Department of Regulatory and Economic Resources
Consumer and Neighborhood Protection Division
11805 SW 26 ST Suite 230
Miami, FL 33175
Tel (786) 315-2558
CPReg@miamidade.gov

# 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: Oceanview Building A Condominium

Address: 19390 Collins Ave., Sunny Isles Beach, FL 33160

Telephone: 305-931-5005 Fax: N/A Email: manager@oceanviewa.com

Legal name of individual submitting this form: Valentina Juliao

Title: Property Manager Telephone: 754-244-6654 Email: manager@oceanviewa.com

I, Valentina Juliao, 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: Garage Restoration

☐ Actual commencement date: Waiting for permit. Completion date: N/A

☐ Total Costs of project: 4,500,000.00

☐ Source of Funding: Special Assessment

☐ Project Schedule: N/A

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

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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.

Valentina Tulcán — 01 12 25

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.

Valentina Tulcán — 01 12 25

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.

Valentina Tulcán — 01 12 25

Signature — Date