Reset Form

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CERTIFICATION OF TAXABLE VALUE

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Year :	2017	VOLUSIA					
	pal Authority : FAX HOSPITAL	Taxing Aut HALIFAX H					
SECT	TION I: COMPLETED BY PROPERTY APPRAISER						
1.	Current year taxable value of real property for operating pur	poses		\$	\$ 14,923,407,219		
2.	Current year taxable value of personal property for operating	g purposes		\$	1,	049,723,479	(2)
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$		23,147,893	(3)
4.	Current year gross taxable value for operating purposes (Lin	e 1 plus Line	2 plus Line 3)	\$	15,	996,278,591	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, a personal property value over 115% of the previous year's value	\$		194,334,121	(5)		
6.	6. Current year adjusted taxable value (Line 4 minus Line 5)					801,944,470	(6)
7.	Prior year FINAL gross taxable value from prior year applical	ole Form DR	-403 series	\$	14,	854,989,909	(7)
8.	8. Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0					Number 11	(8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, Certification of Voted Debt Millage forms attached. If none, enter 0					Number 0	(9)
	Property Appraiser Certification I certify the	taxable valu	ies above are	correct to t	he best o	f my knowled	dge.
SIGN HERE	Signature of Property Appraiser:			Date:			
HEKE	Electronically Certified by Property Appraiser			6/26/20	17 10:3	MA 0	
SECT	TION 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	
10.	Prior year operating millage levy (If prior year millage was adj millage from Form DR-422)	usted then u	se adjusted	0.00	000	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, o	divided by 1,0	000)	\$		0	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of ar dedicated increment value (Sum of either Lines 6c or Line 7a for all D			\$		0	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	12)		\$		0	(13)
14.	4. Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)					0	(14)
15.	5. Adjusted current year taxable value (Line 6 minus Line 14)			\$	15,	801,944,470	(15)
16.	6. Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)			0.00	000	per \$1000	(16)
17.	17. Current year proposed operating millage rate			0.00	000	per \$1000	(17)
	Total taxes to be levied at proposed millage rate (Line 17 multiplied by Line 4, divided by 1,000)						

19.	TYPE of p	orincipa	al authority (check	one) [Count	y ipality		·	: Special District gement District	(19)
20.	Applicab	le taxir	ng authority (check	one) [✓ Princi	oal Authority			special District gement District Basin	(20)
21.	Is millage	levied i	n more than one co	unty? (chec	k one)	Yes	V	No		(21)
	DEPEN	IDENT	SPECIAL DISTRIC	TS AND M	STUs	STOP	STO	P HERE -	SIGN AND SUBM	1IT
22.			prior year ad valorem pricts, and MSTUs levying				\$20		0	(22)
23.	Current year	aggrega	te rolled-back rate (Lir	ne 22 divided	by Line 1	, multiplied by 1,	000)	0.000	0 per \$1,000	(23)
24.	Current year	aggrega	te rolled-back taxes (L	ine 4 multipl	ied by Lind	23, divided by 1,	000) \$		0	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied taxing authority, all dependent districts, and MSTUs, if any. (<i>The sun DR-420 forms</i>)						0	(25)		
26.	5. Current year proposed aggregate millage rate (<i>Line by 1,000</i>)			ate <i>(Line 25 d</i>	divided by	Line 4, multiplied	1	0.000	o per \$1,000	(26)
27.	Current year proposed rate as a percent change			ange of rolle	d-back ra	te (Line 26 divide	d by		0.00 %	(27)
l	First publ budget hea		Date:	Time :		Place :	·			
		g Autho	ority Certification	The milla	ges com		ovisions		est of my knowledg 065 and the provisio	
(Signature of Chief Administrative Officer :		er:				Date:			
	N Title: H Jeff Feasel, President/CEO			Contact Nam Eric M. Pebur						
F		Address lyde Mo				Physical Addi 303 N Clyde		lvd		
	City, Sta					Phone Numb	er:		Fax Number :	
	Daytona Beach, 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 - TRIM Section 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.



