



## FLORIDA DEPARTMENT *of* STATE

**RICK SCOTT**  
Governor

**KEN DETZNER**  
Secretary of State

November 1, 2018

Mr. Peter Prior  
East Lake Tarpon Special Fire Control District Firefighters' Pension Trust Fund  
3810 Inverrary Boulevard  
Suite 303  
Lauderhill, FL 33319

Dear Mr. Prior:

As a Florida public agency, you are required by Rule 1B-24.003(11), *Florida Administrative Code*, to submit annually to the Division of Library and Information Services "a signed statement attesting to the agency's compliance with records disposition laws, rules, and procedures." Based on these annual statements, an annual report on statewide compliance is submitted to the Legislature and the Executive Office of the Governor for their consideration and action.

For your convenience, we are providing the enclosed *Records Management Compliance Statement* to report your agency's compliance status. Please complete **all information in Section I**, the Compliance Certification, and make any necessary additions or corrections in Sections II and III. Please return **one signed copy** of the form (do not return this letter) to the **mailing address or email address** indicated at the bottom of the form by **December 31, 2018**.

We appreciate your prompt attention to this matter. If we can be of service to your agency, please do not hesitate to contact us at 850.245.6750 or [recmgt@dos.myflorida.com](mailto:recmgt@dos.myflorida.com).

Sincerely,

A handwritten signature in cursive script that reads "Beth Golding".

Beth Golding, Chief  
Bureau of Archives and Records Management

BG/btl

Enclosure



**RECORDS MANAGEMENT COMPLIANCE STATEMENT  
Fiscal Year 2017-2018**

Agency ID: N0001434

<b>Section I Compliance Certification</b>	<p>1. This agency is in compliance with Section 257.36(5), <i>Florida Statutes</i>,<sup>1</sup> and Rule 1B-24.003(9), <i>Florida Administrative Code</i>,<sup>2</sup> for all public records regardless of medium or format (e.g., paper; electronic, including email; microfilm; audio; video; etc.).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Unmarked responses will be recorded as not in compliance.)</p> <p>2. This agency disposed of <u>  0  </u> cubic feet of records during the fiscal year indicated above.</p> <p>3. This agency disposed of records in electronic form during the fiscal year indicated above.</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (It is not necessary to indicate volume of electronic records disposed.)</p> <p>4. <input type="checkbox"/> Check here if you would like to be contacted for assistance. Indicate your questions/areas of concern on the reverse side of this form.</p> <p>Agency Head Signature: _____ Date: _____</p> <p>Name of Agency Head (please print): <u>  Doug Stryjewski  </u></p> <p>Title of Agency Head (please print): <u>  Chairman  </u></p>
<b>Section II Agency Information</b>	<p>Please indicate changes to <b>Agency Information</b> on the lines provided on the right.</p> <p style="text-align:center;"><u>Current Information:</u></p> <p style="text-align:center;"><i>Please do not erase or cover information below. <span style="float:right">Indicate changes or additions on the lines below.</span></i></p> <p><b>Agency Name:</b> East Lake Tarpon Special Fire Control District Firefighters' Pension Trust Fund</p> <p><b>Agency Head:</b> Mr. Doug Stryjewski _____</p> <p><b>Address:</b> East Lake Rescue _____</p> <p style="padding-left: 40px;">3375 Tarpon Lake Boulevard _____</p> <p style="padding-left: 40px;">Palm Harbor, Florida 34685- _____</p>
<b>Section III RMLO Information</b>	<p>Section 257.36(5)(a), <i>Florida Statutes</i>,<sup>1</sup> <b>requires</b> public agencies to designate a Records Management Liaison Officer (RMLO). Please indicate changes to <b>RMLO Information</b> on the lines provided on the right. If Current Information is blank, please designate an RMLO for your agency on the lines provided on the right.</p> <p style="text-align:center;"><u>Current Information:</u></p> <p style="text-align:center;"><i>Please do not erase or cover information below. <span style="float:right">Indicate changes or additions on the lines below.</span></i></p> <p><b>RMLO:</b> Mr. Peter Prior _____</p> <p><b>Address:</b> 3810 Inverrary Boulevard _____</p> <p style="padding-left: 40px;">Suite 303 _____</p> <p style="padding-left: 40px;">Lauderhill, FL 33319 _____</p> <p><b>Phone:</b> (954) 730-2068      <b>Ext.:</b> 203 _____</p> <p><b>Email:</b> pete@benefits-usa.org _____</p>

<sup>1</sup>Section 257.36(5), *Florida Statutes*: "For the purposes of this section, the term 'agency' shall mean any state, county, district, or municipal officer, department, division, bureau, board, commission, or other separate unit of government created or established by law. It is the duty of each agency to: (a) Cooperate with the division in complying with the provisions of this chapter and designate a records management liaison officer. (b) Establish and maintain an active and continuing program for the economical and efficient management of records."

