

**Fill in this information to identify the case:**

Debtor 1 Ingersoll Financial, LLC

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida  
 (State)

Case number: 6:17-bk-07077-KSJ

**FILED**  
 U.S. Bankruptcy Court  
 Middle District of FL  
 3/29/2018  
 Sheryl L. Loesch, Clerk

**Official Form 410  
 Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>																			
<u>South Bay Homeowners' Association, Inc.</u>																			
Name of the current creditor (the person or entity to be paid for this claim)																			
Other names the creditor used with the debtor _____																			
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____																		
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>																		
	<b>Where should payments to the creditor be sent? (if different)</b>																		
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0"> <tr> <td>Name</td> <td><u>South Bay Homeowners' Association, Inc.</u></td> </tr> <tr> <td>Patryk Ozim</td> <td>Name</td> </tr> <tr> <td>213 South Dillard Street, Suite 210</td> <td><u>South Bay Homeowners' Association, Inc.</u></td> </tr> <tr> <td>Winter Garden, FL 34787</td> <td><u>c/o Business Development Partners</u></td> </tr> <tr> <td>Contact phone <u>407-377-0890</u></td> <td><u>5036 Dr. Philips Blvd., Suite 294</u></td> </tr> <tr> <td>Contact email <u>pozim@martellandozim.com</u></td> <td><u>Orlando, FL 32819</u></td> </tr> <tr> <td></td> <td>Contact phone _____</td> </tr> <tr> <td></td> <td>Contact email _____</td> </tr> <tr> <td></td> <td>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Name	<u>South Bay Homeowners' Association, Inc.</u>	Patryk Ozim	Name	213 South Dillard Street, Suite 210	<u>South Bay Homeowners' Association, Inc.</u>	Winter Garden, FL 34787	<u>c/o Business Development Partners</u>	Contact phone <u>407-377-0890</u>	<u>5036 Dr. Philips Blvd., Suite 294</u>	Contact email <u>pozim@martellandozim.com</u>	<u>Orlando, FL 32819</u>		Contact phone _____		Contact email _____		Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
Name	<u>South Bay Homeowners' Association, Inc.</u>																		
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	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____																		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY																		
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____																		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ 4234.00 <b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.  Unpaid Association Assessments
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input checked="" type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>Unpaid Association Assessments</u>  <b>Basis for perfection:</b> <u>Declaration of Covenants and Restrictions for South Bay</u>  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ <u>555641.00</u>  <b>Amount of the claim that is secured:</b> \$ <u>4234.00</u>  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>4234.00</u>  <b>Annual Interest Rate</b> (when case was filed) <u>18</u> %  <input checked="" type="radio"/> Fixed <input type="radio"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

<p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.</b></p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>3/29/2018</u></p> <p style="text-align: center; font-size: small;">MM / DD / YYYY</p> <p><u>Patryk Ozim</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Patryk Ozim</u></p> <p style="text-align: center; font-size: small;">First name Middle name Last name</p> <p>Title <u>Attorney at Law</u></p> <p>Company <u>Martell &amp; Ozim, P.A.</u></p> <p>Address <u>213 South Dillard Street, Suite 210</u></p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;">Winter Garden, FL 34787</p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>407-377-0890</u> Email <u>pozim@martellandozim.com</u></p>
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**Fill in this information to identify the case:**

Debtor 1 Ingersoll Financial, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida

Case number 6:17-bk-07077

Official Form 410

**Proof of Claim**

12/15

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? South Bay Homeowners' Association, Inc.  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Patryk Ozim, Esq.</u> Name</p> <p><u>213 South Dillard Street, Suite 210</u> Number Street</p> <p><u>Winter Gareden FL 34787</u> City State ZIP Code</p> <p>Contact phone <u>407-377-0890</u></p> <p>Contact email <u>pozim@martellandozim.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>South Bay Homeowners' Association, Inc.</u> Name</p> <p><u>5036 Dr. Philips Blvd., Suite 294</u> Number Street</p> <p><u>Orlando FL 32819</u> City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

---

7. How much is the claim? \$ 4,234.00. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as health care information.  
Unpaid Association Assessments

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9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: Unpaid Association Assessments

**Basis for perfection:** Declaration of Covenants and Restrictions for South Bay  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 555,641.00  
 Amount of the claim that is secured: \$ 4,234.00  
 Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ 4,234.00

