</u>				Date :			
		Electronically Certified by Property Ap	opraiser on	n 6/30/2	2011 2:42	PM		-		
SEC	FION	I II: COMPLETED BY TAXING AUTHORIT	TY Comp	olete El	THER lin	e 6 or line	7 as applicable	. Do NOT	complete both	٦.
6. If t	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:									
6a. Enter the proportion on which the payment is based.							95.00 %	(6a)		
6b.	6b. Dedicated increment value (Line 3 multiplied by the percent				e on Line 6 6b	ia)	\$		241,174,163	(6b)
6c.	Amo	unt of payment to redevelopment trust	fund in pri	ior year	•		\$		590,386	(6c)
7. If t	he a	mount to be paid to the redevelopment	trust fund	I IS NOT	ΓBASED o	n a specifi	c proportion of	the tax inc	rement value:	
7a.	Amo	unt of payment to redevelopment trust	fund in pri	ior year	•		\$		0	(7a)
7b. ı	Prior	year operating millage levy from Form [DR-420, Lii	ne 10			0.00	000	per \$1,000	(7b)
		s levied on prior year tax increment valu 5 multiplied by Line 7b, divided by 1,000)	e				\$		0	(7c)
		year payment as proportion of taxes lev 7a divided by Line 7c, multiplied by 100)	ied on inci	rement	value		·		0.00 %	(7d)
7e.		cated increment value (Line 3 multiplied If value is zero or less than zero, then en				7d)	\$		0	(7e)
		Faxing Authority Certification	I certify t	the calc	ulations,	millages an	d rates are corre	ct to the be	est of my knowle	dge.
S	5	Signature of Chief Administrative Officer	•				Date :			
ı		Electronically Certified By Taxing Author	ity On 8/2/	/2011 1	1:27 AM					
	Title: R ERIC M. PEBURN, CHIEF FINANCE OFFICER						ame and Conta EBURN, CHIEF F		FFICER	
H Mailing Address: 303 N CLYDE MORRIS BLVD					Physical A 303 N CLY	ddress : /DE MORRIS BL\	/D	·		
E	Ī	City, State, Zip :			:	Phone Nu	mber :	Fax Nur	mber:	
					386-425-4	1568	386-42	5-4575		

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

- s. 163.387(2)(a), Florida Statutes, or
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"Tax increment value" is the cumulative increase in taxable value from the base year to the current year within the defined geographic area. It is used to determine the payment to a redevelopment trust fund under:

- s. 163.387(1), F.S. or
- An ordinance, resolution, or agreement to fund a project or finance essential infrastructure. In this case, the taxing authority must certify the boundaries and beginning date to the property appraiser.

"Dedicated increment value" is the portion of the tax increment value used to determine the payment to the redevelopment trust fund. (See s. 200.001(8)(h), F.S.) Calculate the dedicated increment value on this form and enter on either Line 6b or Line 7e.

"Specific proportion," used to determine whether to complete Line 6 or Line 7, refers to the calculation of the tax increment payment. Examples:

• Example 1.

Section.163.387(1), F.S., states the payment made by the taxing authority should equal 95% of the millage levied times the tax increment value. The specific proportion in this case is 95%. The ordinance providing for the payment may set a percentage lower than 95%. In these cases, the lower percentage would be the specific proportion.

Example 2.

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Section I: Property Appraiser

- A. Complete Section I of this form for each county, municipality, independent special district, dependent special district, and MSTU that:
 - · Has a tax increment value and
 - Is not exempted from making payments to a community redevelopment trust fund based on tax increments (s. 163.387(2)(c), F.S.).

