

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF GREENWAYS AND TRAILS**

**MANAGEMENT CERTIFICATE
FOR DESIGNATION OF LANDS OR WATERWAYS AS PART OF THE
FLORIDA GREENWAYS AND TRAILS SYSTEM**

TO: Office of Greenways and Trails
Department of Environmental Protection
3900 Commonwealth Blvd., Mail Station 795
Tallahassee, FL 32399-3000

RE: _____
Name of Project

Address or Location of Project

FROM: _____
Name of Managing Entity

Name of Contact/Representative

Address of Managing Entity

City, State and Zip Code

() _____ () _____
Telephone Number Facsimile Number

Name of Owner of Property Proposed for Designation**

Address of Owner of Property Proposed for Designation

City, State and Zip Code

() _____ () _____
Telephone Number Facsimile Number

** Attach additional sheet(s) if more than one owner

The undersigned Managing Entity hereby ratifies and confirms:

- (1) That it is willing to manage the Project following its designation by the Department of Environmental Protection as part of the Florida Greenways and Trails System;
- (2) That management of the project will be based on and proceed in accordance with the terms and conditions of the following:
 - (a) Existing leases, subleases, management plans, licenses, easements or other agreements or encumbrances previously executed and currently in effect for any portion of the lands or waterways located within the Project; and
 - (b) A designation agreement to be negotiated among and executed by the undersigned Managing Entity, the Owner(s) of the lands or waterways proposed for designation and the Secretary of the Department of Environmental Protection, which designation agreement shall be subordinate to any existing leases, agreements or other encumbrances described in paragraph (a) above.
- (3) That in the event the undersigned ceases to be the Managing Entity of the Project or if the aforementioned designation agreement is amended, rescinded or otherwise terminated for any reason, the undersigned will notify the Department's Office of Greenways and Trails within five (5) business days following the occurrence of any such event.

IN WITNESS WHEREOF, the undersigned has caused this instrument to be signed as of the date set forth below.

MANAGING ENTITY

[Print Name of Managing Entity]

By: _____

Print Name: _____

Title: _____

Date: _____