Annual Interest Rate (when case was filed) 18.00 %  
 Fixed  
 Variable

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10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

---

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?  No  Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
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<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
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<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

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If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

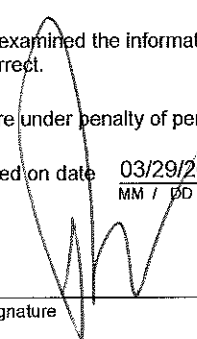
I am the creditor.  
 I am the creditor's attorney or authorized agent.  
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/29/2018  
MM / DD / YYYY

  
 \_\_\_\_\_  
 Signature

Print the name of the person who is completing and signing this claim:

Name Patryk Ozim  
First name Middle name Last name

Title Attorney at Law

Company Martell & Ozim, P.A.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 213 South Dillard Street, Suite 210  
Number Street

Winter Garden FL 34787  
City State ZIP Code

Contact phone 407-377-0890 Email pozim@martellandozim.com



Property Record Card for 282327815000880



# Property Record - 27-23-28-8150-00-880

Orange County Property Appraiser • <http://www.ocpaf1.org>

## Property Summary

**Property Name**  
9102 South Bay Dr  
**Names**  
Ingersoll Financial LLC  
**Municipality**  
ORG - Un-Incorporated  
**Property Use**  
0103 - Single Fam Class III

**Mailing Address**  
1714 Conway Isle Cir  
Belle Isle, FL 32809-3500  
**Physical Address**  
9102 South Bay Dr  
Orlando, FL 32819



QR Code For Mobile Phone



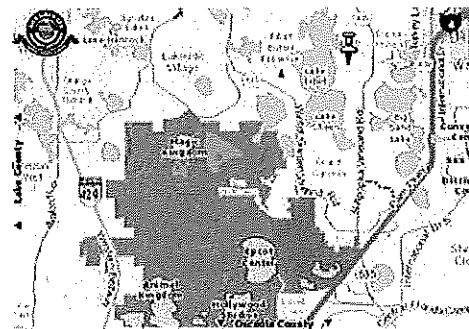
9102 SOUTH BAY DR, ORLANDO, FL 32819 9/4/2015 11:30 AM



9102 SOUTH BAY DR 03/28/2014



282327815000880 05/02/2006



## Value and Taxes

### Historical Value and Tax Benefits

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2017 <input checked="" type="checkbox"/> MKT	\$160,000	+ \$383,641	+ \$12,000 =	\$555,641 (1.8%)	\$555,641 (1.8%)
2016 <input checked="" type="checkbox"/> MKT	\$160,000	+ \$373,216	+ \$12,500 =	\$545,716 (-7.1%)	\$545,716 (-7.1%)
2015 <input checked="" type="checkbox"/> MKT	\$140,000	+ \$434,256	+ \$13,000 =	\$587,256 (16%)	\$587,256 (16%)

Print Time: 3/29/2018 11:55 AM

Report URL:

<http://www.ocpaf1.org/Searches/ParcelInfoPrinterFriendly.aspx/PFSSettings/AA1AB1AD0AE0BA1BB1BC1BC0BE0CA1CD1CB1CC1CE1DA1DB1EA1EB1EC1ED1EE1EG1EH1E1MA1ZA1/PDF/False/PID/282327815000880/>



Property Record Card for 282327815000880



2014  MKT \$125,000 + \$375,705 + \$6,200 = \$506,905 \$506,905

2017 Taxable Value and Certified Taxes

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes	%
Public Schools: By State Law (Rle)	\$555,641	\$0	\$555,641	4.2220 (-7.47%)	\$2,345.92	25 %
Public Schools: By Local Board	\$555,641	\$0	\$555,641	3.2480 (0.00%)	\$1,804.72	19 %
Orange County (General)	\$555,641	\$0	\$555,641	4.4347 (0.00%)	\$2,464.10	26 %
Unincorporated County Fire	\$555,641	\$0	\$555,641	2.2437 (0.00%)	\$1,246.69	13 %
Unincorporated Taxing District	\$555,641	\$0	\$555,641	1.8043 (0.00%)	\$1,002.54	11 %
Library - Operating Budget	\$555,641	\$0	\$555,641	0.3748 (0.00%)	\$208.25	2 %
South Florida Water Management District	\$555,641	\$0	\$555,641	0.1275 (-6.18%)	\$70.84	1 %
South Florida Wmd Okeechobee Basin	\$555,641	\$0	\$555,641	0.1384 (-6.30%)	\$76.90	1 %
South Florida Wmd Everglades Const	\$555,641	\$0	\$555,641	0.0441 (-6.37%)	\$24.50	0 %
Wind Wtr & Nav Cntrl Dist	\$555,641	\$0	\$555,641	0.2528 (0.00%)	\$140.47	1 %
				16.8903	\$9,384.93	