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Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee, Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Yea	ar:	2011	County:	ν	OLUSIA			
		l Authority : X HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL				
Cor	nmu	nity Redevelopment Area :	Base Yea	r:				
Da	yton	a Beach-South Atlantic	2000					
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER						
1.	Curi	rent year taxable value in the tax increment area			\$	53,616,282	(1)	
2.	Base	year taxable value in the tax increment area			\$	63,521,382	(2)	
3.	Cur	rent year tax increment value (Line 1 minus Line 2)			\$	-9,905,100	(3)	
4.	Prio	r year Final taxable value in the tax increment area			\$	62,252,533	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	-1,268,849	(5)	
	ichi	Property Appraiser Certification certification	y the taxab	le values ak	ove are correct to	the best of my knowled	dge.	
1	IGN ERE	Signature of Property Appraiser:			Date :			
		Electronically Certified by Property Appraiser on 6/3	0/2011 2:42	PM				
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applica					7 as applicable.	Do NOT complete both	1.	
6. If	the a	amount to be paid to the redevelopment trust fund IS B.	ASED on a s	pecific pro	portion of the tax	increment value:	_	
ба.	a. Enter the proportion on which the payment is based.					95.00 %	(6a)	
6b.	Dedicated in successive (Line 2 moultiplied by the persont			5a)	\$	0	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in prior ye	ear		\$. 0	(6c)	
7. If	the a	amount to be paid to the redevelopment trust fund IS N	OT BASED	on a specifi	c proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in prior ye	ear		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420, Line 10) .		0.000	per \$1,000	(7b)	
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
7d.	Prio (Line	r year payment as proportion of taxes levied on increme ? 7a divided by Line 7c, multiplied by 100)	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the percenta If value is zero or less than zero, then enter zero on Lin		7d)	\$	0	(7e)	
	_	Taxing Authority Certification I certify the ca	alculations,	millages an	d rates are correct	to the best of my knowle	₃dge.	
5	5	Signature of Chief Administrative Officer:		•	Date :			
ı	•	Electronically Certified By Taxing Authority On 8/2/201	1 11:27 AM					
N		Title: ERIC M. PEBURN, CHIEF FINANCE OFFICER			ame and Contact EBURN, CHIEF FIN			
F	Ε	Mailing Address: 303 N CLYDE MORRIS BLVD		Physical A 303 N CLY	ddress : /DE MORRIS BLVD	0 (7 0.00 % (7 0 to the best of my knowledge) Title: ANCE OFFICER		
City, State, Zip: Phone Number: Fax N					Fax Number:			
		DAYTONA BEACH, FL 32114	386-425-4	1568	386-425-4575			

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

- s. 163.387(2)(a), Florida Statutes, or
- An ordinance, resolution, or agreement to fund a project or to finance essential infrastructure.

"Tax increment value" is the cumulative increase in taxable value from the base year to the current year within the defined geographic area. It is used to determine the payment to a redevelopment trust fund under:

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"Dedicated increment value" is the portion of the tax increment value used to determine the payment to the redevelopment trust fund. (See s. 200.001(8)(h), F.S.) Calculate the dedicated increment value on this form and enter on either Line 6b or Line 7e.

"Specific proportion," used to determine whether to complete Line 6 or Line 7, refers to the calculation of the tax increment payment. Examples:

• Example 1.

Section.163.387(1), F.S., states the payment made by the taxing authority should equal 95% of the millage levied times the tax increment value. The specific proportion in this case is 95%. The ordinance providing for the payment may set a percentage lower than 95%. In these cases, the lower percentage would be the specific proportion.

Example 2.

Some required tax increment payments are not directly related to the tax increment value. A constant dollar payment is a payment not based on a specific proportion of the tax increment value. Line 7 converts these payments into a proportion based on the prior year's payment and tax increment value to reach the current year's dedicated increment value.

Section I: Property Appraiser

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Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee. Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Ye	ar:	2011		County:	\	OLUSIA		
		il Authority : X HOSPITAL		Taxing Au HALIFAX	uthority: HOSPITAL			
		nity Redevelopment Area : a Beach-West Side		Base Yea	r:			
SEC	TIO	NI: COMPLETED BY PROPERTY APPR	AISER					
1.	Curi	ent year taxable value in the tax increme	ent area	Must -		\$	90,441,301	(1)
2.	Base	e year taxable value in the tax increment	area			\$	60,641,706	(2)
3.	Curi	rent year tax increment value (Line 1 min	us Line 2)			\$	29,799,595	(3)
4.	Prio	r year Final taxable value in the tax incre	ment area		*****	\$	96,616,434	(4)
5.	Prio	r year tax increment value <i>(Line 4 minus L</i>	Line 2)			\$	35,974,728	(5)
	IGN	Property Appraiser Certificati	on I cert	ify the taxab	le values al	oove are correct t	o the best of my knowled	dge.
	ERE	Signature of Property Appraiser: Electronically Certified by Property Ap	opraiser on 6/3	30/2011 2:42	. PM	Date :		
SEC	TIOI	NII: COMPLETED BY TAXING AUTHORI	TY Complete	e EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both).
6. lf	the a	amount to be paid to the redevelopment	trust fund IS I	BÁSED on a s	pecific pro	portion of the tax	cincrement value:	,
6a.	Ente	er the proportion on which the payment i	is based.				95.00 %	(6a)
6b.		icated increment value (Line 3 multiplied If value is zero or less than zero, then en		5a)	\$.	28,309,615	(6b)	
6с.	Amo	ount of payment to redevelopment trust	fund in prior y	/ear		\$	68,352	(6c)
7. lf	the a	amount to be paid to the redevelopment	trust fund IS I	NOT BASED	on a specifi	c proportion of th	ne tax increment value:	
7a.	Amo	ount of payment to redevelopment trust	fund in prior y	/ear		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form [DR-420, Line 1	10		0.000	0 per \$1,000	(7b)
7c.		es levied on prior year tax increment value es multiplied by Line 7b, divided by 1,000)	e			\$	0	(7c)
7d.	Prio (Line	year payment as proportion of taxes leven 7a divided by Line 7c, multiplied by 100)	ied on increm	ent value		·	0.00 %	(7d)
7e.		icated increment value <i>(Line 3 multiplied</i> If value is zero or less than zero, then en			7d)	\$	0	(7e)
	L	Taxing Authority Certification	1	calculations,	millages an	d rates are correc	t to the best of my knowle	dge.
9	5	Signature of Chief Administrative Officer	:			Date:		
ı	l	Electronically Certified By Taxing Author	ity On 8/2/20	11 11:27 AM				
N	- 1	Title: ERIC M. PEBURN, CHIEF FINANCE OFFICE	R	•	1 '	ame and Contact EBURN, CHIEF FIN		
E F	H Mailing Address: 303 N CLYDE MORRIS BLVD				Physical A 303 N CL	.ddress : /DE MORRIS BLVI)	
E	•	City, State, Zip :			Phone Nu	mber:	Fax Number :	
	DAYTONA BEACH, FL 32114				386-425-4	1 568	386-425-4575	

