

*DSW*

**CONSENT TO ASSIGNMENT OF GROUND LEASE  
FROM DENNIS AND PAMELA WILFONG TO  
HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS**

This Consent to Assignment of Ground Lease is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_, 2022, by and between Hernando County, a subdivision of the State of Florida existing under the laws of the State of Florida, ("**Lessor**"), Dennis Wilfong and Pamela Wilfong ("**Assignor**"), and Hernando County Board of County Commissioners ("**Assignee**"), and the parties state:

WHEREAS, the **Lessor** and Dennis Wilfong and Pamela Wilfong, entered into a Ground Lease (the "Ground Lease") dated April 24, 2007, recorded in Official Record Book 2434 Page 756 of the Public Records of Hernando County, relative to certain improved real property with a street address of 15470 Flight Path Drive, Brooksville, Florida 34604;

WHEREAS, the **Assignor** seeks to assign all of its rights and interests in the Ground Lease to the **Assignee**; and,

WHEREAS, the **Lessor** consents to said assignment provided that the **Assignee** accepts and agrees to be bound by all terms and covenants of the Ground Lease and the **Assignee** further agrees to be substituted as the Lessee for all purposes under the Ground Lease.

NOW THEREFORE, in consideration of the mutual covenants herein contained, it is agreed between the **Lessor**, the **Assignor** and the **Assignee** as follows:

1. The above recitals are incorporated herein and made a part hereof.
2. The **Lessor** hereby consents to the assignment of the Ground Lease from the **Assignor** to the **Assignee**, and the **Assignee** agrees to be bound to all terms and covenants of the Ground Lease and the **Assignee** further agrees to be substituted as the Lessee for all purposes under the Ground Lease. Additionally, the **Assignee** understands and agrees that it shall be bound by the terms and conditions of Brooksville – Tampa Bay Regional Airport Rules and Regulations (Amended and Restated February 9, 2016).
3. The **Assignee** further understands and agrees to timely pay the County's annual Fire Rescue Assessments imposed pursuant to Chapter 12, Article V, of the Hernando County Code of Ordinances. For this calendar year it shall be the responsibility of the **Assignor** and the **Assignee** to prorate payment of this fee as between them at the time of assignment.
4. This Consent shall become effective upon the date signed by the last party hereto or at the time of closing, whichever is later. The parties further agree that the closing of the assignment from **Assignor** to **Assignee** shall occur within sixty (60) days of the effective date hereof or this Consent shall become null and void.
5. This Consent shall be recorded at **Assignee's** expense.

Witness our hands and seals upon the dates stated below.

ATTEST:

**BOARD OF COUNTY COMMISSIONERS  
HERNANDO COUNTY, FLORIDA (LESSOR)**

\_\_\_\_\_  
Doug Chorvat, Jr., Clerk

By: \_\_\_\_\_  
Steve Champion, Chairman Date

ATTEST:

Pamela S. Wilfong (ASSIGNOR)

Victoria S. Curry  
Victoria S Curry  
[print name]

By: Pamela S Wilfong 7/25/22  
Owner (title) Date

ATTEST:

\_\_\_\_\_ (ASSIGNEE)

\_\_\_\_\_  
\_\_\_\_\_  
[print name]

By: \_\_\_\_\_  
\_\_\_\_\_ (title) Date

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

\_\_\_\_\_  
County Attorney

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by Steve Champlon, Chairman of the Hernando County Board of County Commissioners, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 25th day of July, 2022, by Pamela Wilford, as \_\_\_\_\_ (title) of \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

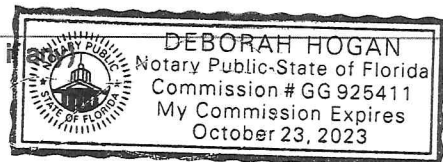
Deborah F. Hogan

\_\_\_\_\_  
(Signature of person taking acknowledgment)

Deborah F. Hogan  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)



STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)