



CAPITAL PROJECTS FORM

Community Association Registration

Note: Complete this form ONLY if the association is to have any project done within the year. One form per project.
(Ex. Repairs, maintenance etc.)

Community Association Name: The Club at Brickell Bay Plaza

Address: 1200 Brickell Bay dr #1400

Telephone: 305-503-2400 Fax: 786-279-2808 Email: gm@cabbcondo.com

Legal name of individual submitting this form: Deborah Gonzalez

Title: Property Manager Telephone: 305-503-2400 Email: gm@cabbcondo.com

I, Deborah Gonzalez, certify that the above-named Community Association has a Planned Capital Project for calendar year . The Planned Capital Project is as follows: (1 form per project)

☒ Type of Project: Pool Deck

☒ Actual commencement date: expected 3/16/2026 Completion date: expected 3 Month but can change 06/30/2026

☒ Total Costs of project: \$1,543,212.00 →

☒ Source of Funding: Reserve

☒ Project Schedule: This year

☐ Additional information regarding project (Attach a separate sheet as necessary):

The Contract was signed 9/16/2025 and we are waiting for the City Permit that are expected to be received by the end of this month or beginning of the next one.

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By submitting this form, I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes.

Signature

Date

By submitting this form, I declare, under penalties of perjury, that I have read the foregoing form, that the facts stated in it are true, and that any supporting documents I submit are copies of genuine documents.

Signature

Date

By submitting this registration form, I understand this registration and any supporting documents are public record and are available for public inspection and copying.

Signature

Date