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Section I: Property Appraiser

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B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Ye	ar:	2011	County:	/	/OLUSIA			
		al Authority: X HOSPITAL	Taxing Au HALIFAX	ithority: HOSPITAL				
		inity Redevelopment Area : la Beach Shores	Base Yea 2005	r:				
SEC	CTIO	NI: COMPLETED BY PROPERTY APPRAISER	,					
1.	Cur	rent year taxable value in the tax increment area			\$	370,304,299	(1)	
2.	Bas	e year taxable value in the tax increment area			\$	458,775,063	(2)	
3.	Cur	rent year tax increment value (Line 1 minus Line 2)			\$	-88,470,764	(3)	
4.	Pric	r year Final taxable value in the tax increment area	· ·		\$	405,747,084	(4)	
5.	Pric	r year tax increment value (Line 4 minus Line 2)			\$	-53,027,979	(5)	
_		Property Appraiser Certification 10	ertify the taxab	le values al	oove are correct to	o the best of my knowled	lge.	
I	IGN IERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser on	ı 6/30/2011 2 :4 2	PM	Date :			
SEC	TION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.							
6. If	the	amount to be paid to the redevelopment trust fund	IS BASED on a s	pecific pro	portion of the tax	increment value:		
6a.	Enter the proportion on which the payment is based. 95.00 % (6a)							
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b					0	(6b)		
6c.	Am	ount of payment to redevelopment trust fund in pri	or <u>y</u> ear		\$	0	(6c)	
7. If	the	amount to be paid to the redevelopment trust fund	IS NOT BASED o	on a specifi	c proportion of th	ne tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in pric	or year		\$. 0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420, Lir	ne 10	*****	0.000	0 per \$1,000	(7b)	
7c.		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)		-	\$	0	(7c)	
7d.		r year payment as proportion of taxes levied on incr ? 7a divided by Line 7c, multiplied by 100)	ement value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the perc If value is zero or less than zero, then enter zero or	entage on Line 1 n Line 7e	7d)	\$	0	(7e)	
•			he calculations,	millages an	d rates are correct	to the best of my knowle	dge.	
	5	Signature of Chief Administrative Officer:			Date:	•		
	ı	Electronically Certified By Taxing Authority On 8/2/	/2011 11:27 AM					
Title: Contact Name and Cont ERIC M. PEBURN, CHIEF FINANCE OFFICER ERIC M. PEBURN, CHIEF								
H Mailing Address: 303 N CLYDE MORRIS BLVD Physical Address: 303 N CLYDE MORRIS)		
City, State, Zip: Phone Number: F					Fax Number :			
		DAYTONA BEACH, FL 32114	386-425-4	1568	386-425-4575			

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Section II: Taxing Authority