Year :	:	2017	County: VOLUSIA				
		Authority : HOSPITAL	Taxing Au HALIFAX	ithority: HOSPITAL			
1		ity Redevelopment Area : Beach-North Mainland / Ormond Crossings	Base Year	r:			
SECTI	ON	I: COMPLETED BY PROPERTY APPRAISER					
1. Cı	urre	nt year taxable value in the tax increment area			\$	17,060,300	(1)
2. Ba	ase :	year taxable value in the tax increment area			\$	10,124,427	(2)
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)				\$	6,935,873	(3)
4. Pr	4. Prior year Final taxable value in the tax increment area				\$	14,233,883	(4)
5. Pr	rior	year tax increment value (Line 4 minus Line 2)			\$	4,109,456	(5)
SIGI	NI	Property Appraiser Certification Certification	fy the taxabl	le values ak	oove are correct to	the best of my knowled	dge.
HER		Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/26/2017 10:3	80 AM	
SECTI	ON	II: COMPLETED BY TAXING AUTHORITY Complete	e EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If th	e ar	mount to be paid to the redevelopment trust fund IS I	BASED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter	the proportion on which the payment is based.				0.00 %	(6a)
6b. D	edic	cated increment value (Line 3 multiplied by the percent f value is zero or less than zero, then enter zero on Li	age on Line 6	ба)	\$	0	(6b)
6c. Aı	moı	unt of payment to redevelopment trust fund in prior y	rear		\$	0	(6c)
7. If th	e ar	nount to be paid to the redevelopment trust fund IS I	NOT BASED	on a specifi	c proportion of th	e tax increment value:	•
7a. Aı	moı	unt of payment to redevelopment trust fund in prior y	ear ear		\$	0	(7a)
7b. Pr	rior	year operating millage levy from Form DR-420, Line 1	0		0.000	per \$1,000	(7b)
		levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/ C. (L	ine .	year payment as proportion of taxes levied on increm 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e. D	edic	cated increment value (Line 3 multiplied by the percent f value is zero or less than zero, then enter zero on L	age on Line i ne 7e	7d)	\$	0	(7e)
•	T	axing Authority Certification I certify the	calculations,	millages an	d rates are correct	to the best of my knowle	edge.
S	S	ignature of Chief Administrative Officer:			Date :		
G N		Title : Jeff Feasel, President/CEO			lame and Contact burn, Chief Finan		
H E R E	E 303 N Clyde Morris Blvd				Address : rde Morris Blvd		
	C	City, State, Zip :		Phone Nu	ımber :	Fax Number :	
		Daytona Beach, FL 32114		386-425-	4568	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 Section 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.

PLORIDA

Year :	:	2017	County: VOLUSIA				
		Authority : HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL			
1		ity Redevelopment Area : Beach-South Atlantic	Base Year 2000	r:			
SECTI	ON	I: COMPLETED BY PROPERTY APPRAISER					
1. Cı	urre	nt year taxable value in the tax increment area			\$	70,962,726	(1)
2. Ba	ase :	year taxable value in the tax increment area			\$	63,521,382	(2)
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)				\$	7,441,344	(3)
4. Pr	4. Prior year Final taxable value in the tax increment area				\$	65,656,924	(4)
5. Pr	rior	year tax increment value (Line 4 minus Line 2)			\$	2,135,542	(5)
SIG	NI	Property Appraiser Certification certification	fy the taxabl	le values ak	oove are correct to	the best of my knowled	dge.
HER		Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/26/2017 10:3	80 AM	
SECTI	ON	II: COMPLETED BY TAXING AUTHORITY Complet	e EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If th	e ar	mount to be paid to the redevelopment trust fund IS	BASED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter	the proportion on which the payment is based.				0.00 %	(6a)
6b. D	edic	cated increment value <i>(Line 3 multiplied by the percent</i> f value is zero or less than zero, then enter zero on L	tage on Line 6 i ne 6b	ба)	\$	0	(6b)
6c. A	moı	unt of payment to redevelopment trust fund in prior y	⁄ear		\$	0	(6c)
7. If th	e ar	mount to be paid to the redevelopment trust fund IS	NOT BASED	on a specifi	c proportion of th	e tax increment value:	
7a. A	moı	unt of payment to redevelopment trust fund in prior y	ear ear		\$	0	(7a)
7b. Pr	rior	year operating millage levy from Form DR-420, Line	10		0.0000	per \$1,000	(7b)
		levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/ C. (L	ine .	year payment as proportion of taxes levied on increm <i>7a divided by Line 7c, multiplied by 100)</i>				0.00 %	(7d)
7e. D	edic	cated increment value (Line 3 multiplied by the percent f value is zero or less than zero, then enter zero on L	tage on Line i ne 7e	7d)	\$	0	(7e)
•	T	axing Authority Certification I certify the	calculations,	millages an	d rates are correct	to the best of my knowle	edge.
S	S	ignature of Chief Administrative Officer:			Date :		
G N		Title : Jeff Feasel, President/CEO			lame and Contact burn, Chief Finan		
H E R E	E 303 N Clyde Morris Blvd				Address : rde Morris Blvd		
	(City, State, Zip :		Phone Nu	ımber :	Fax Number :	
		Daytona Beach, FL 32114		386-425-	4568	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 Section 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.

