



CAPITAL PROJECTS FORM

Community Association Registration

Note: Complete this form ONLY if the association is to have any project done within the year. One form per project.
 (Ex. Repairs, maintenance etc.)

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 _____. 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