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Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Year	:	2011	County: V	/OLUSIA				
		l Authority: X HOSPITAL	Taxing Authority: HALIFAX HOSPITAL					
1		nity Redevelopment Area :	Base Year:					
Holly	y Hil	A Company of the Comp	1995					
SECT	ION	I : COMPLETED BY PROPERTY APPRAISER						
1.	Jurr	ent year taxable value in the tax increment area		\$	198,481,383	(1)		
2. B	3ase	year taxable value in the tax increment area		\$	88,342,219	(2)		
3. (urr	ent year tax increment value (Line 1 minus Line 2)		\$	110,139,164	(3)		
4. P	rior	year Final taxable value in the tax increment area		\$	234,958,501	(4)		
5. P	rior	year tax increment value (Line 4 minus Line 2)		\$	146,616,282	(5)		
SIG	- NI	Property Appraiser Certification I certify	the taxable values al	oove are correct to	o the best of my knowled	dge.		
HE		Signature of Property Appraiser:		Date :				
		Electronically Certified by Property Appraiser on 6/30	/2011 2:42 PM					
SECT	CTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.							
6. If th	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a. E	Enter the proportion on which the payment is based. 95.00 % (6a)							
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b					104,632,206	(6b)		
6c. A	mo	ount of payment to redevelopment trust fund in prior year	ar	\$	278,571	(6с)		
7. If th	ne a	mount to be paid to the redevelopment trust fund IS NC	OT BASED on a specifi	c proportion of th	ne tax increment value:			
7a. A	mo	unt of payment to redevelopment trust fund in prior yea	ar	\$	0	(7a)		
7b. p	rior	year operating millage levy from Form DR-420, Line 10		0.000	o per \$1,000	(7b)		
, c. (L	Line.	s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)		\$	0	(7c)		
7d. P	rior Line	year payment as proportion of taxes levied on incremer 7a divided by Line 7c, multiplied by 100)	nt value		0.00 %	(7d)		
7e. D	edic	cated increment value (Line 3 multiplied by the percentag If value is zero or less than zero, then enter zero on Line	ze on Line 7d) ≥ 7e	\$	0	(7e)		
			-		t to the best of my knowled	dge.		
S	S	Signature of Chief Administrative Officer:	- !	Date:				
1	I	Electronically Certified By Taxing Authority On 8/2/2011	11:27 AM					
G N		Title : ERIC M. PEBURN, CHIEF FINANCE OFFICER		ame and Contact EBURN, CHIEF FIN				
H Mailing Address: 303 N CLYDE MORRIS BLVD			Physical A 303 N CLY	ddress : /DE MORRIS BLVE)			
E		City, State, Zip :	Phone Nui	mber:	Fax Number :			
		DAYTONA BEACH, FL 32114	1568	386-425-4575				

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Ye	ar:	2011		(County:	\	OLUSIA	,			
		al Authority : X HOSPITAL			Taxing Au HALIFAX	thority: HOSPITAL					
1		inity Redevelopment Area :			Base Year	:					
Or	mon	d Beach			1984						
SEC	TIO	NI: COMPLETED BY PROPERTY APPI	RAISER								
1.	Cur	rent year taxable value in the tax increme	ent area				\$	114,	194,998	(1)	
2.	Bas	e year taxable value in the tax increment	area				\$ 45,486,221				
3.	Cur	rent year tax increment value (Line 1 min	nus Line 2)				\$	68,	,708,777	(3)	
4.	Prio	r year Final taxable value in the tax incre	ment area				\$	129,	427,102	(4)	
5.	Prio	r year tax increment value (Line 4 minus	Line 2)				\$	83,	940,881	(5)	
	IGN	Property Appraiser Certificati	ion lo	certify t	he taxabl	e values al	oove are correct	to the best of my	/ knowled	dge.	
1	ERE	Signature of Property Appraiser:					Date :				
		Electronically Certified by Property A	ppraiser on	n 6/30/2	2011 2:42	PM					
SEC	TIOI	NII: COMPLETED BY TAXING AUTHORI	TY Comp	olete El	THER line	e 6 or line	7 as applicable	. Do NOT compl	ete both	۱.	
6. If	the	amount to be paid to the redevelopment	t trust fund	I IS BAS	ED on a s	pecific pro	portion of the t	ax increment valu	ıe:		
		er the proportion on which the payment						9	5.00 %	(6a)	
6b.	Ded	icated increment value (Line 3 multiplied If value is zero or less than zero, then e	d by the perd nter zero o	centage n Line (e on Line 6 6b	a)	\$	65,	273,338	(6b)	
6c.	Amo	ount of payment to redevelopment trust	fund in pri	ior year	,		\$		159,488	(6c)	
7. If	the a	amount to be paid to the redevelopment	t trust fund	IS NOT	BASED o	n a specifi	c proportion of	the tax increment	t value:		
7a.	Amo	ount of payment to redevelopment trust	fund in pri	or year			\$		0	(7a)	
7b.	Prio	r year operating millage levy from Form	DR-420, Lir	ne 10			0.00)00 per	r \$1,000	(7b)	
7c.		es levied on prior year tax increment values for multiplied by Line 7b, divided by 1,000)	ie				\$		0	(7c)	
7d.	Prio (Line	r year payment as proportion of taxes lever 7 a divided by Line 7c, multiplied by 100)	vied on incr	rement	value			(0.00 %	(7d)	
7e.		icated increment value (Line 3 multiplied If value is zero or less than zero, then er				'd)	\$		0	(7e)	
		Taxing Authority Certification	l certify t	the calc	ulations, r	nillages an	d rates are corre	ct to the best of m	y knowle	dge.	
5	; [Signature of Chief Administrative Officer	r:				Date :				
ı	ı	Electronically Certified By Taxing Author	rity On 8/2/	/2011 1	1:27 AM						
	G Title:						ame and Conta				
· ·	N ERIC M. PEBURN, CHIEF FINANCE OFFICER					ERIC IVI. PI	EDUKIN, CHIEF F	INANCE OFFICER			
H Mailing Address:						Physical A	ddress:				
E 303 N CLYDE MORRIS BLVD						•	DE MORRIS BL	/D			
	R E C: C: 7:										
_	-	City, State, Zip:				Phone Nu		Fax Number:		,	
		DAYTONA BEACH, FL 32114					1568	386-425-4575			