FLORIDA DEPARTMENT OF REVIEWE

Yea	ar:	2017		County:	V	OLUSIA			
		l Authority : X HOSPITAL		Taxing Au HALIFAX					
Cor	nmu	nity Redevelopment Area :		Base Year	Base Year:				
Po	rt Ora	ange-Town Center		1998					
SEC	TION	II: COMPLETED BY PROPERTY APPRAISER	<u> </u>						
1.	Curr	ent year taxable value in the tax increment are	a			\$	43,217,109	(1)	
2.	Base	year taxable value in the tax increment area				\$	29,558,416	(2)	
3.	Curr	ent year tax increment value (Line 1 minus Line	2)			\$	13,658,693	(3)	
4.	Prio	r year Final taxable value in the tax increment a	irea			\$	41,958,508	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	12,400,092	(5)	
	ICN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.	
	SIGN Signature of Property Appraiser:					Date :			
	Electronically Certified by Property Appraiser					6/26/2017 10:3	30 AM		
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EI			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	1.	
6. If	the a	amount to be paid to the redevelopment trust t	fund IS B <i>A</i>	ASED on a s	pecific pro	portion of the tax	increment value:		
6a.	Ente	r the proportion on which the payment is base	ed.				0.00 %	(6a)	
6b.	De di este di la successitati de la Companya de la				ia)	\$	0	(6b)	
6c.		ount of payment to redevelopment trust fund in				\$	0	(6c)	
7. If	the a	amount to be paid to the redevelopment trust i	fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in	n prior ye	ar		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420	0, Line 10	0.0000			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.		r year payment as proportion of taxes levied on 27 a divided by Line 7c, multiplied by 100)	increme	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter ze	percenta ero on Lin	ge on Line 7 e 7e	7d)	\$	0	(7e)	
		Taxing Authority Certification I cer	tify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	dge.	
:	s	Signature of Chief Administrative Officer:				Date :			
	ı								
	G	Title:				lame and Contact			
	N Jeff Feasel, President/CEO				Eric M. Pe	burn, Chief Finan	cial Officer		
	H Mailing Address :				Physical A	address:			
ı	E R	303 N Clyde Morris Blvd			303 N Cly	de Morris Blvd			
	E	City, State, Zip:			Phone Number : Fax Number :				
		Daytona Beach, FL 32114			386-425-4	4568	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
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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.).

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 Section 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.

