

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF FLORIDA CONDOMINIUMS, TESHARES AND MOBILE HOMES

Condominium Association Candidate Certification Form*

I, _____, certify that I have read and understand to
(print name of candidate)

the best of my ability, the governing documents of:

(print name of association)

and the provisions of this chapter and any applicable rules.

Signed: _____
(signature of candidate)

Date: _____

*required by section 718.112(2)(d)3., Florida Statutes