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Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee. Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

Section II: Taxing Authority

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Yea	ar:	2011		County:	ν	OLUSIA				
		al Authority : X HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL					
		nity Redevelopment Area :		Base Yea	r:					
Orr	non	d Beach-North Mainland / Ormond Crossi	ings	2006						
SEC	TIO	NI: COMPLETED BY PROPERTY APPR	AISER	1						
1.	Cur	rent year taxable value in the tax increme	nt area			\$	9,428,139	(1)		
2.	Bas	e year taxable value in the tax increment	area	** * * * * * * * * * * * * * * * * * * *	and distriction of the state of	\$	10,124,427	(2)		
3.	Cur	rent year tax increment value (Line 1 minu	us Line 2)			\$	-696,288	(3)		
4.	Pric	r year Final taxable value in the tax increr	ment area			\$	10,856,523	(4)		
5.	Prio	r year tax increment value (Line 4 minus L	ine 2)			\$	732,096	(5)		
	- CN	Property Appraiser Certification	on I certify	the taxab	le values ab	oove are correct to	o the best of my knowled	dge.		
i	IGN ERE	Signature of Property Appraiser:				Date :				
		Electronically Certified by Property Ap	praiser on 6/30)/2011 2:42	PM	·				
SEC	CTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.									
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:									
ба.	6a. Enter the proportion on which the payment is based.									
6b.	Ded	icated increment value (Line 3 multiplied If value is zero or less than zero, then en			5a)	\$	0	(6b)		
6c.	Am	ount of payment to redevelopment trust	fund in prior ye	ar		\$	1,391	(6c)		
7. If	the	amount to be paid to the redevelopment	trust fund IS NO	OT BASED o	on a specifi	c proportion of th	e tax increment value:			
7a.	Amo	ount of payment to redevelopment trust	fund in prior ye	ar		\$	0	(7a)		
7b.	Prio	r year operating millage levy from Form [OR-420, Line 10)		0.000	0 per \$1,000	(7b)		
		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)	9	,		\$	0	(7c)		
7d.	Prio (Line	r year payment as proportion of taxes lev e 7a divided by Line 7c, multiplied by 100)	ied on increme	nt value			0.00 %	(7d)		
7e.	Ded	icated increment value (Line 3 multiplied If value is zero or less than zero, then en			7d)	\$	0	(7e)		
		Taxing Authority Certification	I certify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	dge.		
S	•	Signature of Chief Administrative Officer	:			Date :				
I		Electronically Certified By Taxing Author	ity On 8/2/2011	11:27 AM						
Title: N PEBURN, CHIEF FINANCE OFFICER					1	ame and Contact EBURN, CHIEF FIN				
E R	H Mailing Address: 303 N CLYDE MORRIS BLVD				Physical A 303 N CLY	ddress : /DE MORRIS BLVD)			
E		City, State, Zip:	Phone Nu	mber :	Fax Number :					
	·	DAYTONA BEACH, FL 32114	386-425-4	1568	386-425-4575	the best of my knowledge. Lie: LICE OFFICER EXECUTE: The second of the				

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

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Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Ye	ar:	2011		County:	,	/OLUSIA			
		al Authority : X HOSPITAL	1441.11	Taxing Au HALIFAX	ithority : HOSPITAL				
		inity Redevelopment Area : ange-East Port	, , , , , , , , , , , , , , , , , , ,	Base Yea	r:		117347-174	***************************************	
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER	l						
1.	Cur	rent year taxable value in the tax increment are	a			\$	30,665,263	(1)	
2.	Bas	e year taxable value in the tax increment area				\$	13,693,302	(2)	
3.	Cur	rent year tax increment value (Line 1 minus Line	2)			\$	16,971,961	(3)	
4.	Pric	r year Final taxable value in the tax increment a	rea			\$	33,663,271	(4)	
5.	Pric	r year tax increment value (Line 4 minus Line 2)				\$	19,969,969	(5)	
S	IGN	Property Appraiser Certification	I certify	the taxabl	e values al	oove are correct t	to the best of my knowled	dge.	
	ERE	Signature of Property Appraiser:				Date :			
,,		Electronically Certified by Property Appraise	r on 6/30	/2011 2:42	PM				
SEC	TIO	NII: COMPLETED BY TAXING AUTHORITY CO	omplete l	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	1.	
6. If	the	amount to be paid to the redevelopment trust f	und IS BA	SED on a s	pecific pro	portion of the ta	x increment value:		
ба.	Ente	r the proportion on which the payment is base	d.				95.00 %	(6a)	
6b.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero	percenta <u>c</u> ro on Line	ge on Line 6 : 6b	ia)	\$	16,123,363	(6b)	
6с.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$	37,943	(6c)	
7. If	the a	mount to be paid to the redevelopment trust f	und IS NC	OT BASED o	n a specifi	c proportion of th	ne tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$. 0	(7a)	
7b.	Prio	year operating millage levy from Form DR-420	, Line 10			0.000	0 per \$1,000	(7b)	
7c.		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d.	Prio (Line	year payment as proportion of taxes levied on 7a divided by Line 7c, multiplied by 100)	incremen	nt value			0.00 %	(7d)	
7e.	Ded	cated increment value (Line 3 multiplied by the parties of the last than 2016). If value is zero or less than zero, then enter zero.	percentag o on Line	ie on Line <i>7</i> : 7e	'd)	\$	0	(7e)	
			ify the cal	culations, r	nillages an	d rates are correct	t to the best of my knowle	dge.	
S	;	Signature of Chief Administrative Officer:				Date :			
F		Electronically Certified By Taxing Authority On	8/2/2011	11:27 AM					
G N		Title: ERIC M. PEBURN, CHIEF FINANCE OFFICER				ame and Contact EBURN, CHIEF FIN			
H E R		Mailing Address : 303 N CLYDE MORRIS BLVD			Physical A 303 N CLY	ddress : 'DE MORRIS BLVD)		
E	•	City, State, Zip :			Phone Nu	mber:	Fax Number :		
	DAYTONA BEACH, FL 32114					568	386-425-4575		