2017 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
COUNTY SPECIAL ASSESSMENT	STREET LIGHTS - STREET LIGHTS - (407)836-5770	1.00	\$143.81	\$143.81
COUNTY SPECIAL ASSESSMENT	GRANADA COMMONS - COMMON AREA MAINT - (407)836-5770	1.00	\$100.00	\$100.00
COUNTY SPECIAL ASSESSMENT	WASTE PRO - GARBAGE - (407)836-6601	1.00	\$220.00	\$220.00
				\$463.81

Property Features

Property Description

SOUTH BAY SECTION 2 11/30 LOT 88

Total Land Area

21,001 sqft (+/-) | 0.48 acres (+/-) GIS Calculated

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	P-D	1 LOT(S)	working...	working...	working...	working...

Buildings

Model Code	Type Code	Building Value	Estimated New Cost	Actual Year Built	Beds	Baths	Floors	Gross Area	Living Area	Exterior Wall	Interior Wall	Subarea Description	Sqft	Value
01 - Single Fam Residence	0103 - Single Fam Class III	working...	working...	1986	5	6.0	2	7197 sqft	5092 sqft	Com.Brick	Drywall	BAS - Base Area	2451	working...
												FGR - Fin Garage	650	working...
												FOP - F/Opn Prch	720	working...
												FST - Fin Storge	175	working...
												FUS - F/Up Story	2641	working...
												PTO - Patio	560	working...

Property Record Card for 282327815000880



## Extra Features

Description	Date Built	Units	Unit Price	XFOB Value
PL2 - Above Average Pool	01/01/1990	1 Unit(s)	working...	working...

## Sales

## Sales History

Sale Date	Sale Amount	Instrument # Book/Page	Deed Code	Seller(s)	Buyer(s)	Vac/Imp
07/28/2015	\$549,900	20150397152 10959 / 8477	Special Warranty	Blue Label Holdings I LLC	Ingersoll Financial LLC	Improved
07/20/2015	\$539,600	20150397141 10959 / 8463	Special Warranty	Us Bank National Assn Trustee	Blue Label Holdings I LLC	Improved
02/16/2015	\$247,100	20150218270 10912 / 2692	Certificate of Title	Hoffmann Teodoro	Us Bank National Assn Trustee	Improved
07/28/2014	\$100	20140376272 10780 / 7680	Quitclaim Deed	Global Business Serv Worldwide Inc	Hoffmann Teodoro	Improved
01/08/2014	\$30,000	20140012669 10687 / 1223	Quitclaim Deed	Hoffmann Teodoro	Global Business Serv Worldwide Inc	Improved
11/28/2006	\$949,000	20070019687 09056 / 0939	Warranty Deed	Maredia Hasanbhai Maredia Remben	Hoffmann Teodoro	Improved
08/20/2001	\$100	20010422523 06350 / 2062	Quitclaim Deed	Maredia Hasanbhai	Maredia Hasanbhai Maredia Remben	Improved
06/19/1998	\$430,000	19980256129 05513 / 3470	Warranty Deed	Amarsi Farhad M Amarsi Laila J	Maredia Hasanbhai	Improved
06/24/1997	\$100	19970266472 05296 / 4386	Quitclaim Deed	Amarsi Farhad M Amarsi Laila J Amarsi Mubarek M	Amarsi Farhad M Amarsi Laila J	Improved
12/01/1985	\$60,000	19862450799 03737 / 1740	Warranty Deed			Vacant

## Similar Sales

Address	Sale Date	Sale Amount	\$/SQFT	Deed Code	Beds/Baths	Instrument #	Book/Page
9114 South Bay Dr	03/02/2018	\$875,000	\$177	Warranty Deed	4/4	20180157887	/
9000 South Bay Dr	02/13/2018	\$250,000	\$69	Warranty Deed	4/4	20180093766	/
8804 South Bay Dr	01/31/2018	\$450,000	\$116	Warranty Deed	4/4	20180067521	/
9339 Cypress Cove Dr	06/26/2017	\$500,000	\$123	Warranty Deed	4/4	20170362661	/

## Services for Location

## TPP Accounts At Location

Account	Market Value	Taxable Value	Business Name(s)	Business Address
There are no TPP Accounts associated with this parcel.				