FLORIDA

Year :	:	2017		County: VOLUSIA				
		uthority : OSPITAL		Taxing Au HALIFAX I				
1		y Redevelopment Area : each-West Side		Base Year 1997	:			
SECTI	ON I	: COMPLETED BY PROPERTY APPRAISER						
1. Cu	urrent	t year taxable value in the tax increment area				\$	95,405,541	(1)
2. Ba	ase ye	ar taxable value in the tax increment area				\$	60,641,706	(2)
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)					\$	34,763,835	(3)
4. Pr	4. Prior year Final taxable value in the tax increment area					\$	89,467,970	(4)
5. Pr	rior ye	ear tax increment value (Line 4 minus Line 2)				\$	28,826,264	(5)
SIGI	N F	Property Appraiser Certification	I certify	the taxable	e values ab	ove are correct to	the best of my knowled	dge.
HER	1.0	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appraiser				6/26/2017 10:3	80 AM	
SECTI	ON II:	COMPLETED BY TAXING AUTHORITY Cor	nplete I	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If th	e amo	ount to be paid to the redevelopment trust fu	nd IS BA	SED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter th	ne proportion on which the payment is based.	•				0.00 %	(6a)
6b. De		ted increment value <i>(Line 3 multiplied by the p</i> ralue is zero or less than zero, then enter zero			ia)	\$	0	(6b)
6c. Aı	moun	t of payment to redevelopment trust fund in	prior yea	ar		\$	0	(6c)
7. If th	e amo	ount to be paid to the redevelopment trust fu	nd IS NO	OT BASED o	n a specifi	c proportion of the	e tax increment value:	
7a. Aı	moun	t of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)
7b. Pr	rior ye	ear operating millage levy from Form DR-420,	Line 10			0.0000	per \$1,000	(7b)
		evied on prior year tax increment value multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
/ (<u>L</u>	ine 7a	ear payment as proportion of taxes levied on in a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e. De	edicat	ted increment value <i>(Line 3 multiplied by the p</i> value is zero or less than zero, then enter zero	ercentag on Line	ge on Line 7 e 7e	7d)	\$	0	(7e)
'	Та	xing Authority Certification I certification	fy the ca	lculations, i	millages an	d rates are correct	to the best of my knowle	edge.
S	Sig	nature of Chief Administrative Officer:				Date :		
G N		le : ff Feasel, President/CEO				ame and Contact burn, Chief Finan		
H E R E	E 303 N Clyde Morris Blvd				Physical A 303 N Cly	ddress : de Morris Blvd		
	Cit	y, State, Zip :			Phone Nu	mber :	Fax Number :	
	Da	aytona Beach, FL 32114			386-425-4			

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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Section I: Property Appraiser

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

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- 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 Section 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.

PENARMENT OF REVENUE

Year:	2017	County:	County: VOLUSIA				
	oal Authority: AX HOSPITAL	Taxing Au HALIFAX	thority : HOSPITAL				
1	unity Redevelopment Area : Daytona	Base Year	·:				
SECTIO	ON I : COMPLETED BY PROPERTY APPRAISER						
1. Cu	rrent year taxable value in the tax increment area			\$	214,296,312	(1)	
2. Ba	se year taxable value in the tax increment area			\$	116,601,454	(2)	
3. Cu	rrent year tax increment value (Line 1 minus Line 2)		\$	97,694,858	(3)		
4. Pr				\$	202,508,090	(4)	
5. Pr	5. Prior year tax increment value (Line 4 minus Line 2)				85,906,636	(5)	
cici	SIGN Property Appraiser Certification I certify the taxable values a				the best of my knowled	dge.	
HER	Cianatura of Droporty Appraisor			Date :			
	Electronically Certified by Property Appraiser			6/26/2017 10:3	O AM		
SECTION	ON II: COMPLETED BY TAXING AUTHORITY Comp	olete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ո.	
6. If the	e amount to be paid to the redevelopment trust fund	d IS BASED on a s	pecific pro	portion of the tax	increment value:		
6a. Er	ter the proportion on which the payment is based.				0.00 %	(6a)	
6b. De	edicated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero o		5a)	\$	0	(6b)	
6c. Ar	nount of payment to redevelopment trust fund in pr	ior year		\$	0	(6c)	
7. If the	e amount to be paid to the redevelopment trust fund	d IS NOT BASED o	on a specifi	c proportion of th	e tax increment value:		
7a. Ar	nount of payment to redevelopment trust fund in pr	ior year		\$	0	(7a)	
7b. Pr	or year operating millage levy from Form DR-420, Li	ine 10		0.0000	per \$1,000	(7b)	
	xes levied on prior year tax increment value ne 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
(Li	or year payment as proportion of taxes levied on inc ne 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e. De	edicated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero o	centage on Line 2 on Line 7e	7d)	\$	0	(7e)	
•	Taxing Authority Certification I certify	the calculations,	millages an	d rates are correct	to the best of my knowle	dge.	
S	Signature of Chief Administrative Officer :			Date :			
G N	Title: Jeff Feasel, President/CEO			ame and Contact burn, Chief Finan			
H E R E	Mailing Address : 303 N Clyde Morris Blvd	Physical A 303 N Cly	ddress : de Morris Blvd				
	City, State, Zip:		Phone Nu	mber :	Fax Number :		
	Daytona Beach, FL 32114		386-425-4	4568	425-4568 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:

