

Date: 8/27/24
Name: MONICA R. RILEY OF: SONESTA WALK H.O.A.
Address: 928 E. NEW HAVEN AVE
City/State/Zip: MELBOURNE, FL. 32901



To: Chief of Police
Melbourne Police Department
650 N Apollo Blvd
Melbourne, FL 32935

LETTER OF TRESPASS AUTHORITY
POSTED LAND, STRUCTURE,
CONVEYANCE, OR OTHER PROPERTY

Dear Chief of Police:

Pursuant to Sections 810.08 and/or 810.09, Florida Statutes, I hereby provide written authority for any Police Officer of the Melbourne Police Department to communicate an order to depart the property described below to any and all trespassers in the case of a threat to public safety or welfare. I understand that trespassers who defy an order to leave or depart the property communicated by a Police Officer may be arrested for the criminal offense of Trespass. I understand my appearance and cooperation at trial and/or criminal proceedings may be required.

I am notifying you and all Police Officers of the Melbourne Police Department that the below described posted land is properly posted as defined by Section 810.011(5)(a), Florida Statutes. Trespassers found on said property may be arrested for the criminal offense of Trespass on Enclosed or Posted Land, Pursuant to Section 810.12, Florida statutes. I understand my appearance and cooperation at trial and/or other criminal proceedings may be required.

Type of Property: (indicate which by "X" include address or location)

Posted Land Structure Conveyance Other Property

Description/Address: (Attach legal description, if available) 1224 LUMINARY CIRCLE MEL. FL. 32901
PARCEL I.D. # 28-37-21-26-X-K VACANT LAND.

I am the Owner, Lessee, Owner's/Lessee's Agent for the Structure, Conveyance, Land, or Other Property described above.

VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Letter of Authority and Notification and that the facts stated in it are true.

x Monica Riley
Declarant's Signature

x Monica Riley
Declarant's Printed Name

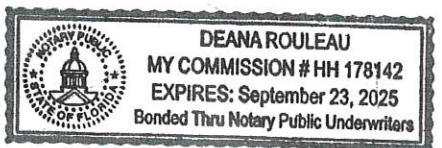
x 941-223-6605
Declarant's Phone Number

State of Florida
County of Brevard
Sworn to and subscribed before me this 27 day
of AUGUST, 2024 by MONICA RILEY
who is personally known to me or who has produced
DL# _____ as identification.

Officer Identification/Verification
[Signature]
Signature of Officer:
OFF. MARK E. LANG 434
(Print Name/ID#)

Deana Rouleau
NOTARY PUBLIC

Date: 8/27/24



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Name: Monica Riley, off. SONESTA WALK H.O. A
Address: 928 E. NEW HAVEN AVE
City/State/Zip: MELBOURNE, FL 32901



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Type of Property: (indicate which by "X" include address or location)

Posted Land Structure Conveyance Other Property

Description/Address: (Attach legal description, if available) 930 LUMINARY CIRCLE MEL. FL. 32901

PARCEL I.D. #28-37-21-25-X-D TENNIS COURTS

I am the Owner, Lessee, Owner's/Lessee's Agent for the Structure, Conveyance, Land, or Other Property described above.

VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Letter of Authority and Notification and that the facts stated in it are true.

Monica Riley
Declarant's Signature

Monica Riley
Declarant's Printed Name

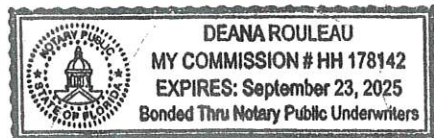
941-223-6605
Declarant's Phone Number

State of Florida
County of Brevard
Sworn to and subscribed before me this 27 day
of August, 20 24 by Monica Riley
who is personally known to me or who has produced
DL# _____ as identification.

Officer Identification/Verification
[Signature]
Signature of Officer:
off. Mark E. Lang 434
(Print Name/ID#)

Deana Rouleau
NOTARY PUBLIC

Date: 8/27/24



Date: 8/27/24
Name: MONICA RILEY OF: SOWESTA WALK HOA
Address: 928 E NEW HAVEN AVE
City/State/Zip: MELBOURNE, FL 32901



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Melbourne Police Department
650 N Apollo Blvd
Melbourne, FL 32935

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Type of Property: (indicate which by "X" include address or location)

Posted Land Structure Conveyance Other Property

Description/Address: (Attach legal description, if available) 734 LUMINARY CIRCLE MEL. FL. 32901
PARCEL F.D. # 28-37-21-25 -A CLUB HOUSE, POOL AREA, PLAY GROUND & PARKING LOT

I am the Owner, Lessee, Owner's/Lessee's Agent for the Structure, Conveyance, Land, or Other Property described above.

VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Letter of Authority and Notification and that the facts stated in it are true.

Monica Riley
Declarant's Signature

Monica Riley
Declarant's Printed Name

941-223-6605
Declarant's Phone Number

State of Florida
County of Brevard

Sworn to and subscribed before me this 27 day
of August, 20 24 by Monica Riley
who is personally known to me or who has produced
DL# _____ as identification.

Officer Identification/Verification

Off. Mark E. Lang 434
Signature of Officer:

Off. MARK E. LANG 434
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Date: 8/27/24

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