Benchmark

-------Title & Escrow, LLC-------

Janice Quinn
Closing Agent
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November 4, 2024

HOA Information and Address: **Cypress Island Marina**
2775 Cypress Island Drive
Palm Beach Gardens, FL 33410

Property Address: **14410 Palmwood Road Slip , Jupiter, FL 33477**

RE:

Projected Closing Date:

Hi Cindy:

Please be advised that this office has been engaged to handle the closing on the above described property, which is being (X) sold ( ) refinanced. Please forward the following estoppels information to us as soon as possible.

Amount of the Estoppels fee **$**_____

1.) Is a certificate of approval required ? ( ) Yes ( ) No

If an approval is required, has application been made to the appropriate party? ( ) Yes ( ) No

2.) Maintenance assessments have been paid through and including _____ (date).

Assessment is due: ( ) Monthly ( ) Quarterly ( ) annually

The amount for each period is: $ _____.

3.) Are there any current special assessments ? ( ) Yes ( ) No

If there is a special assessment, has it been ratified and confirmed ? ( ) Yes ( ) No

Outstanding special assessment balance, if any $_____.

4.) Do you anticipate levying any special assessment within the next three (3) months? _____.

If so, please state the amount $_____ and date due:_____.

5.) Does the Association or Membership have a right of first refusal? _____.

6.) Is there a secondary association (or sub-association) ? ( ) Yes ( ) No

If so, please provide name and contact information for the secondary association:

_____.

Please provide any additional information you may have regarding the secondary association, such as outstanding dues or assessments, etc…:

_____.

7.) Is the Association / Condo a party to any litigation? ( ) Yes ( ) No

If so, please describe: _____.

8.) If master insurance is applicable, please provide insurance carrier contact information:

_____.

9.) Parking space number(s), if applicable _____ Is recording required _____.

10.) Please provide name and address for any funds to be made payable to:

Payable to: _____.
Address: _____.

Payable to: _____.
Address: _____.

11.) Is there a Capitol Contribution? ( ) Yes ( ) No

If Yes How Much: _____

12.) Is there a recreational lease? If so, provide amounts due and/or contact information for management company handling recreational lease?
YES ( )
NO ( )

13.) Name and phone number of person completing this form:

_____.
Name Phone

PLEASE RETURN VIA FACSIMILE OR E-MAIL:

FAX: (561) 529-2556 / E-MAIL: jq@BENCHMARKTITLECO.COM

Sincerely,
Janice Quinn