



COMMUNITY ASSOCIATIONS INSTITUTE  
hereby attests that

*Steven J. Mainardi*

has successfully met the standards established by CAI  
and has agreed to abide by the Professional Reserve specialist Code of Ethics established for a

RESERVE SPECIALIST™  
RS™

and is therefore entitled to all related benefits and privileges

*Thomas M. Skala*  
CEO, Community Associations Institute

2/11/2005

Date

101

Designation Number

This certificate is valid only as long as the holder remains in good standing.



COMMUNITY ASSOCIATIONS INSTITUTE  
hereby attests that

*Craig M. Dudas*

has successfully met the standards established by CAI  
and has agreed to abide by the Professional Reserve specialist Code of Ethics established for a

RESERVE SPECIALIST™  
RS™

and is therefore entitled to all related benefits and privileges

*Thomas M. Skala*  
CEO, Community Associations Institute

November 2010

Date

215

Designation Number

This certificate is valid only as long as the holder remains in good standing.



8497 PARKLAND DR., SUITE C  
 SARASOTA, FLORIDA 34243  
 PH: 841.777.2600  
 FX: 841.758.5072  
 delta-engineers.com

## RESERVE STUDY INFORMATION FORM

Date: \_\_\_\_\_  
 Development Co. Name: \_\_\_\_\_  
 Property Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Reserve Study Beginning Balance: \$ \_\_\_\_\_  
 Present Reserve Funding: Annually: \$ \_\_\_\_\_ Per Unit: \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Interest Rate for Reserve Funds: \_\_\_\_\_ %

| BUILDING IDENTIFICATION | YEAR BUILT | CONSTRUCTION TYPE (CMU/WOOD/CONCRETE) | PRIOR USE (RENTAL/HOTEL) | NUMBER OF UNITS |
|-------------------------|------------|---------------------------------------|--------------------------|-----------------|
|                         |            |                                       |                          |                 |
|                         |            |                                       |                          |                 |
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COMPONENT:

| AGE OF SYSTEM (YEARS) | YEAR OF LAST REPLACEMENT (xxxx) | IF RENOVATING - PRIOR TO CONVERSION LIST YEAR OF SUBSTANTIAL COMPLETION |
|-----------------------|---------------------------------|---|
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COMPONENT:

|  | AGE<br>OF SYSTEM<br>(YEARS) | YEAR OF LAST<br>REPLACEMENT<br>(XXXX) | IF RENOVATING PRIOR TO CONVERSION -<br>LIST YEAR OF SUBSTANTIAL COMPLETION |
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