

NAME JONATHAN'S LANDING - PASSAGE ISLANDS Condo  Homeowner Assn   
 Property Address \_\_\_\_\_  
 Mailing Address 1930 COMMERCE LANE, SUITE 1, JUPITER, FL 33458  
 Total # of Units 21 # of Bldgs 21 # of Units per Bldg 1 # of Floors     Elevator?      
 Security? Y Security/Access Phone # 561-747-2800 Annual Meeting Date JAN  
 Fees \$ 1100.00 Per QTR Other Fees JONATHANS LANDING POA \$597.00/QTR.  
 Fees Cover: Bldg Ins     Cable     CAM  Roof     Paint     Garbage  Water      
 Security  Sewer     Pest Control     Reserves  Other      
 HO Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_  
 Rec. Facilities: Tennis  Pool     Clubhouse  Golf  Boating  Other HOMES HAVE DOCK  
 Add'l fee for use of facilities? Y If so, how much \$ \_\_\_\_\_ per \_\_\_\_\_  
 Claim Adult housing status? Yes     No  Pets permitted? Y  N     Weight \_\_\_\_\_ No. \_\_\_\_\_  
 Vehicle or other restrictions PASSENGER CARS ONLY.

# Parking spaces per unit: 2 Open     Covered     Garage 2  
 Yard sign permitted? Yes     No  Type \_\_\_\_\_ Size \_\_\_\_\_

	<u>BUYERS</u>		<u>TENANTS</u>	
Prospects need approval?	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>
Personal interview required?	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>	Yes <u>   </u> No <input checked="" type="checkbox"/>
Fee involved in approval?	Yes <u>   </u> No <input checked="" type="checkbox"/> \$ _____	Yes <u>   </u> No <input checked="" type="checkbox"/> \$ _____	Yes <u>   </u> No <input checked="" type="checkbox"/> \$ _____	Yes <u>   </u> No <input checked="" type="checkbox"/> \$ _____
Paid to whom? _____	How long does it take for approval? _____			
Capital Contribution (Buyer) Yes <u>   </u> No <input checked="" type="checkbox"/> Amt. _____	Common Area Security Deposit (Tenants) Yes <u>   </u> No <input checked="" type="checkbox"/> Amt. _____			
Any time requirements on lease? MIN: 30 days	MAX: N/A	Times per year? 2		
Person to contact for application forms _____	_____		Phone _____	
	Title/Position			

Application available online? NO

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>CHRISTINE DIRENZO</u>	<u>561-575-3551</u>	<u>561-575-5423</u>
	Name	Phone	Fax

Remarks: [WWW.BRISTOLMANAGEMENT.COM](http://WWW.BRISTOLMANAGEMENT.COM)  
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This information supplied by	<u>IMEE CANDELANO</u>	<u>561-575-3551</u>	<u>06/12</u>
	Name	Title/Position	Phone Date

Association email: NONE

Association website: [www.bristolmanagement.com](http://www.bristolmanagement.com)

**WARNING: Please see Important Statement In Front of Book**

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