



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):

- Website (Sec. 17D-3(A)(6))
Corporate seal (Sec. 17D-3(A)(7))
Amendment(s) to the Community Association's governing documents (Sec. 17D-3(A)(8))
Planned capital projects for the current registration period (Sec. 17D-3(A)(9))
Structural status report(s) issued within the last 10 years (Sec. 17D-3(A)(13))
Current or approved special assessments (Sec. 17D-3(A)(10))
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 ____/____/____