



Department of Regulatory and Economic Resources
Consumer and Neighborhood Protection Division
11805 SW 26 ST Suite 230
Miami, FL 33175
Tel (786) 315-2558
CPReg@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 does not have any of the following items for submission to the Consumer Protection Division, pursuant to Section 17D-3 of the Code of Miami-Dade County, Florida (check all applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Website (Sec. 17D-3(A)(6)) | <input type="checkbox"/> Corporate seal (Sec. 17D-3(A)(7)) | <input type="checkbox"/> Amendment(s) to the Community Association's governing documents (Sec. 17D-3(A)(8)) |
| <input type="checkbox"/> Planned capital projects for the current registration period (Sec. 17D-3(A)(9)) | <input type="checkbox"/> Structural status report(s) issued within the last 10 years (Sec. 17D-3(A)(13)) | <input type="checkbox"/> Current or approved special assessments (Sec. 17D-3(A)(10)) |
| <input type="checkbox"/> Other: _____ | | |

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