UNIVERSITY PARK RECREATION DISTRICT RESIDENCY AFFIDAVIT

Before me, the undersigned authority, personally appeared, _____ (the "Affiant"), who being by me first duly sworn, deposes and says:

1. The Affiant is a resident of the University Park Recreation District (the "District") at the time of execution of this Affidavit.

2. The Affiant has been a resident of the District for at least one hundred eighty-three (183) days of the three hundred sixty-five (365) day period immediately preceding the execution hereof.

3. All of the statements in this Affidavit are true and correct, and within the personal knowledge of Affiant.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this Affidavit and that making a false affidavit, or knowingly swearing or affirming falsely to any matter or thing required under Chapter 322, Florida Statutes, including but not limited to residency status, constitutes perjury and shall be punished accordingly.

I further understand that knowingly making a false statement to a public servant in the performance of his or her official duty constitutes perjury, the punishment for which includes fines and/or imprisonment as set forth in Sections 837.06 and 837.012, Florida Statutes.

By:_____

[insert affiant name]

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of □ physical presence or □ online notarization, this ____ day of _____, 2025, by _____,

□ who is personally known to me,

□ who has produced _____ as identification, and who has acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

My Commission Expires:

_____ Signature

_____ Print Name

NOTARY PUBLIC - STATE OF FLORIDA