

**RESOLUTION NO. 2008-**

**A RESOLUTION OF THE VILLAGE OF KEY BISCAAYNE, FLORIDA; DETERMINING THE PROPOSED MILLAGE RATE, THE CURRENT YEAR ROLLED-BACK RATE, AND THE DATE, TIME AND PLACE FOR THE FIRST AND SECOND PUBLIC BUDGET HEARINGS AS REQUIRED BY LAW; DIRECTING THE CLERK AND MANAGER TO FILE SAID RESOLUTION WITH THE PROPERTY APPRAISER OF MIAMI-DADE COUNTY PURSUANT TO THE REQUIREMENTS OF FLORIDA STATUTES AND THE RULES AND REGULATIONS OF THE DEPARTMENT OF REVENUE OF THE STATE OF FLORIDA; PROVIDING FOR AN EFFECTIVE DATE.**

WHEREAS, on July 1, 2008 the Honorable Marcus Saiz de la Mora, Property Appraiser of Miami-Dade County, Florida, served upon the Village of Key Biscayne, A "Certification of Taxable Value" certifying to the Village of Key Biscayne its 2008 taxable value; and

WHEREAS, the provisions of Florida Statutes Section 200.065 require that within thirty-five (35) days of service of the Certification of Taxable Value upon a municipality, said municipality shall be required to furnish to the Property Appraiser of Miami-Dade County the proposed millage rate, the current year rolled-back rate, and the date, time and place at which a first public hearing will be held to consider the proposed millage and the tentative budget; and

WHEREAS, the Village Council desires to announce the dates of the first and second public hearings to the Property Appraiser of Miami-Dade County; and

WHEREAS, the Village Council has reviewed the figures supplied by the Property Appraiser of Miami-Dade County and conferred at a public meeting with the Village Attorney and that being otherwise fully advised in the premises.

**NOW, THEREFORE, BE IT RESOLVED BY THE VILLAGE COUNCIL OF KEY BISCAAYNE, FLORIDA AS FOLLOWS:**

**Section 1.** That the proposed millage for the first public hearing is hereby declared to be 3.2 mills which is \$3.2 per \$1,000.00 of assessed property within the Village of Key Biscayne.

**Section 2.** That the current year rolled-back rate, computed pursuant to Section 200.065 F.S., is 3.2662 per \$1,000.00.

**Section 3.** That the date, time and place of the first and second public hearings is hereby set by the Village Council as follows:

<u>Date</u>	<u>Time</u>	<u>Place</u>
September 9, 2008 Tuesday	7:00 p.m.	Key Biscayne Fire Station Council Chamber (Second Floor) 560 Crandon Boulevard Key Biscayne, Florida 33149
September 23, 2008 Tuesday	7:00 p.m.	Key Biscayne Fire Station Council Chamber (Second Floor) 560 Crandon Boulevard Key Biscayne, Florida 33149

**Section 4.** That the Village Clerk and Village Manager are directed to attach the original Certification of Taxable Value to a certified copy of this resolution and serve the same upon the Honorable Marcus Saiz de la Mora, Property Appraiser of Miami-Dade County on or before August 1, 2008.

**Section 5.** This resolution shall be effective immediately upon its adoption.

PASSED AND ADOPTED this 8th day of July, 2008.

\_\_\_\_\_  
MAYOR ROBERT L. VERNON

ATTEST:

\_\_\_\_\_  
CONCHITA H. ALVAREZ, CMC, VILLAGE CLERK

APPROVED AS TO LEGAL SUFFICIENCY:

\_\_\_\_\_  
VILLAGE ATTORNEY



FOR DOR USE ONLY	
City:	_____
TA:	_____
Levy:	_____

## CERTIFICATION OF TAXABLE VALUE

DR-420  
R. 06/08  
Rule 12DER08-18  
Florida Administrative Code  
Effective 06/08