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Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.



Year: 2011					County: VOLUSIA					
Principal Authority: HALIFAX HOSPITAL					Taxing Authority: HALIFAX HOSPITAL					
		nity Redevelopment Area :		Base Year :						
Po	rt Or	ange-Town Center		1998		-				
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER	######################################							
1.	Cur	rent year taxable value in the tax increment area	3			\$	39,905,751	(1)		
2.	Bas	e year taxable value in the tax increment area				29,558,416	(2)			
3.		rent year tax increment value (Line 1 minus Line	2)			\$ 10,347,3				
4.	 	r year Final taxable value in the tax increment a				\$	42,519,565	(4)		
5.		r year tax increment value (Line 4 minus Line 2)				\$	12,961,149	(5)		
	.1	Property Appraiser Certification	I certify	the taxab	le values al	oove are correct to	o the best of my knowle	dge.		
1	ign Iere	Signature of Dranorty Approisar				Date :				
''		Electronically Certified by Property Appraiser on 6/30/2011 2:42 PM								
SEC	TIO	NII: COMPLETED BY TAXING AUTHORITY CO	omplete l	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete bot	h.		
66060000000	SONSHITTAN FILES	amount to be paid to the redevelopment trust fo	24N,01819756256254903556260	STATISHTEN POSTANCISTANCIST STATISTICS	RECEIVABLE CARREST CARRADOS CONTRA					
\vdash	1	er the proportion on which the payment is based			<u> </u>		95.00 %	(6a)		
6b.	Dedicated in gram antivolve (Line 2 resulting and by the percentage and line (a)					\$	9,829,968	(6b)		
6с.	6c. Amount of payment to redevelopment trust fund in prior year					\$	24,626	(6c)		
7. If	the	amount to be paid to the redevelopment trust fo	und IS NO	OT BASED o	on a specifi	c proportion of th	ne tax increment value:			
∙7a.	Ame	ount of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)		
7b.	Prio	r year operating millage levy from Form DR-420	, Line 10			0.000	0 per \$1,000	(7b)		
7c.	Tavas lavia di an unique va unique va unique					\$	0	(7c)		
7 d .	Drier year nayment as proportion of tayes levied on increment value						0.00 %	(7d)		
7e.	Dadistandia and the state of th					\$ 0				
		Taxing Authority Certification	ify the cal	lculations,	millages an	d rates are correct	t to the best of my knowl	edge.		
	s	Signature of Chief Administrative Officer:				Date :				
ا	ı	Electronically Certified By Taxing Authority On 8/2/2011 11:27 AM								
1		Title .			Contact Name and Contact Title : ERIC M. PEBURN, CHIEF FINANCE OFFICER					
F	E R	Mailing Address : 303 N CLYDE MORRIS BLVD			Physical Address: 303 N CLYDE MORRIS BLVD					
E	Ε	City, State, Zip:			Phone Number : Fax N		Fax Number :			
		DAYTONA BEACH, FL 32114	14			1568	386-425-4575	25-4575		

