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PREPARED BY AND RETURN TO:

Lynn Solomon, Esq.  
CITY OF FORT LAUDERDALE  
100 N. Andrews Ave  
Fort Lauderdale, FL 33301

**SATISFACTION OF MORTGAGE**

KNOW ALL MEN BY THESE PRESENTS, that the CITY OF FORT LAUDERDALE, a Florida municipal corporation (hereinafter "Mortgagee"), the holder of a City of Fort Lauderdale Housing Improvement Program 2nd Mortgage (Residential Rehabilitation) and Promissory Note given by Pauline Lewis, a single woman, (hereinafter "Mortgagor"), dated March 31, 2000, and recorded April 19, 2000, at Official Records Book 30432 Page 443 of the Public Records of Broward County, Florida, given to secure the sum of **Twenty Four Thousand Five Hundred Seventy Nine and 81/100 (\$24,579.81)** on the following described properties, situated, lying and being in Broward County, Florida.

Lot 7 in Block 1 of CARVER PARK, according to the Plat thereof, recorded in Plat Book 19 at Page 21 of the Public Records of Broward County, Florida.

Property Address: 723 NW 15<sup>th</sup> Way  
Fort Lauderdale, Florida, 33312

Mortgagee has received full performance of all obligations under said Mortgage and does hereby acknowledge satisfaction and discharge of said Mortgage and hereby directs cancellation of same of record.

Pursuant to Resolution No. 17-282 adopted by the City Commission of the City of Fort Lauderdale, Lee R. Feldman, City Manager, is authorized to execute this Satisfaction of Mortgage on behalf of the City of Fort Lauderdale, Florida.

IN WITNESS WHEREOF, the CITY OF FORT LAUDERDALE has caused this instrument to be fully executed on this 17<sup>th</sup> day of April, 2018.

Satisfaction of Mortgage  
City of Fort Lauderdale – Pauline Lewis

WITNESSES:

Gina Rizzuti Smith  
Gina Rizzuti Smith

Witness name – printed or typed

H. Skowholoe

Katerina Skowdricki

Witness name – printed or typed

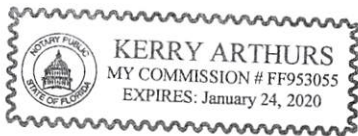
Lee R. Feldman

Lee R. Feldman, City Manager

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of April, 2018, by Lee R. Feldman, City Manager of the City of Fort Lauderdale, a Florida municipal corporation. He is personally known to me and did not take an oath.

(SEAL)



[Signature]  
Notary Public, State of Florida Signature of  
Notary taking Acknowledgment)

Kerry ARTHURS

Name of Notary Typed,  
Printed or Stamped

My Commission Expires:

\_\_\_\_\_  
Commission Number

Approved as to form:  
Alain E. Boileau, Interim City Attorney

[Signature]  
Lynn Solomon, Assistant City Attorney



COMMISSION AGENDA ITEM  
DOCUMENT ROUTING FORM

1④⑥  
4/19/18

Today's Date: 4/17/2018

DOCUMENT TITLE: Satisfaction of Mortgage – Pauline Lewis

COMM. MTG. DATE: 12/19/2017 CAM #: 17-1463 ITEM #: CR-2 CAM attached: ☒ YES ☐ NO

Routing Origin: CAO Router Name/Ext: Shaniece Louis / Ext. 5036

CIP FUNDED: ☐ YES ☐ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.

2) City Attorney's Office # of originals attached: 1 Approved as to Form: ☒ YES ☐ NO

Date to CCO: 4/17/18 LS  
Initials

3) City Clerk's Office: # of originals: 1 Routed to: Gina Ri/CMO/X5013 Date: 4/17/18

4) City Manager's Office: CMO LOG #: Apr 15 Date received from CCO: \_\_\_\_\_

Assigned to: L. FELDMAN ☒ S. HAWTHORNE ☐ C. LAGERBLOOM ☐  
L. FELDMAN as CRA Executive Director ☐

☐ APPROVED FOR LEE FELDMAN'S SIGNATURE ☐ N/A FOR L. FELDMAN TO SIGN

PER ACM: S. HAWTHORNE (Initial/Date) C. LAGERBLOOM  
(Initial/Date) ☐ PENDING APPROVAL (See comments below)

Comments/Questions: \_\_\_\_\_

Forward 1 originals to ☐ Mayor ☒ CCO Date: 4/18/18

5) Mayor/CRA Chairman: Please sign as indicated. Forward \_\_\_\_\_ originals to CCO for attestation/City seal (as applicable) Date: \_\_\_\_\_

**INSTRUCTIONS TO CLERK'S OFFICE**

City Clerk: Retains 0 original and forwards 1 original(s) to: Claudia Goncalves/ HCD/ Ext. 6024 (Name/Dept/Ext) **\*\*the original will be returned once recorded\*\***

Attach \_\_\_\_\_ certified Reso # \_\_\_\_\_ ☐ YES ☐ NO Original Route form to CAO

**\*\*please email an executed copy to Shaniece Louis \*\*\***