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Section I: Property Appraiser

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Florida Department of Revenue Property Tax Oversight Program - TRIM Section 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.



Year	:	2017	County:	V	OLUSIA		
		Authority : (HOSPITAL	Taxing Au HALIFAX	ithority: HOSPITAL			
Comr	mur	nity Redevelopment Area :	Base Year	r:			
Holly	/ Hil	I	1995				
SECT	ION	I: COMPLETED BY PROPERTY APPRAISER					
1. C	urre	ent year taxable value in the tax increment area			\$	258,310,780	(1)
2. B	ase	year taxable value in the tax increment area			\$	88,342,219	(2)
3. C	3. Current year tax increment value (Line 1 minus Line 2)				\$	169,968,561	(3)
4. P	4. Prior year Final taxable value in the tax increment area				\$	244,837,012	(4)
5. P	rior	year tax increment value (Line 4 minus Line 2)			\$	156,494,793	(5)
CIC	SIGN Property Appraiser Certification I certify the taxable values a				oove are correct to	the best of my knowled	dge.
	Signature of Property Appraiser :				Date :		
	Electronically Certified by Property Appraiser				6/26/2017 10:3	30 AM	
SECT	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line				7 as applicable.	Do NOT complete both	ո.
6. If th	ne a	mount to be paid to the redevelopment trust fund IS	BASED on a s	pecific pro	portion of the tax	increment value:	
6a. E	nte	r the proportion on which the payment is based.				0.00 %	(6a)
6b.		cated increment value <i>(Line 3 multiplied by the perceil</i> If value is zero or less than zero, then enter zero on l		5a)	\$	0	(6b)
6с. д		unt of payment to redevelopment trust fund in prior			\$	0	(6c)
		mount to be paid to the redevelopment trust fund IS	•	on a specifi	c proportion of th	e tax increment value:	<u> </u>
		unt of payment to redevelopment trust fund in prior		•	\$	0	(7a)
7b. p	rior	year operating millage levy from Form DR-420, Line	10		0.0000	per \$1,000	(7b)
		s levied on prior year tax increment value			\$	0	(7c)
		5 multiplied by Line 7b, divided by 1,000)	mont value				` ',
		year payment as proportion of taxes levied on incread divided by Line 7c, multiplied by 100)	ment value			0.00 %	(7d)
7e.		cated increment value <i>(Line 3 multiplied by the percei</i> ll for the following the following that the following the following the following that the following that the following the following that the following t		7d)	\$	0	(7e)
				millages ar	d rates are correct	to the best of my knowle	⊥ ≥dge.
S	3	Signature of Chief Administrative Officer :			Date :		
G N		Title : Jeff Feasel, President/CEO			lame and Contact eburn, Chief Finan		
H E R	E 303 N Clyde Morris Blvd				de Morris Blvd		
		City, State, Zip :		Phone Nu		Fax Number :	
					5-4568 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
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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.

