Emergency Preparedness Plan
for
Sunstone Community Development District

Contact Information

Hurricane Related Web Links
www.petswelcome.com
www.myflorida.com
www.HCFL.gov/StaySafe

Lake County Animal Control
Lake County Animal Services
(813)744-5660

Florida Division of Emergency Management
2555 Shumard Oak Boulevard, Tallahassee
Phone: (850) 413-9969

Special Needs Application

FEMA
Ready.gov
Disasterassistance.gov
Phone: (800) 621-3362

NOAA Weather Radio
Frequencies: 162.550

National Weather Service – Tampa Bay
Phone: (813) 645-2323
www.srh.noaa.gov/tbw
www.nhc.noaa.gov/prepare/ready.php

Orlando Health South Lake Hospital
22316 US Highway 27,
Leesburg, FL 34748
(352) 536-8831

South Lake Hospital
1900 Don Wickham Dr,
Clermont, FL 34711
(352) 429-4500

Leesburg Regional Medical Center
600 E Dixie Ave,
Leesburg, FL 34748
(352) 326-3000

The Sunstone Community Development District has put together this document to aid the residents in identifying resources and information to assist in preparing for emergencies. The information contained herein is not purported to be exhaustive or up-to-date and is only intended for general educational and information purposes and to increase overall safety awareness. It is not intended to be legal, medical, or other expert advice or services, and should not be used in place of consultation with appropriate professionals. The District does not provide emergency assistance or news updates. The District encourages residents to contact the Lake County department of Emergency Management at (727) 847-8137 for up-to-date information on emergency planning, additional emergency services contact information, and emergency news.

In no event shall the District, its officers and employees be liable for any liability, loss, injury or risk which is incurred or suffered as a direct or indirect result of the use of any of the material, advice, guidance, whether based on warranty, contract, tort, or any other legal theory and whether or not the District, its officers or employees is advised of the possibility of such damages.

SUNSTONE
COMMUNITY DEVELOPMENT
DISTRICT

EMERGENCY PREPAREDNESS PLAN

Sunstone
2005 Pan Am Circle, Suite 300
Tampa, FL 33607

Prepared by:
Stantec Consulting Services, Inc.
&
Inframark Community Management Services

January 2025

I. INTRODUCTION

This Emergency Preparedness Plan serves as a guideline for the Sunstone Community Development District ("CDD"). The plan is developed under the direction of the Sunstone CDD as a service to the Sunstone community. Responsibilities of the CDD include providing and maintaining public facilities and infrastructure (i.e. roadways, landscaping, street lighting, sewer and wastewater management) whereas the HOA is effective in the management of private property (such as enforcement of deed restrictions).

A. Provide basic information concerning the residential community to include:

1. Name of the residential community, address, telephone number, and email address for responsible person or entity, as applicable:

Sunstone CDD
2005 Pan Am Circle, Suite 300
Tampa, FL 33607
Phone: (813) 994-1001
Michael Perez; District Manager
michael.perez@inframark.com

2. The number and type of units in the residential community:

2,096 Single-family units

B. Establish the frequency with which the emergency preparedness plan information will be updated:

The Emergency Preparedness Plan information shall be updated annually and the affected residents will be informed of all relevant information on an annual basis.

II. HAZARD ANALYSIS

A. This section of the plan should describe the hazards that the residential community is vulnerable to, such as hurricanes, tornadoes, flooding, fires, and hazardous material incidents from fixed facilities or transportation accidents.

Sunstone, like all of west central Florida, is vulnerable to the effects of, but not limited to, hurricanes, tropical storms. storm surges, heavy winds, torrential rains which may result in hazards, i.e. flooding and flying debris. This area is also vulnerable to tornadoes, wildfires, and hazardous materials incidents.

1. **Identification of the potential storm surge flooding risk from a tropical storm or hurricane occurrence (as identified by the National Weather Service storm surge model and available from Lake County County Emergency Management):**

   There is potential storm surge flooding risk from a tropical storm or hurricane. The community was designed to be elevated above the 100 year base flood elevation, established at the time that the community was designed, and the community stormwater ponds were designed to contain the 100 year/24 hour storm event.

