



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