

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Scruhs
Secretary

October 15, 2003

Mr. Joseph A. Zummo
Assistant Director of Engineering
The Registry Resort & Club
475 Seagate Drive
Naples, Florida 34103

Re: Facility No.: 0210074-002

Dear Mr. Zummo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 2003.


Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

FEE Years - 97-2002
SOC - 2
COMPLIANCE Status - IN
(6/5/2001)

Page 14

1.(a) New should be circled under Status for 1992 dry-to-dry machines.

RC should be circled under Control Device Required for 1992 dry-to-dry machines.

Add Date Control Device Installed for 1992 dry-to-dry machines.

Page 15

4. New machines at large area source Refrigerated condenser should be marked.

Note - This Family
Has Multiple Boilers
NOT ASSOCIATED W/
Dry Cleaning Ops

 *The*
REGISTRY.
Resort & Club

475 SEAGATE DRIVE
NAPLES, FLORIDA 34103

JOSEPH ZUMMO

ASSISTANT DIRECTOR OF ENGINEERING

TEL (239) 597-3232 EXT. 5692
CELL (239) 253-9505
FAX (239) 594-6061
E-MAIL jzummo@naplesresort.com
WEB www.registryresort.com

THE BOCA RESORTS COLLECTION

THE REGISTRY RESORT & CLUB

EDGEWATER BEACH HOTEL & CLUB

NAPLES GRANDE GOLF CLUB | GRANDE OAKS GOLF CLUB

BOCA RATON RESORT & CLUB | HYATT REGENCY PIER SIXTY-SIX

RADISSON BAHIA MAR BEACH RESORT

NYSE : RST

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SEP 15 2003

D.E.P. - South District

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

| | | | |
|--|----------------------------|-----------|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | THE REGISTRY RESORT & CLUB | | |
| 2. Site Name (For example, plant name or number): | 475 SEAGATE DRIVE | | |
| 3. Hazardous Waste Generator Identification Number: | | | |
| 4. Facility Location: | | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| NAPLES | COLLIER | 34103 | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) | 0210074-002 | | |

Responsible Official

| | | | |
|--|-------------------|-----------|-----------------------------------|
| 6. Name and Title of Responsible Official: | | | |
| Name: | JOSEPH A. ZUMMO | Title: | ASSISTANT DIRECTOR OF ENGINEERING |
| 7. Responsible Official Mailing Address: | | | |
| Organization/Firm: | 475 SEAGATE DRIVE | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| NAPLES | COLLIER | 34103 | |
| 8. Responsible Official Telephone Number: | | | |
| Telephone: | 239) 253-9505 | Fax: | 239) 594-6061 |

Facility Contact (If different from Responsible Official)

| | | | |
|---|---------|-----------|-----|
| 9. Name and Title of Facility Contact (For example, plant manager): | | | |
| 10. Facility Contact Address: | | | |
| Street Address: | | | |
| City: | County: | Zip Code: | |
| | | | |
| 11. Facility Contact Telephone Number: | | | |
| Telephone: | () | Fax: | () |

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Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|---|---|--|---|
| <u>3-25-92</u> | <input checked="" type="radio"/> Existing <input type="radio"/> New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

see 100-100-100
If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|---|------------------------|--|---|
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

1565 gallons. (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source 156.5
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source 156.5
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input checked="" type="checkbox"/> | |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
 No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 1 0 0

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

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D.E.P. - South District

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are EXPIRED
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

J. A. Zummo
Print name of responsible official

JOSEPH A. ZUMMO
Signature

9-9-03
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459322 JAN 23 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

210074 10
THE REGISTRY RESORT & CLUB
475 Seagate Way
NAPLES, FL 34103

RECEIVED
JAN 25 2006
Bureau of
R. J. ...
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



NAPLES GRANDE
RESORT & CLUB

January 20, 2006

Dear Valued Vendors,

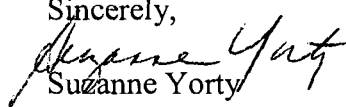
For your contact information file, on January 1, 2006 we officially changed our name. While we still maintain the same ownership, the name change will appear as follows:

| | |
|------------------------------|-----------------------------------|
| From: Lehill Partners LLC | To: Lehill Partners LLC |
| d/b/a Registry Resort & Club | d/b/a Naples Grande Resort & Club |
| 475 Seagate Drive | 475 Seagate Drive |
| Naples, FL 34103-2413 | Naples, FL 34103-2413 |

Our corporate tax id # will remain the same at:
36-4005255

Please let us know if you have any questions regarding this change. Thank you for your help.

Sincerely,


Suzanne Yorty
Staff Accountant

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443907 DEC282004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 210074 10
THE REGISTRY RESORT & CLUB
475 Seagate Way
NAPLES, FL 34103

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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DEC 29 2004
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437035 FEB 27 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

GEORGE WEBB

ID# 210074
JOSEPH ZUMMO
THE REGISTRY RESORT & CLUB
475 SEAGATE DRICW
NAPLES, FL 34103

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQ
Fund: 20-2-035001
Obj.: 002273

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MAR 4 2004

Bureau of Air Mail
& Mobile Services



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

210074
JOSEPH ZUMMO
THE REGISTRY RESORT & CLUB
475 SEAGATE DRICW
NAPLES FL 34103

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EOSSA
Fund: 20-2-035001
Obj.: 002273

Bureau of Air-Monitoring
& Mobile Sources
MAR 4 2004

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| | | | |
|------|------------|--------------|----------|
| DATE | 02/19/2004 | CHECK NUMBER | 00059506 |
|------|------------|--------------|----------|

| INVOICE NUMBER | INVOICE DATE | VOUCHER NUMBER | VOUCHER DUE DATE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|--------------------|--------------|--------------------------------|------------------|--------------|----------------|------------|
| 021304 | 02/13/2004 | VOU00115674 | 02/13/2004 | \$50.00 | | \$50.00 |
| | | 10-68-680-61233 | | \$50.00 | | |
| PRINT BATCH NUMBER | VENDOR CODE | PAY TO NAME | | GROSS TOTAL | DISCOUNT TOTAL | NET TOTAL |
| 1742 | DEPART000003 | DEPARTMENT OF ENVIRONMENTAL PR | | | | \$50.00 |

| | | |
|---|--|------------------------------|
| 7003 2260 0003 5651 1397 | U.S. Postal Service™ | |
| | CERTIFIED MAIL™ RECEIPT | |
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| | OFFICIAL USE | |
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| ID# 210074 | | |
| JOSEPH ZUMMO | | |
| THE REGISTRY RESORT & CLUB | | |
| 475 SEAGATE DRICW | | |
| NAPLES, FL 34103 | | |
| PS Form 3800, June 2002 | | See Reverse for Instructions |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 210074
 JOSEPH ZUMMO
 THE REGISTRY RESORT & CLUB
 475 SEAGATE DRICW
 NAPLES, FL 34103

 2. Article Number
(Transfer from service label)

7003 2260 0003 5651 1397

COMPLETE THIS SECTION ON DELIVERY

 A. Signature
 X Agent
 Addressee

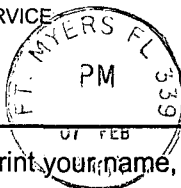
 B. Received by (Printed Name) C. Date of Delivery
 Brian A. Colaw 2-7-09

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

 3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

 4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



ALY

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