<sup>2</sup>Rule 1B-24.003(9), *Florida Administrative Code*: "Public records may be destroyed or otherwise disposed of only in accordance with retention schedules established by the Division. Photographic reproductions or reproductions through electronic recordkeeping systems may substitute for the original or paper copy, per Section 92.29, F.S., Photographic or electronic copies. ... Prior to records disposition, agencies must ensure that all retention requirements have been satisfied. For each record series being disposed of, agencies shall identify and document the following: 1. Records retention schedule number; 2. Item number; 3. Record series title; 4. Inclusive dates of the records; 5. Volume in cubic feet for paper records; for electronic records, record the number of bytes and/or records and/or files if known, or indicate that the disposed records were in electronic form; and 6. Disposition action (manner of disposition) and date."

**Please complete and return this compliance statement by December 31, 2018 (submit one copy only, please) to:**

**Department of State  
Records Management Program, Mail Station 9E      OR      recmgt@dos.myflorida.com  
Tallahassee, FL 32399-0250**



## FLORIDA DEPARTMENT OF STATE

**RICK SCOTT**  
Governor

**KEN DETZNER**  
Secretary of State

November 1, 2018

Mr. Peter Prior  
City of Florida City Municipal Police Officers' Retirement System  
3810 Inverrary Boulevard  
Suite 303  
Lauderhill, FL 33319

Dear Mr. Prior:

As a Florida public agency, you are required by Rule 1B-24.003(11), *Florida Administrative Code*, to submit annually to the Division of Library and Information Services "a signed statement attesting to the agency's compliance with records disposition laws, rules, and procedures." Based on these annual statements, an annual report on statewide compliance is submitted to the Legislature and the Executive Office of the Governor for their consideration and action.

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Sincerely,

A handwritten signature in cursive script that reads "Beth Golding".

Beth Golding, Chief  
Bureau of Archives and Records Management

BG/btl

Enclosure



## RECORDS MANAGEMENT COMPLIANCE STATEMENT Fiscal Year 2017-2018

Agency ID: N0001596

<b>Section I Compliance Certification</b>	<p>1. This agency is in compliance with Section 257.36(5), <i>Florida Statutes</i>,<sup>1</sup> and Rule 1B-24.003(9), <i>Florida Administrative Code</i>,<sup>2</sup> for all public records regardless of medium or format (e.g., paper; electronic, including email; microfilm; audio; video; etc.).</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No (Unmarked responses will be recorded as not in compliance.)</p> <p>2. This agency disposed of _____ cubic feet of records during the fiscal year indicated above.</p> <p>3. This agency disposed of records in electronic form during the fiscal year indicated above.</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No (It is not necessary to indicate volume of electronic records disposed.)</p> <p>4. <input type="checkbox"/> Check here if you would like to be contacted for assistance. Indicate your questions/areas of concern on the reverse side of this form.</p> <p>Agency Head Signature: _____ Date: _____</p> <p>Name of Agency Head (please print): _____</p> <p>Title of Agency Head (please print): _____</p>
<b>Section II Agency Information</b>	<p>Please indicate changes to <b>Agency Information</b> on the lines provided on the right.</p> <p style="text-align: center;"><u>Current Information:</u></p> <p style="text-align: center;"><i>Please do not erase or cover information below. <span style="float: right;">Indicate changes or additions on the lines below.</span></i></p> <p><b>Agency Name:</b> City of Florida City Municipal Police Officers' Retirement System</p> <p><b>Agency Head:</b> Mr. Pedro Taylor _____</p> <p><b>Address:</b> 404 West Palm Drive _____</p> <p style="padding-left: 100px;">_____</p> <p style="padding-left: 100px;">Florida City, Florida 33034- _____</p>
<b>Section III RMLO Information</b>	<p>Section 257.36(5)(a), <i>Florida Statutes</i>,<sup>1</sup> <b>requires</b> public agencies to designate a Records Management Liaison Officer (RMLO). Please indicate changes to <b>RMLO Information</b> on the lines provided on the right. If Current Information is blank, please designate an RMLO for your agency on the lines provided on the right.</p> <p style="text-align: center;"><u>Current Information:</u></p> <p style="text-align: center;"><i>Please do not erase or cover information below. <span style="float: right;">Indicate changes or additions on the lines below.</span></i></p> <p><b>RMLO:</b> Mr. Peter Prior _____</p> <p><b>Address:</b> 3810 Inverrary Boulevard _____</p> <p style="padding-left: 40px;">Suite 303 _____</p> <p style="padding-left: 40px;">Lauderhill, FL 33319 _____</p> <p><b>Phone:</b> (954) 730-2068 <b>Ext.:</b> 203 _____</p> <p><b>Email:</b> pete@benefits-usa.org _____</p>

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