CRA26-0016 23 & 25 NE 12TH TER

SUMMARY REPORT

Parcel Id: 2833-012-111
Parcel Address: 23 NE 12TH TER, OCALA, FL 34471

FUNDING REQUEST

Description: Reimbursement
Eligible Cost Total: $15,215.00
Total Estimated Project Cost: $15,212.46
Total Funding Requested: $15,212.46
Funding Requested Ratio: 1

PROJECT DETAILS

Project Name: CRA26-0016 23 & 25 NE 12TH TER
Description: Replace original single pane, pulley windows in existing commercial space that are almost 100 years old to improve energy efficiency, improve attractiveness, decrease pest infestations and reduce utility expenses.
Applicant Type: Business Property Owner
Applicant Name: KELLI HART

PROJECT TIMELINE

Application Started
05 Mar 2026

23 NE 12TH TER - 03/05/2026

Applicant Information

Applicant / Primary Contact Information

Name
KELLI HART

Type
Business Property Owner

Relationship To City
Existing Business Already Established

Questions

1. How long has the business been at the current location?

Ans. 20 years

2. If renter, when does your current lease expire?

Ans. No information entered

3. What will be the business hours of operation?

Ans. Mon-Sat. 8 a.m. to 6 p.m.

Property Information

Parcel Id
2833-012-111

Parcel Address
23 NE 12TH TER, OCALA, FL, 34471

Last Assessment
2022 - $119,125.00

Previous Year Assessment
No recent assessments

Districts
East Ocala CRA, Ocala Wide District, OEU District

Project Details

Details

Proposed Use
No information entered No information entered

Public Improvements
No information entered

Estimated Future Assessed Value
No information entered

Proposed Square Footage
No information entered

Improvements Requested

Estimated Future Tax
No information entered

Construction Activities - **23 NE 12TH TER OCALA FL 34471**

Exterior

- ✓ Exterior - Facade - Windows

Questions

1. Please describe the existing or proposed business.

Ans. Commercial Space, current tenants offer family counseling and behavior therapies.

2. Explain the purpose of and need for the proposed improvements.

Ans. Currently, as Landlord, I pay the utility bill for this location which exceeds $400/monthly in the coldest months and $700 in summer and that is with strict attention to the thermostat and conservation. The current windows are upwards of 90+ years old ad offer no energy efficiency. Likewise, some are cracked, many do not open anymore and they allow for small pests/insects to enter the building.

Eligible Costs

Exterior Improvements

Painting - As part of a major renovation project	$0.00
Metal Awnings	$0.00
Doors / Windows - As a part of a major restoration project	$15,215.00

Landscaping

Landscaping	$0.00
Streetscape	$0.00
Wildflowers or Native Plants	$0.00
Street Level Stormwater Infrastructure / Bioretention	$0.00

Signage - As part of a major renovation project	$0.00	**Sub Total:**	$0.00
Sub Total:	$15,215.00		

Financing Details

Fund Request

Funding Request	Reimbursement
Eligible Costs Total	$15,215.00
Total Estimated Project Cost	$15,212.00
Total Funding Amount Requested	$15,212.00

Loans / Funding

Sub Total	No information entered

Questions

1. If applicable, startup business applicants must also submit a copy of their business plan

Ans. No information entered

Additional Notes / Comments

No information entered

Project Description and Bid Proposals

Questions

1. Bid Proposal 1 Amount

Ans. 15,212.46

2. Bid Proposal 1 Upload

Ans. EST0144.pdf

3. Bid Proposal 2 Amount

Ans. 16,900

4. Bid Proposal 2 Upload

Ans. WINDOW QUOTE .PDF.pdf

5. Please describe the existing or proposed business.

Ans. as stated, improved appearance, improved energy efficiency, reduction of soaring utility costs, reduction of pest/insect infestation.

6. Explain the purpose of and need for the proposed improvements.

Ans. In time, when it is affordable, but no time soon as my utility costs prevent me from affording this improvement.

7. Would the proposed improvements be made without the assistance of the grant program? If not, please explain.

Ans. No information entered

8. If not, please explain.

Ans. No information entered

9. If necessary, attach additional explanation or documents addressing the above requests.

Ans. No information entered

Property Owner Affidavit

Questions

1. Explain the purpose of and need for the proposed improvements.

Ans. I have answered this a few times on previous pages. Please see above.

