

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES, AND MOBILE HOMES**

Condominium Association Candidate Certification Form*

I, _____, certify that I have read and understand to the
(print name of candidate)

best of my ability, the governing documents of:

LAKESIDE OF CHARLOTTE COUNTY

(print name of association)

and the provisions of Chapter 718 and any applicable rules.

Signed: _____
(signature of candidate)

Date: _____

*required by section 718.112(2)(d)3, of Chapter 718, Florida Statutes.