



9425 Sunset Drive, Suite 124, Miami, Florida 33173
Phone 305-271-0100 x703 Fax: 305-726-0096 closings@theclosingcompany.net

Wednesday, June 17, 2015

To: Attn: Estoppels Department Contact person: PAM Phone: (305) 637-3699
South Florida Condominium management Inc.
3100 NW 72nd Ave #113 Miami, FL 33122

Amount: \$275.00 7 DAYS

Current owner:
Property Address:
Subdivision Name:
Buyer:
File #:
Closing date:

SAMPLE

Dear Sir or Madam:

With regard to the above transaction, we will soon be conducting the closing. Please provide as soon as possible the following information:

1. How many associations are there? 1 2 3 other _____
2. Amount of maintenance \$ _____ payable per: month quarter year other _____
3. Balance due on this account \$ _____ Amount good through what date? _____
4. When last maintenance payment was made _____ Late charge due _____
5. When next maintenance payment is due _____
6. Is there a late fee if the payment is late? () Yes () No If so, when is it applied? _____ How much is the late fee \$ _____
7. Is a condo approval required yes no If yes, turnaround time _____ Cost of application /transfer fee? _____
8. Has the Certificate of Approval been issued for the purchaser(s)? () Yes () No If NO, has the buyer applied? () yes () no
9. Amount of special assessment, if any \$ _____ Balance due on the special assessment? _____
10. What is the reason for the special assessment? _____
11. Are there any pending or contemplated special assessments? () yes () no
If YES, what is the purpose of the pending or contemplated special assessment? _____
12. Is the pending or contemplated special assessment for ? : past liabilities/repairs future improvements
13. Estimated amount of pending or contemplated special assessment? \$ _____
14. Has an anticipated special assessment been placed on the minutes or agenda of any board meeting during the past 12 months?
() yes () no If marked YES, please provide details here: _____
15. Are there any pending or anticipated claims , lawsuits or litigation against the condominium association,?
() yes () no If marked YES, please provide details here: _____
16. Is the association involved in any litigation as a plaintiff against the developer and/or/construction companies for building defects? () yes () no If marked YES, please provide details here: _____
17. Are there any code violations or open permits on this unit? ()yes () no If YES is checked, are there any charges due for this property? ()yes () no \$ _____
18. Are there any unrecorded amendments to the condominium documents? () yes () no
19. Are you aware of any special taxes imposed to this association by a community development district (CDD)? () Yes () No

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20. Are there any restrictions to this property? _____
21. Has the right of first refusal been issued for the purchasers? _____
22. Parking space(s) to the unit are _____ n/a Is the parking space a separate property/folio#? () yes () no
23. Storage space (s) to the unit are: _____ n/a Is the storage space a separate property/folio# ? () yes () no
24. Dock space(s) to the unit are: _____ n/a Is the dock space a separate property/folio#? () yes () no
25. Make maintenance and/or assessment check payable to: _____
26. Are there any other Associations involved in this condo/ homeowners Assoc? _____, if so please fill in name, address, phone and who we may contact: _____

DO NOT RECORD ASSIGMENT OF PARKING SPACE/STORAGE AS PER DECLARATION OF CONDOMINIUM RULES

DO RECORD ASSIGMENT OF PARKING SPACE/STORAGE AS PER DECLARATION OF CONDOMINIUM RULES

Name, Address and Phone number of Insurance Agent / Carrier for:

Master Hazard Policy Insurance:

Company _____

Phone # _____ Fax# _____

Master Flood Policy Insurance:

Company _____

Phone # _____ Fax# _____

23. Water & Sewer paid by: _____

24. Trash Removal paid by: _____

25. Who is the attorney handling this account: _____

26. Please attach a copy of the account ledger or balance sheet ATTACHED

28. % of owners paying current on dues: _____ %

29. % of owners past due : _____ %

This form completed by:

Your name: _____

Title : _____ Company _____

Contact phone no. _____ EMAIL: _____

Questions on this form? Please call 305-271-0100x703

Please send completed form to fax 305-726-0096 or
closings@theclosingcompany.net