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

## **CONDOMINIUM / COOPERATIVE COMPLAINT**

INSTRUCTIONS: To expedite your complaint, it is helpful if this form is typewritten or legibly printed, and each question answered fully. If available, attach supporting or clarifying documents and items pertaining to the issues listed in this complaint.

Name Paul R. St. Clair, LCAM				
Mailing Address 275 Palm Ave				
Unit No. <u>D-207</u>				
City Jupiter County Palm Beach State FL Zip 33477				
Home telephone number <u>(561) 575-9424</u>				
Cell phone number <u>(585) 730-2612</u>				
E-mail address Paul.St.Clair@Comcast.net				
Complaint filed against: DEVELOPER _X_ASSOCIATION				
Name Jupiter Bay Condominium Association				
If Developer list principal officer				
If Association list President <u>James Kalec, President</u>				
Mailing address 275 Palm Ave Apt D-105				
City <u>Jupiter</u> County <u>Palm Beach</u> State <u>FL</u> Zip 33477				
Business telephone number ( <u>561)</u> 746-5857				
Has the above been notified of the issues in this complaint? X YES NO				
If yes, what was the method of notification? Email dated April 1, 2025				
Date declaration of condominium was recorded in public records:				
<u>11 / 18 / 1988</u> County <u>Palm Beach</u>				
If a cooperative, date articles of incorporation were filed with the Secretary of State:				
Have purchaser unit owners elected a majority of the members to the Board of Administration? X YES NO				

	ained legal counsel regarding contact your attorney? \		is complaint, do you want
lf yes, please բ	provide the following information	on:	
Name of Coun	sel		
Mailing addres	s		
City	County	State	Zip
Business telep	hone number		<u></u>
a) Has c	ourt action been filed regarding	g any of the allegation	ns in this complaint?
YES subsequent co	S <u>X</u> NO If yes, attach a copy ourt pleadings.	of each complaint file	ed in court and any
b) Has a	petition for a Declaratory State	ement been filed with	the division regarding
any of the alle	gations in this complaint?	YES <u>X</u> NO	
c) Has a	petition for Mandatory Nonbin	ding Arbitration been	filed with the division
regarding and	of the allegations in this comp	laint? YES <u>X</u> N	10
	e. If possible, specify the provis t if applicable, which you alleg		
1. Florida Adn	ninistrative Code 61B-22.005(6	6) says:	
expense Reserve	funding. Reserves included in es and must be fully funded un es shall be funded in at least th from the unit owners (e.g., mo	lless properly waived ne same frequency th	or reduced.
Our asses	sments are paid quarterly, and	• •	

Our assessments are paid quarterly, and beginning in January 2025 the Association began funding reserves monthly. This means that the Association is using up to two months of reserve money each quarter to pay operating expenses.

## 2. Florida Statute 718.111(14) says:

"For investment purposes only, reserve funds may be commingled with operating funds of the association. Commingled operating and reserve funds shall be accounted for separately, and a commingled account shall not, at any time, be less than the amount identified as reserve funds."

By transferring reserve funds monthly rather than quarterly, we are commingling operating and reserve funds. We are not doing this for investment purposes and we're not accounting for them separately when received. Generally, reserve funds received

as a part of the quarterly maintenance fee must be moved into a reserve account by the end of the month. Our financial reporting shows a portion (1/3 or 2/3) of the reserve funds as operating funds until the end of the quarter, when the remainder is moved. Finally, we are foregoing interest on these funds while in the checking account.

I believe that the Association is commingling funds due to insufficient operating funds caused by a negative \$314,468 fund balance at the end of 2024.

I hereby request the Division of Florida Condominiums, Timeshares and Mobile Homes to review the violation(s) herein alleged. I understand that the division may act on this complaint pursuant to the provisions of Section 718.501, or as applicable Section 719.501, Florida Statutes. I further understand that the division does not represent me or my private interests, and that any action taken by the division will be on behalf of the State of Florida. My signature below certifies the authenticity of this complaint.

	Jupiter Bay Condominium Association
Signature of Complainant	Name of Condominium / Cooperative
4/21/2025	Jupiter Bay Condominium Association
Date	Name of Association