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_										
Year: 2011						VOLUSIA				
		al Authority: AX HOSPITAL		Taxing Authority: HALIFAX HOSPITAL						
		unity Redevelopment Area :	Base Yea	r:						
50	uth	Daytona		1997						
SEC	CTIO	NI: COMPLETED BY PROPERTY APPI	RAISER	`						
1.	Cui	rrent year taxable value in the tax increme	ent area			\$		185,430,4	68	(1)
2.	Bas	e year taxable value in the tax increment	area			\$		116,601,4	54	(2)
3.	Cui	rrent year tax increment value <i>(Line 1 min</i>	us Line 2)			\$	\$ 68,829,014			
4.	Pric	or year Final taxable value in the tax incre	ment area			\$	200,323,551			(4)
5.	Pric	or year tax increment value (Line 4 minus	Line 2)			\$		83,722,0	97	(5)
	IGN	Property Appraiser Certificati	on I certify	the taxab	le values :	above are correct	to the best o	of my knov	vledo	je.
	IERE	I Chamber and C D and A and A								
		Electronically Certified by Property A	ppraiser on 6/30)/2011 2:42	PM			•		
SEC	TIO	N II: COMPLETED BY TAXING AUTHORI	TY Complete I	EITHER lin	e 6 or lin	e 7 as applicable	Do NOT co	omplete b	oth.	
		amount to be paid to the redevelopment			20.20.00.00.00.00.00.00.00.00.00.00	200,000	NO TRANSPORTATION OF THE PROPERTY OF THE	Coldbacoch upour in prounderdal?	A Wellin welcool	202200300
6a.	Ent	er the proportion on which the payment	is based.					95.00	%	(6a)
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b \$ 65,387,563								63	(6b)	
6с.	Am	ount of payment to redevelopment trust	fund in prior yea	аг		\$		159,07	72	(6c)
7. lf	the	amount to be paid to the redevelopment	trust fund IS NO	OT BASED o	n a speci	fic proportion of t	he tax incre	ment value	<u></u>	
7a.	Am	ount of payment to redevelopment trust	fund in prior yea	 ar		\$		·	0	(7a)
7b.	Prio	r year operating millage levy from Form I	DR-420, Line 10			0.000)Ó	per \$1,00	00 ((7b)
7c.		es levied on prior year tax increment valu e 5 multiplied by Line 7b, divided by 1,000)	e			\$			0	(7c)
7d.	Prio (Line	r year payment as proportion of taxes lev e 7a divided by Line 7c, multiplied by 100)	ied on incremer	nt value				0.00	% ((7d)
7e.	Ded	icated increment value (Line 3 multiplied If value is zero or less than zero, then en	by the percentag t er zero on Line	ge on Line 7 7e	7d)	\$			0 ((7e)
	Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of n							of my know	wiedę	ge.
S	Signature of Chief Administrative Officer :					Date :			•	
ı		Electronically Certified By Taxing Authority On 8/2/2011 11:27 AM								
N	- 1	Title : ERIC M. PEBURN, CHIEF FINANCE OFFICER			Contact Name and Contact Title : ERIC M. PEBURN, CHIEF FINANCE OFFICER					•
H E R	: R	Mailing Address : 303 N CLYDE MORRIS BLVD			Physical Address : 303 N CLYDE MORRIS BLVD					
E	City, State, Zip:				Phone Number : Fax Number :			er:		
		DAYTONA BEACH, FL 32114			386-425-4568		386-425-4575			

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MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

Υe	ear: 2011	County: V	OLUSIA							
	incipal Authority: ALIFAX HOSPITAL	Taxing Authority: HALIFAX HOSPITA	L							
1.	Is your taxing authority a municipality or independent special disvalorem taxes for less than 5 years?	Yes	✓ No	(1)						
	IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation									
2.	Current year rolled-back rate from Current Year Form DR-420, Lin	2.1376	per \$1,000	(2)						
3.	Prior year maximum millage rate with a majority vote from 2010 Form D	R-420MM, Line 13	3.9316	per \$1,000	(3)					
4.	Prior year operating millage rate from Current Year Form DR-420,	Line 10	2.0000	per \$1,000	(4)					
	If Line 4 is equal to or greater than Line 3, sl									
Adjust rolled-back rate based on prior year majority-vote maximum millage rate										
5.	Prior year final gross taxable value from Current Year Form DR-42	0, Line 7	\$	13,405,813,820	(5)					
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$	52,706,298	(6)						
7.	Amount, if any, paid or applied in prior year as a consequence of a measured by a dedicated increment value from Current Year Form	\$	1,489,487	(7)						
8.	Adjusted prior year ad valorem proceeds with majority vote (Line	\$	51,216,811	(8)						
9.	Adjusted current year taxable value from Current Year form DR-4.	\$	11,846,241,505	(9)						
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mu	4.3235	per \$1,000	(10)						
	Calculate maximum millage levy									
11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or else enter Line 2)		4.3235	per \$1,000	(11)					
12.	Change in per capita Florida personal income (See Line 12 Instruction	1.	1.0055							
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by	4.3473	per \$1,000	(13)						
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 b	4.7820	per \$1,000	(14)						
15.	Current year proposed millage rate	1.7500	per \$1,000	(15)						
16.	Minimum vote required to levy proposed miliage: (Check one				(16)					
√	a. Majority vote of the governing body: Check here, if Line 15 is less than or equal to Line 13. The maximum millage rate is e to the majority vote maximum rate. Enter Line 13 on Line 17.									
	b. Two-thirds vote of governing body: Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to proposed rate. <i>Enter Line 15 on Line 17</i> .									
	c. Unanimous vote of the governing body, or 3/4 vote if nine members or more: Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.									
	d. Referendum: The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.									
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)	4.3473	per \$1,000	(17)						
18.	Current year gross taxable value from Current Year Form DR-420, L	\$	12,533,575,979	(18)						

