

ESTOPPEL CERTIFICATE

1. DATE OF ESTOPPEL CERTIFICATE: _____
2. NAME OF CURRENT OWNER(S): _____
3. NAME OF PROSPECTIVE BUYER(S): _____
4. ADDRESS OF PROPERTY: _____
5. PARKING AND/OR GARAGE SPACE NUMBER: _____
6. IS THIS ACCOUNT DELINQUENT: YES _____ NO _____ IF THIS ACCOUNT HAS BEEN REFERRED TO AN ATTORNEY, PLEASE PROVIDE ATTORNEY CONTACT INFORMATION:

7. NAME OF COMPANY REQUESTING ESTOPPEL CERTIFICATE: _____
8. IS THERE ANY SPECIAL ASSESSMENT ON THE UNIT: YES _____ NO _____
 - (A) EFFECTIVE DATE OF THE SPECIAL ASSESSMENT: _____
 - (B) HAS IT BEEN PAID: YES _____ NO _____ IF NO, PLEASE STATE:
 - (I) THE BALANCE DUE OF THE ASSESSMENT: _____
 - (II) THE DATE(S) THE PAYMENT(S) MUST BE PAID: _____
 - (III) THE PURPOSE OF THE ASSESSMENT: _____

9. DO YOU ANTICIPATE MAKING A SPECIAL ASSESSMENT IN THE NEXT THREE MONTHS: YES _____ NO _____
IF YES, PLEASE PROVIDE DETAILS:

10. ANY OTHER INFORMATION TO BE DISCLOSED:

* Per Florida Statute 720.30851

MONTHLY MAINTENANCE INFORMATION:

1. AMOUNT OF MONTHLY MAINTENANCE FEE: _____
2. CURRENT OWNER(S) PAID MAINTENANCE IN FULL THROUGH: _____
3. NEXT MONTHLY MAINTENANCE FEE DUE DATE: _____
4. MONTHLY MAINTENANCE FEE PAYMENTS ARE DUE ON: _____
5. THE AMOUNT OF PENALTY OR CHARGE FOR LATE PAYMENTS IS: _____
6. IF A CHANGE IN THE MONTHLY MAINTENANCE FEE IS EXPECTED, WHEN WILL IT BE: _____
7. WHAT WILL BE THE NEW ESTIMATED AMOUNT OF THE MONTHLY MAINTENANCE FEE: _____
8. ITEMIZATION OF OTHER MONEY OWED: _____

OTHER INFORMATION:

1. IS THERE AN ESTOPPEL CERTIFICATE FEE: YES _____ NO _____ AMOUNT DUE: _____
2. IS THERE A CONDOMINIUM TRANSFER FEE: YES _____ NO _____ AMOUNT DUE: _____
3. IS THERE ANY OPEN VIOLATION OR RULE OR REGULATION NOTICED TO THE PROPERTY OWNER IN THE ASSOCIATION OFFICIAL RECORDS: YES _____ NO _____
4. DO THE RULES AND REGULATIONS OF THE ASSOCIATION APPLICABLE TO THE PROPERTY REQUIRE APPROVAL BY THE BOARD OF DIRECTORS OF THE ASSOCIATION FOR THE TRANSFER OF THE PROPERTY: YES _____ NO _____
IF YES, PLEASE PROVIDE DETAILS: _____
IF YES, HAS THE BOARD APPROVED THE TRANSFER OF THE PROPERTY: YES _____ NO _____
5. IS THERE A RIGHT OF FIRST REFUSAL PROVIDED TO THE MEMBERS OF THE ASSOCIATION: YES _____ NO _____
6. HAVE THE MEMBERS OR THE ASSOCIATION EXERCISED THAT RIGHT OF FIRST REFUSAL: YES _____ NO _____
7. PROVIDE CONTACT INFORMATION FOR ALL INSURANCE MAINTAINED BY THE ASSOCIATION: _____

8. NAME AND SIGNATURE OF PERSON PROVIDING INFORMATION:

(SIGNATURE) _____ DATE: _____

(TITLE)