2. **Proximity of the residential community to a railroad or major transportation artery (to identify possible hazardous material incidents). Contact Lake County Emergency Management to determine if site is located in a vulnerability zone of an Extremely Hazardous Substance.**

   The Sunstone neighborhood in Lake County, FL is located on Sunstone Blvd and Sunstone Way. The Sunstone neighborhood in Lake County, FL is not in close proximity to any railroad or major transportation artery. This reduces the likelihood of hazardous material incidents related to these infrastructures.

III. CONCEPTS OF OPERATIONS

A. Residential Preparedness Programs

Identify ways people in the community can pre-plan to help one another during an emergency.

1. **Identify plans and procedures to shelter residents:**

   Residents are advised to evacuate the area if so advised by the Board of County Commissioners through Lake County Emergency Management.

2. **Protection of private property:**

   It shall be the responsibility of each owner to secure or arrange to have secured their personal property to protect it from hurricane or any storm damage.

   The main concern of the CDD will be to prevent damage to the common areas, buildings, and improvements from flying objects stored outside of a dwelling that are not properly secured.

3. **Lake County Office of Emergency Management has prepared an application for the Special Needs assistance. Application is provided for residents to complete and file. See Exhibit A.**

B. Utility System Operation and Maintenance during Emergency Conditions

Water transmission system and wastewater collection system services for Sunstone CDD are provided by Lake County Utilities.

Lake County Utilities
Customer Information & Services
(352) 742-6400 (8:00 – 5:00)

Sheriff:
360 W. Ruby St.,
Tavares, FL 32778
Phone: (352) 343-2101

Fire Protection:
315 W. Main St., Suite 411,
Tavares, FL 32778
(352) 383-1200

Lake County Switchboard Numbers
(352) 343-4100

Lake County Emergency Management:
425 W Alfred St,
Tavares, FL 32778
Office: (352) 343-9420
Website: www.lakecountyfl.gov/Emergency-Management

American Red Cross:
Redcross.org

Stormwater Management:
Sunstone CDD
2005 Pan Am Circle, Suite 300
Tampa, FL 33607
Phone: (813) 873-7300

IV. HURRICANE EVACUATION AND SHELTER INFORMATION

This section identifies the procedures for increasing the residents' awareness of local hurricane evacuation and shelter information.

A. The residential hurricane evacuation and shelter information of the plan must address the following items:

1. Evacuation Routes –

floridadisaster.maps.arcgis.com

www.lakecountyfl.gov/Emergency-Management/Preparedness

a. Evacuate the area to I-75:

1. Start at Sunstone: Head south on Sunstone Blvd.
2. Turn left onto US-441 S (Southbound).
3. Continue on US-441 S for about 5 miles.
4. Turn right onto SR-19 (Southbound).
5. Continue on SR-19 for about 10 miles.
6. Turn left onto SR-46 W (Westbound).
7. Continue on SR-46 W for about 5 miles.
8. Turn right onto I-75 N

b. Evacuate if I-75 is congested:

1. Start at Sunstone: Head south on Sunstone Blvd.
2. Turn left onto US-441 S (Southbound).
3. Continue on US-441 S for about 5 miles.
4. Turn right onto SR-19 (Southbound).
5. Continue on SR-19 for about 10 miles.
6. Turn left onto SR-46 W (Westbound).
7. Continue on SR-46 W for about 5 miles.
8. Turn right onto US-27 N (Northbound).
9. Continue on US-27 N for about 10 miles.
10. Turn left onto SR-60 E (Eastbound).
11. Continue on SR-60 E for about 5 miles.
12. Turn right onto US-27 N (Northbound).

This route should help you evacuate safely without using the interstate.

c. Evacuate the area to the Airport:

1. Start at Sunstone: Head south on Sunstone Blvd.
2. Turn left onto US-441 S (Southbound).
3. Continue on US-441 S for about 5 miles.
4. Turn right onto SR-19 (Southbound).
5. Continue on SR-19 for about 10 miles.
6. Turn left onto SR-46 W (Westbound).
7. Continue on SR-46 W for about 5 miles.
8. Turn right onto Airport Blvd.
9. Arrive at Leesburg International Airport (LEE).