## Schools

## Southwest (Middle School)

Principal Raymond Yockel  
 Office Phone 407-370-7200  
 Grades 2016: B | 2015: A | 2014: A

## Dr Phillips (Elementary)

Principal Tiffany Smid  
 Office Phone 407-354-2600  
 Grades 2016: A | 2015: A | 2014: A

Print Time: 3/29/2018 11:55 AM

Report URL:

<http://www.ocpafl.org/Searches/ParcelInfoPrinterFriendly.aspx/PFSettings/AA1AB1AD0AE0BA1BB1BC1BD0BE0CA1CD1CB1CC1CE1DA1DB1EA1EB1EC1ED1EE1EG1EH1EH1MA1ZA1/PDF/False/PID/282327815000880/>



**Property Record Card for 282327815000880**

Dr Phillips (High School)

Principal Suzanne Michelle Knight  
 Office Phone 407-355-3200  
 Grades 2016: B | 2015: A | 2014: A

**Community/Neighborhood Association**

Name South Bay Homeowners' Association, Inc.  
 Gated? No  
 Number Of Households 207

**Utilities/Services**

Electric Duke Energy  
 Water Orlando Utilities Commission  
 Recycling (Tuesday) Orange County  
 Trash (Tuesday) Orange County  
 Yard Waste (Wednesday) Orange County

**Elected Officials**

State Senate Victor M. Torres, Jr.  
 US Representative Val Demings  
 School Board Representative Pam Gould  
 State Representative Eric Eisnaugle  
 County Commissioner Betsy VanderLey  
 Orange County Property Appraiser Rick Singh

**Nearby Amenities (1 mile radius)**

Banks & Financial Institutions 2  
 Grocery Store 1  
 Restaurants 1

**Market Stats**

**Sales Within Last 1 Year**

South Bay Sec 2

	Sales Within Last 6 Months				Sales Between 6 Months To One Year			
	Count	Median	Average	Volume	Count	Median	Average	Volume
Single Family Residential	3	\$450,000 (\$116/SqFt)	\$525,000 (\$121/SqFt)	\$1,575,000	1	\$500,000 (\$123/SqFt)	\$500,000 (\$123/SqFt)	\$500,000

South Bay (All Phases)

	Sales Within Last 6 Months				Sales Between 6 Months To One Year			
	Count	Median	Average	Volume	Count	Median	Average	Volume
Single Family Residential	11	\$565,000 (\$166/SqFt)	\$567,445 (\$162/SqFt)	\$6,241,900	8	\$504,500 (\$163/SqFt)	\$517,550 (\$147/SqFt)	\$4,140,400

Property Record Card for 282327815000880



# Middle District of Florida Claims Register

[6:17-bk-07077-KSJ Ingersoll Financial, LLC](#)

**Judge:** Karen S. Jennemann      **Chapter:** 11  
**Office:** Orlando      **Last Date to file claims:** 02/26/2018  
**Trustee:**      **Last Date to file (Govt):**

<p><i>Creditor:</i> (27468058)          South Bay Homeowners'          Association, Inc.          Patryk          Ozim          213 South Dillard Street, Suite          210          Winter Garden, FL 34787</p>	<p><b>Claim No: 21</b>  <i>Original Filed</i>  <i>Date:</i> 03/29/2018  <i>Original Entered</i>  <i>Date:</i> 03/29/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Auto-Claim Filer  <i>Modified:</i></p>
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Amount claimed: \$4234.00  
 Secured claimed: \$4234.00

*History:*

[Details](#) [21-1](#) 03/29/2018 Claim #21 filed by South Bay Homeowners' Association, Inc., Amount claimed: \$4234.00 (Auto-Claim Filer)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Ingersoll Financial, LLC  
**Case Number:** 6:17-bk-07077-KSJ  
**Chapter:** 11  
**Date Filed:** 11/07/2017  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$4234.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>	\$4234.00	
<b>Priority</b>		
<b>Administrative</b>		