

If yes, what was the method of notification?

Have you retained Legal Counsel regarding the issues listed in this complaint? Yes _____ No _____

_____		_____	
Name of Counsel		Street and/or Mailing Address	
_____		(_____) _____	
City	State	Zip	Telephone Number

Has court action been filed: Yes _____ No _____ IF SO,
ATTACH A COPY OF EACH COMPLAINT FILED IN COURT AND ANY
SUBSEQUENT COURT PLEADINGS.

=====

NOTE: A copy of this complaint may be sent to the Respondent.

BRIEF DESCRIPTION: (Narrative) Explain the nature of your complaint. Please type or write legibly. Give facts, details, dates and full names of all persons and witnesses involved. If more space is needed, please attach a separate sheet. ATTACH COPIES OF ALL DOCUMENTS, BILLS, RECORDS, CORRESPONDENCE, CONTRACTS, ETC., WHICH SERVE TO SUPPORT YOUR ALLEGATIONS.

What action do you expect the Division to take?

I hereby request the Division of Florida Condominiums, Timeshares, and Mobile Homes, Bureau of Compliance, to make appropriate investigation into the violation herein alleged. I understand that the Division may investigate this complaint pursuant to the provisions of Chapter 326, Florida Statutes.

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature of Complainant

Date

**BUREAU OF COMPLIANCE
DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES, AND MOBILE HOMES
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32399-1032**