2. Pet Evacuation Shelters:

East Ridge High School
13322 Excalibur Road,
Clermont, FL 34711
(352) 242-6400

East Ridge Middle School
13201 Excalibur Road,
Clermont, FL 34711
(352) 242-6400

Eustis High School
1300 E. Washington Ave.,
Eustis, FL 32726
(352) 589-2000

Leesburg High School
1401 Yellow Jacket Way,
Leesburg, FL 34748
(352) 728-9797

Mount Dora High School
700 N. Highland St.,
Mount Dora, FL 3275
(352) 383-2000

Tavares High School
603 N. New Hampshire Ave.,
Tavares, FL 32778
(352) 343-4000

Mascotte Elementary School
460 Midway Ave.,
Mascotte, FL 34753
(352) 735-8000

EXHIBIT A

Florida Special Needs Registry
Registration Information - Lake County

Instructions: Complete this form and fax or mail it to Lake County to register an individual for the Florida Special Needs Registry. This form is not required if you have already registered on line. Required fields are indicated with an asterisk (*).

Mail: Lake County Special Needs Registry
PO Box 7800
Tavares, FL 32778

PERSONAL INFORMATION ABOUT THE REGISTRANT	
*First Name	
Middle Name	
*Last Name	
Suffix	
*Birth Date	
*Gender (select only one)	☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Prefer Not To Provide
*Height	Feet: Inches:
*Weight (pounds)	
Living Situation (select only one)	☐ Live alone ☐ Live with relative or caregiver ☐ Other living situation
*Primary Language	
Secondary Language	
Veteran	☐ Yes ☐ No
Last 4 digits of SSN	
Email Address	
Are you completing this form on behalf of the registrant? If so, please indicate your relationship to the registrant (select only one)	☐ Family Member ☐ Caregiver ☐ Neighbor ☐ Friend ☐ Health Care Provider ☐ County Emergency Management Staff ☐ County Health Department Staff ☐ DOH State Staff

ADDRESS FOR THE REGISTRANT (physical address is required)	
*Physical Address (cannot be a PO Box)	
Apt #, Unit #, Bldg #, Suite #, etc.	
*Physical City	
*Physical State	FL
*Physical Zip Code	
Name of Complex, Subdivision or Mobile Home Park	
Is the home at this address a mobile home?	☐ Yes ☐ No
Is the home at this address a highrise or multi-story home?	☐ Yes ☐ No
Does this home have stairs?	☐ Yes ☐ No
Is there a code required to enter?	
Do you live at this address year round?	☐ Yes ☐ No If No, from month:_____ To month:_____

Florida Special Needs Registry
Registration Information - Lake County

ADDRESS FOR THE REGISTRANT (physical address is required)	
Mailing Address (if different from above)	
Mailing City	
Mailing State	
Mailing Zip Code	
Additional County Information	
*My residence's electrical service is provided by: (select only one)	☐ Clay ☐ Duke ☐ SECO ☐ City of Mount Dora ☐ City of Leesburg

PHONE NUMBERS FOR THE REGISTRANT (a primary and at least one other phone number is required)				
*Phone Number	Extension	*Phone Type (select only one)	Primary	TTY/TDD Capable
( ) -		☐ Home ☐ Work ☐ Cell	☐ Yes ☐ No	☐ Yes ☐ No
( ) -		☐ Home ☐ Work ☐ Cell	☐ Yes ☐ No	☐ Yes ☐ No
( ) -		☐ Home ☐ Work ☐ Cell	☐ Yes ☐ No	☐ Yes ☐ No

