

RESOLUTION NO. 24-07-64

A RESOLUTION OF THE VILLAGE COUNCIL OF ISLAMORADA, VILLAGE OF ISLANDS, FLORIDA, DETERMINING THE PROPOSED MILLAGE RATE FOR FISCAL YEAR 2024-2025; ESTABLISHING THE CURRENT YEAR ROLLED-BACK RATE, AND THE DATE, TIME AND PLACE FOR THE FIRST AND SECOND BUDGET HEARINGS AS REQUIRED BY STATE LAW; DIRECTING THE FINANCE DIRECTOR AND VILLAGE MANAGER TO PROPERLY FILE THE CERTIFICATION OF TAXABLE VALUE VIA E-TRIM; DIRECTING THE VILLAGE CLERK TO TRANSMIT THIS RESOLUTION TO THE MONROE COUNTY PROPERTY APPRAISER PURSUANT TO THE REQUIREMENTS OF FLORIDA STATUTES AND THE RULES AND REGULATIONS OF THE DEPARTMENT OF REVENUE OF THE STATE OF FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, on June 28, 2024, the Honorable Scott P. Russell, CFA, Property Appraiser of Monroe County, Florida, served upon Islamorada, Village of Islands (the "Village"), a "Certification of Taxable Value" certifying to the Village its 2024 taxable value; and

WHEREAS, the Village Council of Islamorada, Village of Islands (the "Village Council") has reviewed the taxable value supplied by the Monroe County Property Appraiser in accordance with Section 200.065, Florida Statutes, et seq; and

Section 1. Recitals. The above recitals are true and correct and incorporated into this Resolution by this reference.

Section 2. Proposed Millage. The proposed millage rate for FY 2024-2025 is declared to be 3.00 mills, which is \$3.000 per \$1,000.00 of assessed property value within Islamorada, Village of Islands.

Section 3. Rolled Back Rate. The current year rolled-back millage rate computed pursuant to Section 200.065, Florida Statutes, is 2.5297 mills, which is \$2.53 per \$1,000.00 of assessed property value within Islamorada, Village of Islands.

Section 4. Schedule of Budget Hearings. That the date, time and place of the first and second (final) public budget hearings are set by the Village Council as follows:

First Public Budget Hearing

Date: **September 5, 2024**

Time: 5:00 p.m.

Place: Founders Park Community Center
87000 Overseas Highway, Islamorada, FL 33036

Second Public Budget Hearing Date:

September 17, 2024

Time: 5:00 p.m.

Place: Founders Park Community Center
87000 Overseas Highway, Islamorada, FL 33036

Section 5. Effective Date. This Resolution shall be effective immediately upon adoption.

PASSED AND ADOPTED this 9th of July 2024 at 8:29 PM.

Motion to adopt by Henry Rosenthal, seconded by Sharon Mahoney.

FINAL VOTE AT ADOPTION

ISLAMORADA, VILLAGE OF ISLANDS

Mayor Joseph B. Pinder III Yes

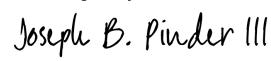
Vice Mayor Sharon Mahoney Yes

Councilman Mark Gregg Yes

Councilwoman Elizabeth Jolin Yes

Councilman Henry Rosenthal Yes

DocuSigned by:


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JOSEPH B. PINDER III, MAYOR

ATTEST:

DocuSigned by:

Marne k. McGrath

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MARNE MCGRATH, VILLAGE CLERK

APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF ISLAMORADA,
VILLAGE OF ISLANDS:

DocuSigned by:



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JOHN J. QUICK, INTERIM VILLAGE ATTORNEY



[Reset Form](#)[Print Form](#)

DR-420

R. 5/12

Rule 12D-16.002

Florida Administrative Code

Effective 11/12

CERTIFICATION OF TAXABLE VALUE

Year: 2024	County: Monroe
Principal Authority : Village of Islamorada Village Of Islands	Taxing Authority : Village of Islamorada Village Of Islands - Operating

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$ 6,438,165,872	(1)
2.	Current year taxable value of personal property for operating purposes	\$ 73,624,278	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$ 0	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$ 6,511,790,150	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value over 115% of the previous year's value. Subtract deletions.)	\$ 60,991,682	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$ 6,450,798,468	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$ 5,829,817,296	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Number 0	(8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Number 0	(9)
SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser: Electronically Certified by Property Appraiser	Date : 6/28/2024 10:29:52 AM	

SECTION II : COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.

10.	Prior year operating millage levy <i>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</i>	2.7992 per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$ 16,318,825	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <i>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</i>	\$ 0	(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$ 16,318,825	(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$ 0	(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$ 6,450,798,468	(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>	2.5297 per \$1000	(16)
17.	Current year proposed operating millage rate	per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate <i>(Line 17 multiplied by Line 4, divided by 1,000)</i>	\$	(18)

19.	TYPE of principal authority (check one)		<input type="checkbox"/> County	<input type="checkbox"/> Independent Special District	(19)
			<input checked="" type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
20.	Applicable taxing authority (check one)		<input checked="" type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(20)
			<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
21.	Is millage levied in more than one county? (check one)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(21)
DEPENDENT SPECIAL DISTRICTS AND MSTUs				STOP HERE - SIGN AND SUBMIT	
22.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. <i>(The sum of Line 13 from all DR-420 forms)</i>			\$ 16,318,825	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>			2.5297 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>			\$ 16,472,876	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. <i>(The sum of Line 18 from all DR-420 forms)</i>			\$ 0	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>			0.0000 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate <i>(Line 26 divided by Line 23, minus 1, multiplied by 100)</i>			-100.0000 %	(27)
First public budget hearing		Date :	Time :	Place :	
S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.		
	Signature of Chief Administrative Officer:			Date :	
	Title :		Contact Name and Contact Title :		
	Mailing Address :		Physical Address :		
	City, State, Zip :		Phone Number :		Fax Number :