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**FORT LAUDERDALE YACHT AND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**

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341 N Birch Rd ♦ Fort Lauderdale, FL 33304

**SPECIAL ASSESSMENT MEETING NOTICE**

Date & Time: Thursday, June 19, 2025 @ 5:30 pm, Eastern US Time  
Location: Zoom.US  
Meeting ID: 831 3362 1008  
Meeting Passcode: 372 243  
Via Phone: +1(305) 244-1968  
Via Website: <https://flyachtbeachclub.com/meetings>

**AGENDA**

1. Call to Order **5:33 PM, LOCAL TIME**
2. Establish Quorum of Members (Separately attached at the end)
3. Special Assessment Consideration
  - a. The Fort Lauderdale Yacht and Beach Club Condominium Association, Inc., (the “Association”) has an open permit for the 25-year safety inspection from 16 JAN 2024. The permit remains open and must be closed after electrical panels in the units are changed and electrical switches (and potentially the wires between switches) are changed.
  - b. The Association obtained more than eight (8) quotes for this project and selected **C.W. FISCHER ELECTRIC, INC.** as the vendor for the project due to their reputation, the ability to handle a job of this size, their overall cost and their ability to expedite permit approval with the City of Fort Lauderdale, FL.
  - c. The value of the Special Assessment is as follows:

<b>Megger Testing</b> <i>(To determine if the lines between the three (3) switches being replaced also needs to be changed.)</i>	<b>\$13,500.00</b>
<b>Change of Three (3) Switches</b> <i>(Required by the 25-year safety inspection.)</i>	<b>\$90,929.00</b>
<b>Engineering</b> <i>(Required for the permit)</i>	<b>\$7,500.00</b>
<b>FPL Work for Reconnection</b> <i>(Required to reconnect to the panels)</i>	<b>\$5,000.00</b>
<b>Contingency Line Item</b> <i>(For any unanticipated items)</i>	<b>\$5,000.00</b>
<b>Project Overruns</b> <i>(Estimated to be roughly 10.00% of the total)</i>	<b>\$13,071.00</b>
<b>TOTAL SPECIAL ASSESSMENT:</b>	<b>\$135,000.00</b>

- d. PAYMENTS shall be in three (3) co-equal assessments due as follows:
- i. Payment #1 on or before 15 July 2025
  - ii. Payment #2 on or before 15 August 2025
  - iii. Payment #3 on or before 15 September 2025
- e. IMPORTANT NOTICE: The scope of work **does not** include replacement of the electrical lines between the panels. The Association will have MEGGER TESTING performed to make a determination as to whether or not that is necessary. If it **is** necessary, an additional special assessment may be needed.
- f. **CALL FOR THE MOTION TO ADOPT THE SPECIAL ASSESSMENT. VOTE(s) to be recorded on the attached MEMBER QUORUM sheet.**  
**RESULT: Special Assessment is ADOPTED**

PERMIT(s):

- (A) RCV / Appraisal for the Permit – Get from Laura @ insurance co — OR— Order a new one.
- (B) Roof – It is unclear what the Company Silver Warranty covers and what else is needed to proceed.

4. Next Meeting: TUE 15 JUL 2025 @ 5:30pm local time

5. Adjournment: \_\_\_\_\_

MOTION TO <u>adjourn</u>			
MOTION	SECOND	OBJECTION(s)	MEETING ADJOURNED AT:
<b>S</b>	<b>VP</b>	<b>NONE</b>	<b>6:15 pm</b>

## **MEMBER QUORUM AND VOTING BLOCK**

### MEMBERS PRESENT:

“X” – Denotes a Present Member

“P” – Denotes a Member who has submitted a General or Limited Proxy Form and is counted, therefor, as being present.

“Y” – Denotes a “YES” Vote in favor of the Special Assessment.

101 – Fillenwarth	P, Y	102 – Fillenwarth	P, Y
103 – Christian (P)	P, Y	117 – Kimmey	
118 – Hahne MOTION	X, Y	201 – Hanney (P)	P, Y
202 – Hanney (P)	P, Y	203 – Hanney (P)	P, Y
204 – Baker	P, Y	205 – Cruz	
206 – Simmons		207 – Reynolds (P)	P, Y
208 – Reynolds (P)	P, Y	209 – Massing	X, Y
		211 – Klimek	
212 – Ruggiero		214 – Ruggiero	
215 – Reynolds (P)	P, Y	216 – Landry	
217 – Bezuidenhout		218 – (Nesbitt) (P)	P, Y
306 – Kulasenski	P, Y	307 – Leopold	X, Y
308 – Batson		309 – (Tedder)	
311 – Roscioli		312 – Donahue	X, Y
314 – Palombino		315 – (Dobreff)	X, Y
316 – Comos		317 – Hall	X, Y
318 – Leake SECOND	X, Y	411 – Frenzel	
412 – Feighan	P, Y	414 – Wilkens	
415 – Klein		416 – Porter	X, Y

*\*Note: Names here are for the convenience of roll call and do not necessarily reflect the proper, technical legal name of the Owner(s) as reported by the Broward County Property Appraiser.*

*\*\*Note: A Special Assessment requires that a simple majority (20) of Members be present and that a majority of those Members (11) vote to affirm / adopt the question being presented.*

*\*\*\*Note: If the Special Assessment does not pass, the Board of Directors is **strongly advised** by management to obtain a Legal Letter of Opinion directing them to overrule the member votes under the litigation that occurred following the Surfside Collapse that allows Boards of Directors/Administration to overrule members votes against such matters for safety reasons.*

**FORT LAUDERDALE YACHT AND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**

**LIMITED PROXY FORM**

The undersigned, \_\_\_\_\_, as an Owner within the **FORT LAUDERDALE YACHT & BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**, (the "Association") appoints \_\_\_\_\_ (if blank, the Secretary of the Association) as my proxy-holder to act on my behalf for the meeting scheduled on **Thursday, June 19, 2025 at 5:30 pm, local time VIA ZOOM.US, MEETING ID: 831 3362 1008; PASSCODE: 372 243; PHONE: +1 (305) 224-1968** or any legal adjournment thereof within ninety (90) calendar days from the date of the meeting. The proxy-holder named above has the authority to vote and act for me/us to the same extent that I/we would if personally present, with power of substitution, except that my/our proxy holder must cast our vote as indicated below:

**QUESTION #1**

**DO YOU APPROVE OF THE SPECIAL ASSESSMENT IN THE AGGREGATE AMOUNT OF ONE HUNDRED THIRTY-FIVE THOUSAND AND NO/100 (\$135,000.00) DOLLARS TO MEET THE REQUIREMENTS OF THE 25-YEAR SAFETY INSPECTION?**

☐ YES

☐ NO

Signature:	_____	Unit:	341 N BIRCH RD # _____ Fort Lauderdale, FL 33304
Printed Name:	_____	Date:	_____

**SUBSTITUTION OF PROXYHOLDER**

**This section only to be used if the named proxy-holder listed is unable to attend**

The undersigned, appointed as proxy-holder above, designates \_\_\_\_\_  
\_\_\_\_\_ to substitute for me in voting the proxy as set  
for above. Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Proxy-holder

\_\_\_\_\_  
Signature of Proxy-Holder

**HOW TO RETURN THIS FORM:**

Via legible text message photo to:

+1-608-843-4648

Via legible email photo to:

[info@AMP-Florida.com](mailto:info@AMP-Florida.com)

Via USPS Mail to:

341 N Birch Rd, OFC, Fort Lauderdale, FL 33304