**Blank Condominium Association, Inc.**

Street Line

City, State, Zip Code

**NOTICE OF BOARD OF DIRECTORS MEETING**

NOTICE IS HEREBY GIVEN, in accordance with the bylaws of the Association and Florida’s Condominium Act, that the Board of Directors of the Association will consider the adoption of the budget for the coming fiscal year of the Condominium and the Condominium Association at the following date, time and place:

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 201\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_**  **P.M.**

**Place: Blank Condominium Association, Inc.**

**Street Line**

**City, State, Zip Code**

**AGENDA**

1. Call to order by the President;
2. Proof of Notice of Meeting;
3. Reading of minutes or waiver of reading of minutes;
4. Comment and discussion by unit owners;
5. Consideration of the budget;
6. Adjournment

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Doe Sample, President

Blank Condominium Association, Inc.

**Blank Condominium Association, Inc.**

Street Line

City, State, Zip Code

**PROOF OF NOTICE AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF …..

The undersigned Secretary of the Association, being first duly sworn, deposes and says that notice of the budget meeting for the 201\_\_\_\_\_ calendar year was mailed or hand delivered to each unit owner at the address last furnished to the Association in accordance with the requirements of Section §718.112(2)(e), *Florida Statutes*, not less than fourteen (14) days prior to the meeting at which the budget was to be considered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Doe Sample, Secretary

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_ by John Q. Sample, the Secretary of Condominium Association, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: