



VILLAGE OF PINECREST
DEPARTMENT OF BUILDING & PLANNING
12645 Pinecrest Parkway | Pinecrest, Florida 33156
t 305 234 2121 | f 305 234 2133



RESTRICTIVE COVENANTS

PROTECTIVE POOL ENCLOSURE

PREPARED BY: Ohad Vilevsky

DECLARATION OF RESTRICTIVE COVENANT

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, the

undersigned RONALDO FLZ LLC is/are the fee simple owner(s) of the following described property situate and being in the Village of Pinecrest, Florida:

Lot(s) 3 Block 9 of DEVONWOOD 1ST ADDN (Subdivision),
A.K.A. (address) _____

according to the plat thereof, as recorded in Plat Book _____ Page _____ of the Public Records of Dade County, Florida, and

Whereas, the undersigned owner(s) _____ desire to utilize said Lot(s) as a single building site, and the undersigned owner(s) do (es) hereby declare and agree as follows:

1. That the property will not be used in violation of any ordinances of the Village of Pinecrest or Dade County now in effect or hereinafter enacted.
2. That the purpose of this covenant is to induce the Village of Pinecrest to issue a permit for a pool where the required enclosure is not on the subject property where the pool is located.
3. That if any of our adjoining neighbors remove any portion of their fence or wall, or if our/our property shall fail to meet code requirements for pool barriers, we, as owners will immediately install a protective enclosure to meet code requirements and will obtain a permit for such fence.
4. That we, as owners, hold the Village harmless for any negligence or injury that results from not having the enclosure.

FURTHER, the undersigned declare(s) that this covenant is intended and shall constitute a restrictive covenant concerning the use, enjoyment and title to the above property and shall constitute a covenant running with the land and shall be binding upon the undersigned, his/her successors and assigns and may only be released by the Village of Pinecrest, or its successors, in accordance of said Village then in effect.

IN WITNESS WHEREOF, the undersigned has/have caused _____ hand(s) and (seal(s)) to be affixed hereto on this 17 day of October, 20 25.

WITNESS(ES)

William Lopez
Signature and Print

OWNER(S)

Signature and Print

Signature and Print

RONALDO FLZ LLC
(by: Ohad Vilevsky)
Manager

Signature and Print

STATE OF FLORIDA):

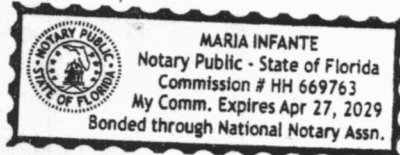
COUNTY OF DADE):

I HEREBY CERTIFY that on this day personally appeared before me Ohad Vilevsky who is personally known to me or has produced _____ (type of identification) as identification and he/she acknowledge that he/she executed the foregoing, freely and voluntarily, for purposes there in expressed.

SWORN TO AND SUBSCRIBED before me on this 17 day of October, 20 25.

MY commission expires: April 27, 2029

Form revised February 2006



NOTARY PUBLIC STATE OF FLORIDA