	Taxing Authority: HALIFAX HOSPITAL DR-420 F							
19.	Current year adopted taxes (Line 15 multiplied by Line 18, divided by 1,000)					21,933,758		
20.	Total ta 1,000)	axes levied at the maximum millage ra	te (Line 17 multiplie	,	\$	54,487,215		
	DEPE	NDENT SPECIAL DISTRICTS	AND MSTUs	STOP STO	P HER	E. SIGN AND SUE	MIT.	
		he current year adopted taxes of all de ge . <i>(The sum of all Lines 19 from each d</i>		\$	0			
22.	Total c	urrent year adopted taxes (Line 19 plus	Line 21)		\$	21,933,758		
	Total I	Maximum Taxes						
		he taxes at the maximum millage of all g a millage (The sum of all Lines 20 from			\$		0 (23)	
24.	Total ta	axes at maximum millage rate (Line 20 p	olus line 23)		\$	54,487,21	5 (24)	
7	Total I	Maximum Versus Total Taxes Le	vied				,	
		al current year adopted taxes on Line 2 um millage rate on Line 24? (Check on	han total taxes at the	✓ YES	NO NO	(25)		
	Ta	axing Authority Certification				my knowledge. The millag ions of either s. 200.071 or		
0	Sig Ele	Signature of Chief Administrative Officer: Electronically Certified by Taxing Authority on 8/2/2011 11:27 AM			Date :	· .		
F	Tit EF	Title: ERIC M. PEBURN, CHIEF FINANCE OFFICER		Contact Name and Contact Title : ERIC M. PEBURN, CHIEF FINANCE OFFICER				
F E	1	Mailing Address: 303 N CLYDE MORRIS BLVD		Physical Address: 303 N CLYDE MORRI	Physical Address: 303 N CLYDE MORRIS BLVD			
	City, State, Zip: DAYTONA BEACH, FL 32114			Phone Number : 386-425-4568		Fax Number : 386-425-4575		

Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.

MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE INSTRUCTIONS

General Instructions

Each of the following taxing authorities must complete a DR-420MM-P.

- County
- Municipality
- · Special district dependent to a county or municipality
- County MSTU
- Independent special district, including water management districts
- Water management district basin

Voting requirements for millages adopted by a two-thirds or a unanimous vote are based on the full membership of the governing body, not on the number of members present at the time of the vote.

This form calculates the maximum tax levy for 2011 allowed under s. 200.065(5), F.S. Counties and municipalities, including dependent special districts and MSTUs, which adopt a tax levy at the final hearing higher than allowed under s. 200.065, F.S., may be subject to the loss of their half-cent sales tax distribution.

DR-420MM-P shows the maximum millages and taxes levied based on your adoption vote. Each taxing authority must complete, sign, and submit this form to the Department of Revenue.

Line Instructions

Lines 5-10

Only taxing authorities that levied a 2010 millage rate less than their maximum majority vote rate must complete these lines. The adjusted rolled-back rate on Line 10 is the rate that would have been levied if the maximum vote rate for 2010 had been adopted. If these lines are completed, enter the adjusted rate on Line 11.

Line 12

To calculate the maximum millage rate, you must adjust the rolled-back rate by the change in per capita Florida personal income (s. 200.065(5), F.S.). This adjustment is a single percentage used statewide by all taxing authorities. For 2011, the percentage is 0.55%. This adjustment does not affect the rolled-back rate used for TRIM purposes.

Lines 13 and 14

Millage rates are the maximum that could be levied with a majority or two-thirds vote of the full membership of the governing body. With a unanimous vote of the full membership (three-fourths vote of the full membership if the governing body has nine or more members) or a referendum, the maximum millage rate that can be levied is the taxing authority's statutory or constitutional cap.

Line 16

Check the box for the minimum vote necessary at the final hearing to levy your adopted millage rate.

Line 17

Enter the millage rate indicated by the box checked in Line 16. If the adopted millage rate is equal to or below the majority vote maximum millage rate, enter the majority vote maximum. If a two-thirds vote, a unanimous vote, or a referendum is required, enter the adopted millage rate. For a millage requiring more than a majority vote, the adopted millage rate must be entered on Line 17, rather than the maximum rate, so that the comparisons on Lines 21 through 25 are accurate.