NOTICE OF CONDOMINIUM RECORDING INFORMATION

This form is to report recording information for the declaration and amendments adding phases as required by sections 718.104(2), 718.403(8), Florida Statutes, and Rule 61B-17.001(3), Florida Administrative Code, and to remit the annual fees required by Rule 61B-23.002(1)(b), F.A.C. PLEASE ATTACH COPIES OF ANY RECORDED DOCUMENTS TO THIS FORM IF DOCUMENTS PRIOR TO RECORDING WERE NOT ALREADY REVIEWED, APPROVED AND ON FILE WITH THE DIVISION. If there are changes to the documents on file with the Division, please refer to Rule 61B-17.006, F.A.C. and submit the changes in amendment form.

1. Name of Condominium _____________________________________________________________
   Street Address ___________________________________________________________________
   City _________________________ County ___________ State _______ Zip Code ________

2. Project number assigned by the Division ___________________________________________

3. Name of Developer/Owner _________________________________________________________
   Street Address __________________________________________________________________
   City _________________________ County ___________ State _______ Zip Code ______

4. Name of Condominium Association ________________________________________________
   Mailing Address __________________________________________________________________
   City _________________________ County ___________ State _______ Zip Code ______

5. Please complete the following information if reporting the recording of a declaration of condominium.
   County where recorded _____________________________________________________________
   Official Records Book No. ___________________________ Page _________________________
   Date Recorded ____________________________ month day year

   Number of units located in or on the land being submitted by the declaration to condominium ownership.
                                                                                       
   If a phase condominium, identify the phase(s) which was submitted with the recording of the declaration
6. If reporting an amendment or amendments adding phases, please provide the following information for each phase.

   Phase Number ___________________ County where recorded ____________________________
   Official Records Book No. ___________________ Page No. _____________________________
   Date Recorded ___________________________ month day year
   Number of units described in the phase _____________________________
   Total units in the condominium after addition of this phase ____________________________

   Phase Number ___________________ County where recorded ____________________________
   Official Records Book No. ___________________ Page No. _____________________________
   Date Recorded ___________________________ month day year
   Number of units described in the phase _____________________________
   Total units in the condominium after addition of this phase ____________________________

   Phase Number ___________________ County where recorded ____________________________
   Official Records Book No. ___________________ Page No. _____________________________
   Date Recorded ___________________________ month day year
   Number of units described in the phase _____________________________
   Total units in the condominium after addition of this phase ____________________________

   If additional space is needed, please attach a separate page and include all of the information in question six for each amendment.

7. Are the association annual fees of $4 per residential unit included? Rule 61B-23.002(1)(b), Florida Administrative Code, requires this payment to be made along with the Notice of Recording Information.

   Yes ___________________ No ___________________

   Print name of person submitting this form ___________________________
   Signature ___________________________
   Title (Indicate whether developer or agent of developer) ___________________________
   Date ___________________________

   Contact Telephone Number ___________________________