

# CAPITAL PROJECTS FORM



Department of Regulatory and Economic Resources  
Consumer Protection Division  
601 NW 1<sup>st</sup> Court, 18<sup>th</sup> Floor  
Miami, FL 33136  
Tel (786) 469-2300 Fax (786) 469-2311  
[CPre@miamidade.gov](mailto:CPre@miamidade.gov)

## Community Association Registration

Community Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal name of individual submitting this form: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above-named Community Association has a Planned Capital Project for calendar year 2024. The Planned Capital Project is as follows: *(1 form per project)*

Type of Project: \_\_\_\_\_

Actual commencement date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Total Costs of project: \_\_\_\_\_

Source of Funding: \_\_\_\_\_

Project Schedule: \_\_\_\_\_

Additional information regarding project *(Attach a separate sheet as necessary)*:

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By submitting this form, I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

By submitting this form, I declare, under penalties of perjury, that I have read the foregoing form, that the facts stated in it are true, and that any supporting documents I submit are copies of genuine documents.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

By submitting this registration form, I understand this registration and any supporting documents are public record and are available for public inspection and copying.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Last Updated 12/27/2023