FLORIDA DEPARTMENT OF REVIEWE

Year :	2017	County:	V	OLUSIA		
	oal Authority: AX HOSPITAL	Taxing Au HALIFAX	thority : HOSPITAL			
1	nunity Redevelopment Area : Orange-East Port	Base Year 1995	·:			
SECTION	ON I: COMPLETED BY PROPERTY APPRAISER	"				
1. Cı	urrent year taxable value in the tax increment area			\$	31,646,181	(1)
2. Ba	se year taxable value in the tax increment area			\$	13,693,302	(2)
3. Cı	3. Current year tax increment value (Line 1 minus Line 2)			\$	17,952,879	(3)
4. Pr	4. Prior year Final taxable value in the tax increment area			\$	28,418,748	(4)
5. Pr	ior year tax increment value (Line 4 minus Line 2)			\$	14,725,446	(5)
SICI	SIGN Property Appraiser Certification I certify the taxable values				the best of my knowled	dge.
HER	Cianatura of Dranarty Appraisar .			Date :		
	Electronically Certified by Property Appraiser			6/26/2017 10:3	O AM	
SECTION	ON II: COMPLETED BY TAXING AUTHORITY Con	nplete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If th	e amount to be paid to the redevelopment trust fur	nd IS BASED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	ter the proportion on which the payment is based.				0.00 %	(6a)
6b. De	edicated increment value (Line 3 multiplied by the po If value is zero or less than zero, then enter zero		5a)	\$	0	(6b)
6c. Ar	mount of payment to redevelopment trust fund in p	orior year		\$	0	(6c)
7. If th	e amount to be paid to the redevelopment trust fur	nd IS NOT BASED o	on a specifi	c proportion of th	e tax increment value:	
7a. Ar	mount of payment to redevelopment trust fund in p	orior year		\$	0	(7a)
7b. Pr	ior year operating millage levy from Form DR-420,	Line 10		0.0000	per \$1,000	(7b)
	xes levied on prior year tax increment value ine 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/ a. (L	ior year payment as proportion of taxes levied on ir ine 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e. De	edicated increment value (Line 3 multiplied by the po If value is zero or less than zero, then enter zero	ercentage on Line 1 on Line 7e	7d)	\$	0	(7e)
,	Taxing Authority Certification I certification	y the calculations,	millages an	d rates are correct	to the best of my knowle	dge.
S	Signature of Chief Administrative Officer:			Date :		
G N	Title: Jeff Feasel, President/CEO			ame and Contact		
H E R E	Mailing Address : 303 N Clyde Morris Blvd	Physical A 303 N Cly	ddress : de Morris Blvd			
	City, State, Zip:		Phone Nu	mber :	Fax Number :	
	Daytona Beach, FL 32114		386-425-4	6-425-4568 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:

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

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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.

PENGLIMENT OF REVENUE

Year :	2017	County:	County: VOLUSIA			
	pal Authority: FAX HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL			
1	nunity Redevelopment Area : ona Beach-Ballough Road	Base Year	r:			
SECTION	ON I: COMPLETED BY PROPERTY APPRAISER	1,503				
	urrent year taxable value in the tax increment area			\$	22,412,225	(1)
	ase year taxable value in the tax increment area			\$	9,086,882	(2)
\vdash	urrent year tax increment value (Line 1 minus Line 2	?)		\$	13,325,343	(3)
	(\$	21,443,895	(4)
	ior year tax increment value (Line 4 minus Line 2)			\$	12,357,013	(5)
	Property Appraiser Certification	I certify the taxabl	le values ab	oove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:					
	Electronically Certified by Property Appraiser			6/26/2017 10:3	80 AM	
SECTI	ON II: COMPLETED BY TAXING AUTHORITY Con	mplete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If th	e amount to be paid to the redevelopment trust fu	ınd IS BASED on a s	pecific pro	portion of the tax	increment value:	
6a. Er	nter the proportion on which the payment is based				0.00 %	(6a)
6b. De	edicated increment value (Line 3 multiplied by the parties of the state of the stat	oercentage on Line 6 o on Line 6b	5a)	\$	0	(6b)
6c. Aı	mount of payment to redevelopment trust fund in	prior year		\$	0	(6c)
7. If th	e amount to be paid to the redevelopment trust fu	ind IS NOT BASED o	on a specifi	c proportion of th	e tax increment value:	
7a. Aı	mount of payment to redevelopment trust fund in	prior year		\$	0	(7a)
7b. Pr	ior year operating millage levy from Form DR-420,	Line 10		0.0000	per \$1,000	(7b)
	exes levied on prior year tax increment value ine 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/ (<u>L</u>	ior year payment as proportion of taxes levied on i ine 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e. De	edicated increment value (Line 3 multiplied by the parties of the series or less than zero, then enter zero	percentage on Line o	7d)	\$	0	(7e)
	Taxing Authority Certification I certi	fy the calculations,	millages an	d rates are correct	to the best of my knowle	edge.
S	Signature of Chief Administrative Officer :			Date :		
G N	Title: Jeff Feasel, President/CEO			lame and Contact burn, Chief Finan		
H E R E	Mailing Address : 303 N Clyde Morris Blvd	Physical A 303 N Cly	ddress : de Morris Blvd			
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	Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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FLORIDA PENEUMENT OF REVENUE