2. Name

Ans. No information entered

Parties

Contractor

Business Name
Medina Works

EIN
994403123

First Name
Pascual

Last Name
Medina

Phone Number
+1 (352) 421-8049

Ext
No information entered

Email
MEDINAWORKSFL@GMAIL.COM

Address
175 LARCH ROAD, OCALA, FL, 34480

Property Owner

Business Name
KELLI LLC

EIN
824833005

First Name
KELLI

Last Name
DEMSHOCK

Phone Number
+1 (352) 693-1212

Ext
No information entered

Email
WRITTENBYKELLI@GMAIL.COM

Address
2303 SE 20th Circle, OCALA, FL, 34471

Documentation Collection

Documents

1. **Name:** EST0144.pdf **Uploaded Date:** 3/5/2026 9:37:08 AM

2. **Name:** WINDOW QUOTE .PDF.pdf **Uploaded Date:** 3/5/2026 9:37:11 AM

Questions

1. Application Documents

Ans. No information entered

2. Reimbursement Documents

Ans. No information entered

Declarations

Disclosure Of Interests

Is any owner of the business and / or land / building, or any tenant, or any of the project developers an elected official or appointed official or related to an elected official or appointed official, or routinely contracts to provide goods or services to the governing body (East Ocala Commercial Building Improvement Grant)

Applicant Answer: No

Relationship: No information entered

Declarations

I understand that this incentive program will provide me with financial assistance in the form of reimbursement for certain approved costs. I agree to use the financing to fund eligible expenses.

Applicant Answer: Yes

I understand that this agreement is complex and that there are many rules and regulations that I must comply with. I agree to abide by all of the rules and regulations of the program.

Applicant Answer: Yes

I agree that improvements made using these funds will stay in place for a minimum of five years. If improvements are replaced or removed within five years, the grant recipient must pay a pro-rata share of the grant proceeds invested in the project for the number of months remaining.

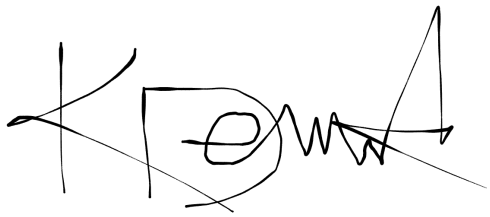
Applicant Answer: Yes

It is expressly understood and agreed that the applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building codes, ordinances, and other applicable regulations. It is expressly understood and agreed that the applicant will not seek to hold the City of Ocala, the Grant Review Committee (Committee) and/or its agents, employees, board members, officers and/or directors liable for any property damage, personal injury, or other loss relating in any way to the Program. It is expressly understood and agreed that the applicant will hold harmless the City, its agents, officers, employees and attorneys for all costs incurred in additional investigation or study of, or for supplementing, redrafting, revising, or amending any document (such as an Environmental Impact Report, specific plan, or general plan amendment) if made necessary by said proceeding and if the applicant desires to pursue such approvals and/or clearances, after initiation of the proceeding, which are conditioned on the approval of these documents. The applicant authorizes the City of Ocala to promote any approved project including but not limited to displaying a sign at the site, during and after construction, and using photographs and descriptions of the project in City of Ocala materials and press releases. If the applicant fails to perform the work approved by the Committee, the City reserves the right to cancel the grant. The applicant also understands that any work started/completed before the application is approved by the Committee is done at their own risk, and that such work will jeopardize their grant award. Completion of this application by the applicant DOES NOT guarantee that grant monies will be awarded to the applicant.

Applicant Answer: Yes

I have read and understand the terms and conditions of the Program and agree to the general conditions and terms outlined in the application process and guidelines of the Program.

Applicant Answer: Yes



Name: KELLI FUQUA DEMSHOCK
Date: 03/05/2026

352-421-8049
medinaworksfl@gmail.com

MEDINA WORKS

ESTIMATE

FOR: **Kelli LLC**
2303 SE 20th Circle
Ocala, 34471, FL
+135-269-31212

NUMBER: EST0144
DATE: Mar 5, 2026

Description	Quantity	Unit price	TAX	Amount
Window replacement Replace 20 windows with JW -2500 series windows including casing trim around exterior and interior if needed. Customer supplies paint and includes caulk and paint finishing. Includes additional materials needed such as trim for windows	1	$5,000.00	0 %	$5,000.00
Windows JW-V_2500 series single hung	1	$10,212.46	0 %	$10,212.46

SUBTOTAL: $15,212.46
TAX: $0.00

TOTAL **$15,212.46**

Payment instructions
Zelle payments to email medinaworksfl@gmail.com
Estimate is based on visible and accessible conditions at the time of inspection. Any hidden, concealed, or unforeseen conditions discovered once work begins may require additional labor or materials. Any such conditions will be communicated to the Client and may result in a price adjustment.

Comments
2-4 weeks time to receive windows job completion 3-4 days available to start once 50% deposit is received and windows arrive.

