DBPR Form CO 6000-8
Effective: 11/30/04

RETROFITTING REPORT FOR CONDOMINIUMS

Name of condominium?_____

Name of the association?_____

The condominium FCTMH file number?

Condominium# [ ] [ ] [ ] [ ] [ ]

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

Condominium Associations are required to report to the Division of Florida Condominiums, Timeshares, and Mobile Homes (FCTMH) 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 condominium 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 condominium association.

   A certificate attesting to this vote is recorded in the County of _____**,** Florida.
   Book number _____ Page number_____.

2. ☐ The above-named condominium **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 condominium **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 Blair Stone 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.