PRIMARY EMERGENCY CONTACT FOR THE REGISTRANT (required)	
*Primary Emergency Contact Name	
Contact Address	
Contact City	
Contact State	
Contact Zip Code	
*Contact Primary Phone Number	( ) - Extension:
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Secondary Phone Number	( ) - Extension:
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Email Address	
OTHER CONTACTS FOR THE REGISTRANT (entry is optional)	
*Other Contact Name	
*Contact Type (select only one)	☐ Secondary Emergency Contact ☐ Caregiver ☐ Family Member ☐ Neighbor ☐ Friend ☐ Physician ☐ Pharmacy ☐ Home Health Care Provider ☐ Home Medical Equipment Provider ☐ Hospice Provider ☐ Oxygen Provider ☐ Dialysis Clinic ☐ Other Medical Provider ☐ Out Of Area Contact ☐ Alternate Living Arrangement Contact
Contact Address	
Contact City	
Contact State	
Contact Zip Code	
*Contact Primary Phone Number	( ) - Extension:

Florida Special Needs Registry
Registration Information - Lake County

OTHER CONTACTS FOR THE REGISTRANT (entry is optional)	
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Secondary Phone Number	( ) - Extension:
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Email Address	
*Other Contact Name	
*Contact Type (select only one)	☐ Secondary Emergency Contact ☐ Caregiver ☐ Family Member ☐ Neighbor ☐ Friend ☐ Physician ☐ Pharmacy ☐ Home Health Care Provider ☐ Home Medical Equipment Provider ☐ Hospice Provider ☐ Oxygen Provider ☐ Dialysis Clinic ☐ Other Medical Provider ☐ Out Of Area Contact ☐ Alternate Living Arrangement Contact
Contact Address	
Contact City	
Contact State	
Contact Zip Code	
*Contact Primary Phone Number	( ) - Extension:
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Secondary Phone Number	( ) - Extension:
Is this phone TTY/TDD capable?	☐ Yes ☐ No
Contact Email Address	
Additional County Information	
Will someone be with you at the shelter?	☐ Yes ☐ No
Shelter Accompanying Name:	
Shelter Accompanying Phone:	

REGISTRANT'S PETS

*Pet Name	*Type of Animal	*Breed / Description	Vaccinations Up to Date	Will Bring to Shelter	Requires Medication	Other information about this pet
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Additional County Information	
Will pets accompany you to the shelter?	☐ Yes ☐ No
Number and type of animals going to shelter.	

Florida Special Needs Registry
Registration Information - Lake County

REGISTRANT'S SERVICE ANIMALS			
*Animal Type (select only one)		*Required Due to Disability	*Work or Task Animal has been trained to perform
☐ Dog	☐ Miniature Horse	☐ Yes ☐ No	
☐ Dog	☐ Miniature Horse	☐ Yes ☐ No	
☐ Dog	☐ Miniature Horse	☐ Yes ☐ No	

REGISTRANT'S EQUIPMENT				
Please indicate the medically necessary equipment that is electric dependent for this registrant: (select all that apply)	☐ Apnea Monitor	☐ Cardiac Monitor	☐ CPAP / BiPAP	☐ Dialysis Catheter
	☐ Feeding Pump	☐ Medication that requires refrigeration	☐ Nebulizer	☐ Oxygen Concentrator
	☐ Suction Pump	☐ Ventilator	☐ Wound Vac	
	Other:			
Please indicate any medically necessary equipment that is NOT electric dependent for this registrant: (select all that apply)	☐ EpiPen	☐ Indwelling Urinary Catheter (Foley)	☐ Insulin Pump	☐ Peripheral Intravenous Line
	☐ PICC Line	☐ Port-a-Cath	☐ Pulse Oximeter	☐ Tracheostomy

TRANSPORTATION & MOBILITY				
Registrant has the following transportation needs: (select all that apply)	☐ Needs transportation to a shelter	☐ Can be transported in a car	☐ Can be transported in a bus	☐ Must be transported in a wheelchair accessible vehicle
	☐ Must be transported in a stretcher van	☐ Uses a wheelchair but can transfer to a van seat	☐ Weight requires special transportation	☐ Needs continuous oxygen during transport
	Caregiver(s) needs transportation:			
	Other shelteree(s) needs transportation:			
Registrant has the following mobility issues: (select all that apply)	☐ Needs help to walk	☐ Needs help transferring to/from cot and/or mobility device	☐ Uses a Hoyer Lift to get out of a cot	☐ Is confined to a bed
	☐ Paraplegic	☐ Quadriplegic	☐ Uses a Walker	☐ Uses a Cane
	☐ Uses a Wheelchair	☐ Uses a Motorized Wheelchair / Scooter		
	Other:			

