

THE TOWERS CONDOMINIUM ASSOCIATION, INC.

C/o Alliant Association Management,
6719 Winkler Road, Suite 200
Fort Myers, Florida 33919
Tel. (239)454-1101 * Fax (239)454-1147

NOTICE OF INTENT

I, (please print) _____, unit
address _____, hereby place my name in nomination as a
candidate for the , **TOWERS CONDOMINIUM ASSOCIATION, INC,**
Board of Directors. I understand that I am responsible for the accuracy of the
information on the enclosed information sheet.

(Signature)

____/____/____
(Date)

CONDOMINIUM ASSOCIATION CANDIDATE CERTIFICATION FORM*

I, _____, certify that I have read and
(Print name of candidate)
understand to the best of my ability, the governing documents of:

THE TOWERS CONDOMINIUM ASSOCIATION, INC.

and the provisions of Chapter 718, The Florida Condominium Act, and any applicable rules. This is
available on-line at www.leg.state.fl.us/Statutes or by contacting the State of Florida at
800-226-9101.

Signed: _____
(Signature of candidate)

Date: _____

*required by section 718.112(2) (d) three. Florida Statutes