Yea	ar:	2017		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	•			
1		nity Redevelopment Area :		Base Year	:			
Day	yton	a Beach-Main Street		1982				
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISE	R					
1.	Curr	ent year taxable value in the tax increment are	ea			\$	394,955,533	(1)
2.	Base	year taxable value in the tax increment area				\$	68,695,639	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line	e 2)			\$	326,259,894	(3)
4.	Prio	r year Final taxable value in the tax increment a	area			\$	376,284,329	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2))			\$	307,588,690	(5)
-	CN	Property Appraiser Certification	I certify	the taxabl	e values ab	oove are correct to	the best of my knowled	dge.
1	SIGN HERE Signature of Property Appraiser :					Date :		
	Electronically Certified by Property Appraiser					6/26/2017 10:3	30 AM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	the a	amount to be paid to the redevelopment trust	fund IS BA	ASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Ente	r the proportion on which the payment is base	ed.				0.00 %	(6a)
6b.	Ded	icated increment value <i>(Line 3 multiplied by the</i> If value is zero or less than zero, then enter ze			ia)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fund	in prior ye	ar		\$	0	(6c)
7. If	the a	nmount to be paid to the redevelopment trust	fund IS NO	OT BASED o	n 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-42	0, Line 10	0.0000		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.	(Line	r year payment as proportion of taxes levied or 27 a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero.	e percenta ero on Lin	ge on Line I	7d)	\$	0	(7e)
		Taxing Authority Certification I ce	rtify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	edge.
9	5 I	Signature of Chief Administrative Officer :				Date :		
(G V	Title : Jeff Feasel, President/CEO				lame and Contact		
_								
	H Mailing Address :				Physical A			
F	₹	303 N Clyde Morris Blvd			303 N Clyde Morris Blvd			
•	E	City, State, Zip:			Phone Number : Fax Number :			
		Daytona Beach, FL 32114			386-425-4568 386-425-4575		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 Section 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.



