RETROFITTING REPORT FOR COOPERATIVES

Name of cooperative?________________________________________

Name of the association?_______________________________________

The cooperative FLSC&MH file number?

Cooperative# [   ] [   ] [   ] [   ] [   ]

(Insert one number per block – to be found in the division’s annual billing statement)

Cooperative Associations are required to report to the Division of Florida Condominiums, Timeshares, and Mobile Homes (FLSC&MH) certain information regarding the membership vote to waive retrofitting requirements for fire sprinkler systems and handrails and guardrails. See Chapters 2003-14 and 2004-80, Laws of Florida.

Please select the retrofitting information provided in this report (select only one, provide two reports if waiving requirements for both fire sprinkler systems and handrails and guardrails.

☐ fire sprinkler systems  ☐ handrails and guardrails

(Mark an “X” in any applicable block and complete all requested information.)

1. ☐ The above-named cooperative has voted to waive retrofitting as indicated above (please complete all blanks). The vote to waive retrofitting requirements was conducted:

☐ at a duly-called meeting of the association on ________________(fill in date); and/or

☐ by execution of written consents.

The specific results of that voting was…

_______ The number of unit owners voting to waive the State of Florida requirements.

_______ The number of unit owners voting not to waive the State of Florida requirements.

_______ The total number of voting interests in the cooperative association.

A certificate attesting to this vote is recorded in the County of _______________________, Florida.

Book number _________ Page number_________.

2. ☐ The above-named cooperative did not waive retrofitting requirements. Commencement of the retrofitting project took place on __________________(fill in date).

The per unit cost of the retrofitting project is: $_________________

3. ☐ The above-named cooperative already has fire sprinklers or handrails and guardrails installed pursuant to the requirements and guidelines of Chapter 633, Florida Statutes.

4. Please provide the last date the Association filed its Annual Report with the Office of the Florida Secretary of State: _____________________ (fill in date).

Signed and attested to by:_______________________________, Corporate Officer

(Signature)

_______________________ _____________________    _____________________
(Print Name) (Title)          (Date)

Return by mail to:
Department of Business and Professional Regulation
Division of Florida Condominiums, Timeshares, and Mobile Homes
2601 Blairstone Road, Tallahassee, Florida 32399-1030
Attention: RETROFITTING CERTIFICATION

or

FAX this report to 1.850.921.5446

This information is subject to Florida’s Public Records Law and will be provided to the Florida Division of State Fire Marshal of the Department of Financial Services.