

NAME ABACOA - CAMBRIDGE Condo Homeowner Assn
 Property Address _____
 Mailing Address 1930 COMMERCE LANE, STE. 1, JUPITER, FL 33458
 Total # of Units 209 # of Bldgs _____ # of Units per Bldg _____ # of Floors _____ Elevator? _____
 Security? _____ Security/Access Phone # _____ Annual Meeting Date _____
 Fees \$ 597.00 Per QTR Other Fees _____
 Fees Cover: Bldg Ins _____ Cable CAM _____ Roof _____ Paint _____ Garbage _____ Water ** _____
 Security _____ Sewer _____ Pest Control Reserves _____ Other _____
 HO Insurance Carrier R.V. JOHNSON Phone 561-745-8894
 Rec. Facilities: Tennis _____ Pool Clubhouse Golf _____ Boating _____ Other _____
 Add'l fee for use of facilities? N If so, how much \$ _____ per _____
 Claim Adult housing status? Yes _____ No Pets permitted? Y N _____ Weight _____ No. _____
 Vehicle or other restrictions BOATS, TRUCKS AND MOTORCYCLES MUST BE KEPT IN GARAGE.

Parking spaces per unit: 2 Open _____ Covered _____ Garage 2
 Yard sign permitted? Yes No _____ Type WITH APPROVAL Size _____

	<u>BUYERS</u>		<u>TENANTS</u>	
Prospects need approval?	Yes <input checked="" type="checkbox"/>	No _____	Yes <input checked="" type="checkbox"/>	No _____
Personal interview required?	Yes <input checked="" type="checkbox"/>	No _____	Yes <input checked="" type="checkbox"/>	No _____
Fee involved in approval?	Yes <input checked="" type="checkbox"/>	No _____ \$ <u>100</u>	Yes <input checked="" type="checkbox"/>	No _____ \$ <u>100</u>
Paid to whom? <u>CAMBRIDGE</u>	How long does it take for approval? <u>1-2 WEEKS</u>			
Capital Contribution (Buyer) Yes <input checked="" type="checkbox"/> No _____ Amt. _____	Common Area Security Deposit (Tenants) Yes _____ No <input checked="" type="checkbox"/> Amt. _____			
Any time requirements on lease? MIN: <u>12 months</u> MAX: <u>N/A</u>	Times per year? <u>1</u>			
Person to contact for application forms <u>PAM ADAMS</u>	Phone <u>561-575-3551</u>			
	Title/Position			

Application available online? YES

Property Management Co	<u>BRISTOL MANAGEMENT</u>	<u>561-575-3551</u>	<u>561-575-5423</u>
	Name	Phone	Fax
and/or			
Individual Contact	<u>PAM ADAMS LCAM</u>	<u>561-575-3551</u>	<u>561-575-5423</u>
	Name	Phone	Fax

Remarks: ** EXTERIOR WATER INCLUDED. (IRRIGATION ONLY)
PLEASE CHECK BRISTOL'S WEB SITE www.bristolmanagement.com FOR RENTAL & RESALE APPLICATIONS AND AUTOMATED ESTOPPELS & APPROVALS.

This information supplied by	<u>IMEE CANDELANO</u>	<u>RE SPECIALIST</u>	<u>561-575-3551</u>	<u>06/12</u>
	Name	Title/Position	Phone	Date

Association email: NONE Association website: www.bristolmanagement.com

WARNING: Please see Important Statement In Front of Book

This form has been prepared by the Jupiter-Tequesta-Hobe Sound Association of REALTORS®, Inc. as a service to its members.