

Benchmark Property Management, Inc.

7932 Wiles Road

Coral Springs, Florida 33067

Tel. 954-344-5353 Fax 954-344-5399

Certificate of Estoppel

The responses herein are made in good faith and to the best of my ability as to their accuracy.

PLEASE SEND COPY OF DEED AFTER CLOSING

In response to your request for estoppel information (financial status of account), we will provide **this certificate only**, within the next 15 days, in accordance with the requirements of Florida Statute Section 718.116(8) (for condominiums) or Section 720.30851 (for homeowners associations). **OUR FEE FOR THIS SERVICE IS \$150.** If you would like this form returned within 3 business days, please add \$50 for Priority Service. **All fees must be paid in advance by money order, bank check or cash.**

This account has been previously referred to the association's attorney for collection. Therefore we cannot provide you with the total outstanding balance or payoff amount. **However, we will provide our current data to, and cooperate with, the attorney, for which our fee remains in effect.** To obtain the total outstanding balance or payoff amount on this account you must contact:

Attorney: _____ Telephone _____

This account is not in collection. Estoppel information is provided below.

1. Association name _____
2. Unit Owner(s) name _____
3. Unit address _____
4. Unit number _____
5. Maintenance fees for this unit are currently set at \$ _____ per _____
6. Late payments are subject to interest at _____% per _____ and a late fee of \$ _____
7. The current outstanding maintenance fee balance is \$ _____ (make payoff check payable to the association noted on line 1 above)
8. The next maintenance payment will be due on ____/____/____
9. The current outstanding balance on special assessment(s) is \$ _____
10. The following recreation fees apply: _____
*****APPROVAL IS NOT / IS REQUIRED (contact Lisa Smith 954-344-5353)**

The information provided herein is current as of ____/____/____ This form has been completed by _____, Benchmark Property Management, Inc., as agent for the above named association.
Date ____/____/____

If you require information other than the financial data provided in this Certificate, we will provide responses to the best of our ability, in accordance with Florida Statute Section 718.111(12)(e) (for condominiums) or Section 720.303 (for homeowners associations). Our fee for this service is \$150.

PLEASE CHECK YOUR CHOICE(S) BELOW, THEN SIGN WHERE INDICATED AND RETURN THIS FORM TO US VIA BEST METHOD.

- _____ The undersigned hereby requests "Regular Service" for the Certificate of Estoppel at a fee of \$150.
 _____ The undersigned hereby requests "Priority Service" for the Certificate of Estoppel at a fee of \$200.
 _____ The undersigned hereby requests "Additional Information" at a fee of \$150.

Company _____ Signature _____ Print Name _____ Date _____