

**ASSIGNMENT, ASSUMPTION AND AMENDMENT
CONTRACT NO. 2010-504**

This Assignment, Assumption and Amendment of Contract ("Amendment") is made and entered into by and between the Charlotte County Family Young Men's Christian Association, Incorporated, ("ASSIGNOR"), the Sky Family Young Men's Christian Association Inc., ("ASSIGNEE"), the City of North Port, a Florida municipality ("NORTH PORT"), and Sarasota County, a political subdivision of the State of Florida ("COUNTY").

WITNESSETH

WHEREAS, North Port owns the North Port Pool, located at 5925 Greenwood Avenue, North Port, FL ("Pool"); and

WHEREAS, NORTH PORT and COUNTY entered into an Interlocal Agreement Regarding Parks and Recreation Service, County Contract No. 2006-346), dated June 20, 2006 ("Interlocal"); and

WHEREAS, the Pool is one of the facilities owned by NORTH PORT and subject to the Interlocal; and

WHEREAS, ASSIGNOR, COUNTY and NORTH PORT entered into a Facilities Management Agreement (County Contract No. 2010-504), dated September 14, 2010 ("Contract"); and

WHEREAS, the Contract provided that ASSIGNOR would manage and operate the Pool; and

WHEREAS, ASSIGNEE is merging its operations with ASSIGNOR on July 14, 2017, at which time ASSIGNEE shall assume all obligations and responsibilities of ASSIGNOR under the Contract; and

WHEREAS, ASSIGNOR desires to assign its obligations and responsibilities under the Contract to ASSIGNEE;

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto covenant and agree as follows:

1. Effective July 14, 2017, ASSIGNOR assigns to ASSIGNEE all of ASSIGNOR's obligations and responsibilities under the Contract, and ASSIGNEE assumes all of ASSIGNOR's obligations and responsibilities under the Contract.
2. The terms of this Amendment shall bind and inure to the benefit of the parties hereto and their respective heirs, legal representatives and successors and assigns.
3. Section 9 of the Contract, "Notices", is hereby deleted and replaced in its entirety with the following:
 9. Any notices of default or termination shall be sufficient if sent by the parties via United States certified mail, postage paid, or via a nationally recognized delivery service, to the addresses listed below:

Sky Family YMCA (ASSIGNEE):

Name: Patrick Ryan
Title: Chief Operating Officer
Address: 701 Center Road
Venice, FL 34285
Telephone: 941-492-9622
E-mail: pat@veniceymca.org

COUNTY:

Name: Carolyn Brown or designee
Title: Director, Parks, Recreation and Natural Resources
Address: 1660 Ringling Blvd,
5th Floor
Sarasota, FL 34236
Telephone: 941-861-5483
E-Mail: cnbrown@scgov.net

NORTH PORT:

Name: Sandy Pfundheller or designee
Title: Director, General Services
Address: 4970 City Hall Blvd.
North Port, FL 34286

Telephone: 941-429-7129
E-Mail: spfundheller@cityofn
orthport.com

4. This Amendment may be executed in any number of counterparts which, collectively, shall constitute one and the same instrument.
5. The parties covenant and agree that each is duly authorized to enter into and perform this Amendment and those executing this Amendment have all requisite power and authority to bind the parties.
6. Notwithstanding anything herein to the contrary, in the event that the merger of operations between ASSIGNOR and ASSIGNEE referenced herein fails to take place by September 30, 2017, this Amendment shall be of no force and effect.

[SIGNATURES ARE ON THE FOLLOWING TWO PAGES]

IN WITNESS WHEREOF, ASSIGNOR and ASSIGNEE, COUNTY and NORTH PORT have executed this Amendment as of the last date of signature below.

Witness: *Kristen Espinoza*

ASSIGNOR:

Greg Burdick
By: *Greg Burdick*
Its: REGIONAL EXECUTIVE DIRECTOR

ASSIGNEE:

Witness: *Chad*

Patrick Ryan
By: PATRICK RYAN
Its: CHIEF OPERATING
OFFICER

SARASOTA COUNTY

BOARD OF COUNTY COMMISSIONERS
OF SARASOTA COUNTY, FLORIDA

By: _____
COUNTY ADMINISTRATOR

Date: _____
Executed by the County
Administrator, pursuant to
Resolution No. 2016-056

Approved as to form and
correctness:

BY: _____
COUNTY ATTORNEY

CITY OF NORTH PORT, FLORIDA

By: _____

MAYOR

Date: _____

7/13/17

Approved as to form and correctness:

BY: _____

Interim

CITY ATTORNEY

ATTEST:

BY: _____

CITY CLERK