			1				
Year	·:	2017	County:	V	OLUSIA		
		l Authority : K HOSPITAL	Taxing Au HALIFAX	ithority: HOSPITAL			
Com	mui	nity Redevelopment Area :	Base Year	r:			
Dayt	tona	a Beach-Downtown	1982				
SECT	ION	II: COMPLETED BY PROPERTY APPRAISER					
1. (Curr	ent year taxable value in the tax increment area			\$	127,741,467	(1)
2. E	Base	year taxable value in the tax increment area			\$	49,000,577	(2)
3. (Curr	ent year tax increment value (Line 1 minus Line 2)			\$	78,740,890	(3)
4. F	4. Prior year Final taxable value in the tax increment area				\$	119,273,005	(4)
5. P	5. Prior year tax increment value (Line 4 minus Line 2)			\$ 70,272,428 (5)			
		Property Appraiser Certification Ice	rtify the taxabl	e values al	oove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:				Date :		
	Electronically Certified by Property Appraiser				6/26/2017 10:3	80 AM	
SECT	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line				7 as applicable.	Do NOT complete both	ո.
6. If th	he a	mount to be paid to the redevelopment trust fund I	S BASED on a s	pecific pro	portion of the tax	increment value:	
6a. E	nte	r the proportion on which the payment is based.				0.00 %	(6a)
6b. [icated increment value (Line 3 multiplied by the perce		5a)	\$	0	(6b)
		If value is zero or less than zero, then enter zero on					
		ount of payment to redevelopment trust fund in prio	•		\$	0	(6c)
		mount to be paid to the redevelopment trust fund I		on a specifi	1		(7.)
		ount of payment to redevelopment trust fund in prio	•		\$	0	(7a)
\vdash		year operating millage levy from Form DR-420, Line	e 10		0.0000	per \$1,000	(7b)
		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
		year payment as proportion of taxes levied on incre 7a divided by Line 7c, multiplied by 100)	ement value			0.00 %	(7d)
7e.		icated increment value (Line 3 multiplied by the perce If value is zero or less than zero, then enter zero on		7d)	\$	0	(7e)
	L	3	e calculations,	millages ar	d rates are correct	to the best of my knowle	≥dge.
S		Signature of Chief Administrative Officer:			Date :		
G		Title:			lame and Contact		
N		Jeff Feasel, President/CEO		Eric M. Pe	eburn, Chief Finan	cial Officer	
H E R		Mailing Address : 303 N Clyde Morris Blvd		Physical A 303 N Cly	Address : vde Morris Blvd		
E		City, State, Zip:		Phone Nu	ne Number : Fax Number :		
					5-4568 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:

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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.

PENEUMENT OF REVENUE

Year: 2017				County:	/: VOLUSIA				
Principal Authority: HALIFAX HOSPITAL					Taxing Authority: HALIFAX HOSPITAL				
Community Redevelopment Area :				Base Year:					
Ormond Beach				1984					
SECTION I: COMPLETED BY PROPERTY APPRAISER									
1.	Current year taxable value in the tax increment area				\$ 152,011,927 (1)				
2.	Base year taxable value in the tax increment area				\$ 45,486,221		(2)		
3.	3. Current year tax increment value (Line 1 minus Line 2)					\$ 106,525,706 (3)			
4.	Prior year Final taxable value in the tax increment area					\$ 143,004,846 (4)			
5.	Prior year tax increment value (Line 4 minus Line 2)				\$ 97,518,625 (5)				
	ICN	Property Appraiser Certification	I certify	the taxable	e values ab	values above are correct to the best of my knowledge.			
SIGN HERE		Signature of Property Appraiser:		Date :					
		Electronically Certified by Property Appraise		6/26/2017 10:30 AM					
SECTION 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 specific proportion of the tax increment value:									
6a. Enter the proportion on which the payment is based.							0.00 %	(6a)	
6b.		icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter ze		ia)	\$ 0 (6b)				
6c. Amount of payment to redevelopment trust fund in prior year						\$	0	(6c)	
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:									
7a. Amount of payment to redevelopment trust fund in prior year						\$	0	(7a)	
7b.	7b. Prior year operating millage levy from Form DR-420, Line 10					0.0000	per \$1,000	(7b)	
7c.	7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)				\$		0	(7c)	
7d.	Prior year payment as proportion of taxes levied on increment (<i>Line 7a divided by Line 7c, multiplied by 100</i>)				value		0.00 %	(7d)	
7e.	Dedicated increment value (Line 3 multiplied by the percentage If value is zero or less than zero, then enter zero on Line 7			ge on Line 7 e 7e	e 7d) \$ 0 (7e		(7e)		
Taxing Authority Certification I certify the calculations, millages and rates are correct to the best							to the best of my knowle	edge.	
S I G		Signature of Chief Administrative Officer:			Date:				
		Title:		Contact Name and Contact Title :					
	N	Jeff Feasel, President/CEO			Eric M. Peburn, Chief Financial Officer				
H E		Mailing Address :			Physical Address :				
1	R	303 N Clyde Morris Blvd			303 N Clyde Morris Blvd				
	E	City, State, Zip :			Phone Nu	mber :	ber: Fax Number:		
		Daytona Beach, FL 32114			386-425-4568		386-425-4575		
									

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