Year <b>2008</b>	County <b>MIAMI-DADE</b>
Principal Authority <b>VILLAGE OF KEY BISCAYNE</b>	Taxing Authority <b>VILLAGE OF KEY BISCAYNE</b>

### SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value of real property for operating purposes	\$	<b>6,396,610,244</b>	(1)
2. Current year taxable value of personal property for operating purposes	\$	<b>38,117,174</b>	(2)
3. Current year taxable value of centrally assessed property for operating purposes	\$	<b>0</b>	(3)
4. Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)	\$	<b>6,434,727,418</b>	(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 in excess of 115% of the previous year's value. Subtract deletions.)	\$	<b>23,995,916</b>	(5)
6. Current year adjusted taxable value (Line 4 minus Line 5)	\$	<b>6,410,731,502</b>	(6)
7. Prior year FINAL gross taxable value (From prior year applicable Form DR-403 series)	\$	<b>6,425,977,672</b>	(7)
8. Enter number of tax increment value worksheets (DR-420TIF) attached (If none, enter 0)		<b>0</b>	(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, complete and attach form DR-420 VMA, Voted Millage Addendum.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(9)
10. Information for maximum millage calculation: Current year gross taxable value for operating purposes without the impact of Amendment 1.	\$	<b>6,517,304,928</b>	(10)

<b>SIGN HERE</b>	<b>Property Appraiser Certification</b>	
	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser 	Date <p style="text-align: center;">July 1, 2008</p>

### SECTION II: COMPLETED BY TAXING AUTHORITY

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

11. Prior year operating millage levy	\$	per \$1,000	(11)
12. Prior year ad valorem proceeds (Line 7 multiplied by Line 11)	\$		(12)
13. Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value (Sum of either Line 6c or Line 7a for all DR-420TIF forms)	\$		(13)
14. Adjusted prior year ad valorem proceeds (Line 12 minus Line 13)	\$		(14)
15. Dedicated increment value, if any (Sum of either line 6b or Line 7e for all DR-420TIF forms)	\$		(15)
16. Adjusted current year taxable value (Line 6 minus Line 15)	\$		(16)
17. Current year rolled-back rate (Line 14 divided by Line 16, multiplied by 1,000)	\$	per \$1,000	(17)

**SECTION II: COMPLETED BY TAXING AUTHORITY - CONTINUED FROM PAGE 1**

18. Current year proposed operating millage rate		\$	per \$1,000 (18)
19. Total taxes to be levied at proposed millage rate multiplied by Line 4, divided by 1,000	(Line 18)	\$	(19)
20. Check TYPE of principal authority (check one)	<input type="checkbox"/> County	<input type="checkbox"/> Independent Special District	(20)
	<input type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
21. Check applicable taxing authority (check one)	<input type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(21)
	<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
22. Is millage levied in more than one county? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(22)

**DEPENDENT SPECIAL DISTRICTS AND MSTUs: STOP HERE - SIGN AND SUBMIT**

23. Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. from all DR-420 forms	(The sum of Line 14)	\$	(23)
24. Current year aggregate rolled-back rate divided by Line 16, multiplied by 1,000	(Line 23)	\$	per \$1,000 (24)
25. Current year aggregate rolled-back taxes multiplied by Line 24, divided by 1,000	(Line 4)	\$	(25)
26. Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. from all DR-420 forms	(Total of Line 19)	\$	(26)
27. Current year proposed aggregate millage rate divided by Line 4, multiplied by 1,000	(Line 26)	\$	per \$1,000 (27)
28. Current year proposed rate as a percent change of rolled-back rate divided by Line 24, minus 1, multiplied by 100	(Line 27)		% (28)

First public budget hearing	Date	Time	Place
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<b>SIGN HERE</b>	<b>Taxing Authority Certification</b>		
	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer		Date
	Title	Physical Address	
	Mailing Address	Name of Contact Person	
	City, State, Zip	Phone #	Fax #

**SEE INSTRUCTIONS ON PAGE 3**