MEDICAL & OTHER				
Behavioral: (select all that apply)	☐ Anxiety	☐ Autism	☐ Bipolar	☐ Combative / Violent
	☐ Conduct Disorder	☐ Flight Risk	☐ Obsessive / Compulsive	☐ Personality Disorder
	☐ Psychosis	☐ Schizophrenia	☐ Self-injurious or danger to others	☐ Substance Abuse
	Other:			
Memory: (select all that apply)	☐ Alzheimer's and related dementias	☐ Dementia	☐ Memory Impaired	
Dialysis: (select all that apply)	☐ Hemodialysis (Facility/Home)	☐ Peritoneal Dialysis		

Florida Special Needs Registry
Registration Information - Lake County

MEDICAL & OTHER	
Name of Primary Insurance Company:	
Dialysis Frequency: (select only one)	☐ 1 time a week ☐ 2 times a week ☐ 3 times a week ☐ 4 times a week ☐ 5 times a week ☐ 6 times a week ☐ 7 times a week (daily)
Insurance ID #:	
Oxygen Type: (select only one)	☐ Gaseous ☐ Liquid
Do you have a Do Not Resuscitate (DNR) order? IMPORTANT: If yes, please remember to bring the original yellow copy with you to the Special Needs Shelter.	☐ Yes ☐ No
Oxygen Liter Flow / Amount: (select only one)	☐ 0.5 ☐ 1.0 ☐ 1.5 ☐ 2.0 ☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ 4.0 ☐ 4.5 ☐ 5.0 ☐ 5.5 ☐ 6.0 ☐ 6.5 ☐ 7.0 ☐ > 7.0
Oxygen Mode of Administration: (select only one)	☐ Mask ☐ Nasal Cannula ☐ Trach Collar
Medicare #:	
Medicaid #:	
Medication Allergies & Reactions (list all)	
Do you need assistance with administering your medications?	☐ Yes ☐ No
Other: (select all that apply)	☐ Vision Impaired ☐ Partially Blind ☐ Legally Blind ☐ Hearing Impaired ☐ Deaf ☐ ALS ☐ Arthritis / Osteoporosis ☐ Angina ☐ Asthma ☐ Cancer ☐ Cerebral Palsy ☐ Congestive Heart Failure ☐ COPD ☐ Cystic Fibrosis ☐ Diabetes (Type 1) ☐ Diabetes (Type 2) ☐ Incontinent ☐ IV Pump ☐ Non verbal ☐ Difficulty understanding verbal instructions ☐ Difficulty speaking ☐ Emphysema ☐ Heart Disease ☐ Hypertension (High Blood Pressure) ☐ Hypotension (Low Blood Pressure) ☐ Kidney Disease ☐ MS ☐ Muscular Dystrophy ☐ Colostomy ☐ Ileostomy ☐ Urostomy ☐ Pacemaker / AICD ☐ Parkinsons ☐ Peritoneal Dialysis Pump ☐ Stroke Bedsore (Decubitus Ulcer): Contagious Disease: Food Allergies & Reactions: Seizures: Other:

Additional County Information	
Do you have any significant past medical history?	

REGISTRANT'S MEDICATION (Use additional paper if more space needed)

Florida Special Needs Registry
Registration Information - Lake County

Medication	Dosage	Route	Refrigeration Required

*Name of Medication	Dosage	Route	Requires Refrigeration
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No
		☐ Auto Injector ☐ Injection ☐ IV ☐ Mouth ☐ Subcutaneous ☐ Sublingual ☐ Transdermal ☐ Inhaled	☐ Yes ☐ No

OTHER NOTES ABOUT THE REGISTRANT

Florida Special Needs Registry
Registration Information - Lake County

OTHER NOTES ABOUT THE REGISTRANT