

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Note: This form must be submitted with  
DBPR 0070 Uniform Complaint Form**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

<b>STATUTORY DEFINITION OF COMMUNITY ASSOCIATIONS</b>	
Name of Association	
Address of Association	
1. Is this a residential homeowner’s association in which membership in the association is a condition of ownership of the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the association authorized to impose a fee which may become a lien against a unit if not paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the total number of units within the association?	
<b>PERFORMING AS A COMMUNITY ASSOCIATION MANAGER (CAM)</b>	
Name of the Subject	
Is the Subject employed by one or more associations or by a company that provides services to one or more associations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many associations are involved?	
Name of association(s) and/or company	
Total number of units in all associations	
Does the Subject receive compensation (for instance, a salary, reduction in rent or fees, free rent, or any other benefits) for his or her services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the total dollar amount of the association’s annual budget(s)?	

<b>SPECIFIC DUTIES</b>		
Does the Subject have the authority to control or disburse association funds, for instance:		
a.	Does the Subject receive funds from unit owners either by check or cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	What does the Subject do with the funds: write receipts, make bank deposits?	
c.	Does the Subject post funds to the accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does the Subject have the authority to sign checks and does the Subject sign the checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does the association maintain a petty cash fund and is the Subject authorized to spend petty cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does the Subject have the authority to make changes in the association accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does the Subject work directly for a licensed CAM or is he/she a licensed CAM? If yes, what is the name and license number of the CAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Subject incur charges on association accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who approves invoices for payment (work completed, supplies delivered)? (Name and Address)		
Does the Subject have input regarding the monthly or yearly financial statements? If yes, explain:		
Does the Subject have input in preparing the annual budget? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject determine when or how to provide notice of association meetings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject conduct the association meetings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject coordinate the overall operation of the association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject supervise other association employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who do unit owners notify with maintenance problems?		
Is the Subject a registered agent for the association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject perform clerical functions under the direct supervision and control of a licensed CAM?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name and license number of the CAM?		
Does the Subject perform only maintenance services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADDITIONAL INFORMATION</b> (attach additional pages if needed):		
I certify the above is true and correct to the best of my knowledge and belief.		
_____		_____
(Signature)		(Date)
_____		
(Print Full Name)		