

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES, AND MOBILE HOMES  
2601 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-1030  
TELEPHONE (850) 487-9832

**Homeowner Association Reporting**

Homeowner Associations are required to report the information required by this form, as provided by s. 720.303(13), F. S.

- 
- 1) Legal Name of Homeowner Association \_\_\_\_\_  
Federal Employer Identification Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- 2) Total number of Parcels \_\_\_\_\_
- 3) Total amount of revenues from the association annual budget \_\_\_\_\_  
Budget Year \_\_\_\_\_
- 4) Total amount of expenses from the association annual budget \_\_\_\_\_  
Budget Year \_\_\_\_\_
- 5) For associations in which control of the association has not been transitioned to non-developer members, the following additional information must be reported:  
  
Legal Name of Developer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Total number of parcels owned at date of reporting \_\_\_\_\_

6) If you are a Community Association Manager filing on behalf of the association, please provide your License Number.

License Number \_\_\_\_\_

7) Enter your name \_\_\_\_\_

8) Submit this reporting information?

\_\_\_\_\_ Yes

\_\_\_\_\_ No