

DBPR Form CO 6000-8  
Effective: 11/30/04

**RETROFITTING REPORT FOR CONDOMINIUMS**

Name of condominium? SAFE HARBOUR VILLAGE

Name of the association? SAFE HARBOUR VILLAGE COA

The condominium FCTMH file number?

Condominium# [ 5 ][ 1 ][ 7 ][ 2 ][ 6 ]

(Insert one number per block – to be found in the division’s annual billing statement)

Condominium Associations are required to report to the Division of Florida Condominiums, Timeshares, and Mobile Homes (FCTMH) certain information regarding the membership vote to waive retrofitting requirements for fire sprinkler systems and handrails and guardrails. See Chapters 2003-14 and 2004-80, Laws of Florida.

Please select the retrofitting information provided in this report (select only one, provide two reports if waiving requirements for both fire sprinkler systems and handrails and guardrails.

fire sprinkler systems

handrails and guardrails

(Mark an "X" in any applicable block and complete all requested information.)

1.  The above-named condominium has **voted to waive** retrofitting as indicated above (please complete all blanks). The **vote to waive** retrofitting requirements was conducted:

at a duly-called meeting of the association on \_\_\_\_\_(fill in date); and/or  
 by execution of written consents.

The specific results of that voting was...

22 The number of unit owners voting to **waive** the State of Florida requirements.

2 The number of unit owners voting **not to waive** the State of Florida requirements.

26 The **total number of voting interests** in the condominium association.

A certificate attesting to this vote is recorded in the County of \_\_\_\_\_, Florida.  
Book number \_\_\_\_\_ Page number \_\_\_\_\_.

2.  The above-named condominium **did not waive** retrofitting requirements. Commencement of the retrofitting project took place on \_\_\_\_\_(fill in date). The per unit cost of the retrofitting project is: \$ \_\_\_\_\_

3.  The above-named condominium **already has** fire sprinklers or handrails and guardrails installed pursuant to the requirements and guidelines of Chapter 633, Florida Statutes.

4. Please provide the last date the Association filed its Annual Report with the Office of the Florida Secretary of State: 25 April 2016.

Signed and attested to by:  Corporate Officer  
(Signature)

Thomas Walker  
(Print Name)

Treasurer  
(Title)

12/31/2016  
(Date)

PREPARED BY: THOMAS WALKER  
3136 STRATHAVER RD  
MILTON FL 32583

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT** FS 695.25

State of Florida }  
County of SANTA ROSA }

The foregoing instrument was acknowledged before me this 3rd day of JANUARY, 2017,  
Day Month Year

by THOMAS POWERS WALKER,  
Name of Person Acknowledging

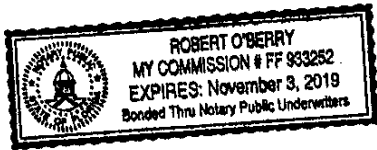
who is personally known to me or who has produced  
FLORIDA DL  
Type of Identification

as identification.

Robert O'Berry, Notary Public  
Signature of Notary Public

Robert O'Berry  
Name of Notary Typed, Printed or Stamped

Commission No. 11-3-2019



**OPTIONAL**

*Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
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