

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

IN RE: PETITION FOR ARBITRATION

\_\_\_\_\_,  
Petitioner(s) (name of unit owner(s)  
challenging the termination plan),

v.

Case No. \_\_\_\_\_  
(To be assigned by Division)

\_\_\_\_\_,  
Respondent(s) (name of  
association, termination trustee  
and any unit owners who  
executed the termination plan).

\_\_\_\_\_ /

MANDATORY NON-BINDING PETITION FORM  
FOR A TERMINATION DISPUTE

This form petition must be used in order to file a petition for arbitration challenging a plan of termination pursuant to Section 718.117, F.S. The original petition for arbitration, which shall be accompanied by a \$50 filing fee and 1 copy of the petition for each named respondent, shall be mailed to:

Department of Business and Professional Regulation  
Attn: Arbitration Section  
2601 Blair Stone Road  
Tallahassee, Florida 32399-1030

Petitioner shall attach one complete copy of the termination plan and all supporting documentation.

Name, mailing address, and phone number of the unit owner(s) filing the petition:

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Name, mailing address, and phone number of Petitioner's representative, if any:

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If Petitioner's representative is not an attorney, attach DBPR Form ARB 6000-002, QUALIFIED REPRESENTATIVE APPLICATION, as required by Rule 61B-45.004, Florida Administrative Code.

The termination plan was recorded in the public records of \_\_\_\_\_ county(s) on \_\_\_\_\_.

Contact information of each Respondent:

A. If Respondent is an association, give the name and address of either the president or the secretary of the association or the registered agent of the association and phone number, if known;

B. If the termination trustee is not the association, the name of the trustee and the address and phone number, if known, of the trustee;

C. The name and address and phone number, if known, of each unit owner who agreed to the termination plan.

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STATEMENT OF THE FACTS

Explain the dispute, including all relevant facts. Each fact must be set forth in a separate paragraph. Be sure to attach copies of all relevant documents as exhibits to the petition. (If more space is needed, attach a separate sheet of paper):

(1) \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_  
\_\_\_\_\_

(4) \_\_\_\_\_  
\_\_\_\_\_

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(5) \_\_\_\_\_

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(6) \_\_\_\_\_

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State your legal basis for challenging the termination plan. Identify and quote each specific division rule, portion of the statute, or specific provision from the governing documents which entitles you to relief:

(a) \_\_\_\_\_

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(b) \_\_\_\_\_

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(c) \_\_\_\_\_

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REQUEST FOR RELIEF

State the relief which you seek in arbitration; i.e., what is it that you want the arbitrator to require the Respondent to do or not to do:

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Pursuant to Section 718.1255(4)(b), Florida Statutes, before filing a petition for arbitration, the petitioner must provide the respondent with advance written notice of the specific nature of the dispute, a demand for relief and a reasonable time in which to comply, and notice of intention to file an arbitration petition or other legal action in the absence of a resolution of the dispute. State the efforts you have made to comply with these statutory requirements and attach copies of all letters or other documents sent to the Respondent demonstrating compliance with the above-referenced statute:

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If the petition is filed by two or more petitioners, the name and mailing address of

one person designated to receive all pleadings and orders on behalf of all individual  
petitioners:

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Signature of each Petitioner,  
Petitioner's(s) attorney, or  
Petitioner's(s) representative