Windoor Retro Professionals
Website: https://www.wretropro.com/
Address:
486 Marion Oaks Drive, Ocala, Florida, 34473

PH: (352) 681-8644
Email: joe@wretropro.com
CBC1267537

Estimate #4761

Kelli Demshock
23 Northeast 12th Terrace, Ocala, FL, USA
(352) 663-1212
writtenbykelli@yahoo.com

Original date quoted 2026-03-02

Package: Cash

PRODUCT / SERVICE	LOCATION.	DETAILS.	QTY.
 **96" - 105" U.I.** Single Hung Eastern Architectural 143 Series - Double-paned glass, low-e 366 coating, vinyl framed, aluminum reinforced, argon gas insulated. (Half screens included)			21
 **Non-Impact Window Installation** Window Installation Will include surface preparation, weather proofing and insulating, customized window fitting, sealing and caulking, and hardware and trimming.			21

SPECIAL ITEMS:

4-5 Weeks lead time and 3 days to install.

Windoor Retro Professionals
Website: https://www.wretropro.com/
Address: 486 Marion Oaks Drive, Ocala, Florida, 34473

PH: (352) 681-8644
Email: joe@wretropro.com
CBC1267537

Estimate #4761

Kelli Demshock
23 Northeast 12th Terrace, Ocala, FL, USA,
(352) 663-1212
writtenbykelli@yahoo.com

Original date quoted 2026-03-02

Package: Cash

TOTAL CONTRACT AMOUNT	**$16,900**
DEPOSIT	**$8,450**
BALANCE DUE UPON COMPLETION	**$8,450**

If this is a credit transaction, the agreement for credit is contained in a separate document which is incorporated herein by reference and made a part thereof. I/We the undersigned are hereby authorizing to verify and review my/our credit record with an independent credit reporting agency and release them from inadvertent omissions or errors.

Verbal understandings and agreements with representatives shall not be binding. All understandings and agreements must be set forth in writing in this Contract.

SUBMITTED BY:

Joe Underwood

REPRESENTATIVE

SIGNED: Signature 03/05/2026

PURCHASER **DATE**

SIGNED: Signature mm/dd/yyyy

PURCHASER **DATE**

Dear "Valued" Customer:

We truly appreciate the opportunity that you have given us and will do everything within our power to ensure your home improvement experience with our company is a pleasant and most satisfying one.

There are several things we ask you to do to help us achieve this goal:

1. Before we start working on your home, we recommend that you remove any pictures, mirrors, etc. that hang on the perimeter walls where we will be performing work.
2. Be sure that we have access to all areas around your home and no gates are locked.
3. If you have pets, please insure they are safe and secure.
4. Our crews need to have access to an electrical outlet(s) Please designate plug-ins that are available to use.
5. If you have a preference where our crew should put the materials for your job, please let them know.
6. If your job consists of windows or gutters, please note that it will take a little longer to complete as different crews are utilized.
7. Our crews are authorized to perform the work as outlined in your agreement. If you require additional work please contact your advisor.

If you have any questions during the installation phase, please direct them to the crew chief assigned to your job.

Upon completion of our work, (or anytime while work is in progress) take a few moments and walk around your home with our crew chief. If you see anything that needs correcting, he will do so at that time. After your final-walk around, please sign the completion certificate and/or give the crew chief a check or money order payable to Windoor Retro Professionals per our Agreement.

Again, thank you for choosing Windoor Retro Professionals. We will add a lifetime of beauty and increased value to your home.

SIGNED: Signature 03/05/2

PURCHASER **DATE**

SIGNED: Signature mm/dd/

PURCHASER **DATE**

Outlook

Fwd: Confirmation for Online Payment to Marion County Tax Collector

From KELLI DEMSHOCK <writtenbykelli@gmail.com>
Date Thu 6/18/2026 1:45 PM
To Roberto Ellis <rellis@ocalafl.gov>; Sarah Andre <sandre@ocalafl.gov>

Good afternoon! Here is a receipt for payment of those property taxes! Thank you ;)

Kelli Demshock

---------- Forwarded message ---------
From: <pay@mariontax.com>
Date: Thu, Jun 18, 2026 at 1:42 PM
Subject: Confirmation for Online Payment to Marion County Tax Collector
To: <WRITTENBYKELLI@gmail.com>

This receipt identifies online payments that were made to Marion County Tax Collector via the Internet Tax Module. Payment details are provided below.

As a convenience to our taxpayers, we also offer the option of on-line payment directly debited to your checking account. In order to use this ACH option, you must provide the Bank Routing Number and Bank Account Number located at the bottom of your checks.	
Name:	KELLI DEMSHOCK
Address:	23 NE 12TH TERRACE OCALA FL 34470 United States
Contact Name:	KELLI DEMSHOCK
Phone:	3526931212
Alternate Phone:	
Fax:	
Payment Type:	ACH
Account Type: Routing Number:	Personal Checking Account