



GRS Management, Inc.

15280 NW 79TH Court, Suite 101

Miami Lakes, FL 33016

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**POWER ONE PROFESSIONAL AND MEDICAL
CENTER CONDOMINIUM ASSOCIATION, INC**

Date: _____ Unit/Account Number: _____

Resident/Occupant name: _____

Property Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

Documents Requirement to obtain these items:

- Copy of owner's Driver's License (Tenant must be an approved tenant)

Previous owner is responsible for providing you with a copy of the condo documents. If these were not provided to you, they may be purchased at a cost of:

☐ Condo Docs/By laws *Fee \$50.00

☐ Entry Key Fob *Fee \$20.00

If you wish to change your mailbox key, you must contact U.S. Postal Service and make arrangements with them to install a new lock.

Parking is assigned; each owner is responsible for obtaining their parking number prior to purchasing.

All fees are payable to: **POWER ONE PROFESSIONAL AND MEDICAL
CENTER CONDOMINIUM ASSOCIATION, INC.**

(Cashier's check or Money Order Only)

Total amount due: _____