

# MIRZA BASULTO & ROBBINS, LLP

COMMUNITY ASSOCIATION LAWYERS

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## **COMMUNITY ASSOCIATION INFORMATION SHEET**

**PLEASE HAVE THIS FORM COMPLETED AND RETURNED TO THIS OFFICE  
ALONG WITH THE SIGNED COMMUNITY ASSOCIATION AUTHORITY TO  
REPRESENT / RETAINER AGREEMENT**

The following information is required to keep the Board of Directors informed and updated as to legal matters being handled by this firm. In the event that any of the below provided information becomes inaccurate or outdated, please contact this office to update as soon as practicable.

### **SECTION 1: ASSOCIATION INFORMATION**

1. \_\_\_\_\_  
ASSOCIATION'S COMPLETE LEGAL NAME
2. \_\_\_\_\_  
ASSOCIATION'S PHYSICAL ADDRESS (i.e. the Clubhouse or Office)
3. Office: \_\_\_\_\_ Cellular: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
ASSOCIATION'S TELEPHONE NUMBER AND FACSIMILE NUMBER (i.e the Clubhouse or Office)

### **SECTION 2: MANAGER INFORMATION**

4. \_\_\_\_\_  
NAME OF MANAGEMENT COMPANY
5. \_\_\_\_\_  
NAME OF PROPERTY MANAGER
6. \_\_\_\_\_  
MANAGEMENT COMPANY'S MAILING ADDRESS
7. PROPERTY MANAGER'S TELEPHONE/CONTACT INFORMATION:  
Office: \_\_\_\_\_ Cellular: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail \_\_\_\_\_

### SECTION 3: ACCOUNTANT INFORMATION

8. \_\_\_\_\_  
NAME OF ACCOUNTING FIRM (IF ANY)
9. \_\_\_\_\_  
NAME OF ACCOUNTANT (IF ANY)
10. \_\_\_\_\_  
ACCOUNTING FIRM'S MAILING ADDRESS (IF ANY)
11. ACCOUNTANT'S TELEPHONE/CONTACT INFORMATION:  
Office: \_\_\_\_\_ Cellular: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail \_\_\_\_\_

### SECTION 4: BOARD OF DIRECTORS – LEGAL LIAISONS

It is suggested that the Board appoint two (2) board members to act as legal liaisons to communicate with the Firm as necessary. Absent proper board action and vote to limit contact with the Firm to certain members of the Board, the Firm is authorized to speak with all members of the Board, however, the following persons will be utilized as the main contacts between the Association and the firm:

#### LEGAL LIAISON INFORMATION

- |  |   |
|--|---|
| 12. _____<br>NAME OF LIAISON #1              | _____<br>NAME OF LIAISON (ALTERNATE)                  |
| _____<br>TITLE OF LIAISON #1                 | _____<br>TITLE OF LIAISON (ALTERNATE)                 |
| _____<br>STREET ADDRESS OF LIAISON #1        | _____<br>STREET ADDRESS OF LIAISON (ALTERNATE)        |
| _____<br>CITY, STATE, ZIP CODE OF LIAISON #1 | _____<br>CITY, STATE, ZIP CODE OF LIAISON (ALTERNATE) |
| Work: _____                                  | Work: _____   |
| Fax: _____                                   | Fax: _____  |
| Home: _____                                  | Home: _____   |
| Fax: _____                                   | Fax: _____  |
| Cellular: _____                              | Cellular: _____                                       |
| E-mail: _____                                | E-mail: _____   |

## SECTION 5: CORRESPONDENCE INFORMATION

PLEASE CHECK ONE OF THE FOLLOWING:

All correspondence and status reports should be sent via electronic mail to:

\_\_\_\_\_

All checks should be sent to ☐ Manager/Management Company, ☐ Certified Public Accountant/Bookkeeper, or ☐ Other: \_\_\_\_\_ at the following address: \_\_\_\_\_

\_\_\_\_\_.

## SECTION 6: DELINQUENT ACCOUNTS

### Payment Plan Authorization

Until further notice, the Board of Directors hereby authorizes the Firm to extend payment terms to those unit owners who agree to pay all past due assessments, penalties, costs of collection and all assessments which will come due during the term of any such plan for a maximum term of :

PLEASE CHECK ONE OF THE FOLLOWING:

☐ Three (3) months      ☐ Six (6) months

☐ Payment plans are **NOT** authorized without Association approval.

## SECTION 7: UNIT/ASSESSMENT INFORMATION

How many units/homes are located within the Association? \_\_\_\_\_

How often are assessments levied? MONTHLY    QUARTERLY    ANNUALLY

Is the assessment the same for all units/homes/lots? YES    NO (see below)

Explain: \_\_\_\_\_

\_\_\_\_\_

Does the Association charge a late fee for delinquent assessments? NO    YES (see below)

Due Date - \_\_\_\_\_ Amount - \_\_\_\_\_ Interest Rate - \_\_\_\_\_

Date of Next Annual Election: \_\_\_\_\_