

Stephan C. Nikoloff, Esq.\*  
Tiffany A. Grant, Esq.  
Daniel J. Greenberg, Esq.

*\*also admitted in PA*

Joseph R. Cianfrone, Esq.  
Of Counsel

**CIANFRONE, NIKOLOFF,  
GRANT & GREENBERG, P.A.**  
ATTORNEYS AT LAW

1964 Bayshore Blvd., Suite A  
Dunedin, Florida 34698  
(727) 738-1100  
Fax (727) 733-0042  
[www.attorneyjoe.com](http://www.attorneyjoe.com)  
[law@attorneyjoe.com](mailto:law@attorneyjoe.com)  
[Tiffany@attorneyjoe.com](mailto:Tiffany@attorneyjoe.com)

July 13, 2020

**VIA REGULAR MAIL  
AND/OR HAND-DELIVERY**

To the Owners/Tenants within  
Shangri-La

**Re: Pet Restriction**

Dear Owners and Tenants:

Enclosed please find a recorded amendment to the Amended and Restated Declaration of Covenants, Conditions and Restrictions for Shangri-La Homeowners Association of Largo, Inc. adopted at a recently held meeting. Please place a copy of this document with the other restrictions you may have in your possession.

Please note specifically, Article VIII, Restrictive Covenants, Section 4 (pet restriction) has been amended to allow residents to maintain no more than two (2) cats, fish and birds on Property. Dogs are not permitted within the Community as set forth in the amendment. All residents currently maintaining non-compliant animal(s), i.e. any animals that would be in violation of the enclosed restriction as written for which there is not a granted accommodation on file, within the community must register their animal(s) with the Association within fifteen (15) business days of the date of this correspondence. **FAILURE TO COMPLETE AND RETURN THE ENCLOSED CENSUS WILL RESULT IN A PRESUMPTION THAT YOU OBTAINED THE ANIMAL AFTER THE DATE THE ENCLOSED AMENDMENT WAS RECORDED ON JUNE 30, 2020.**

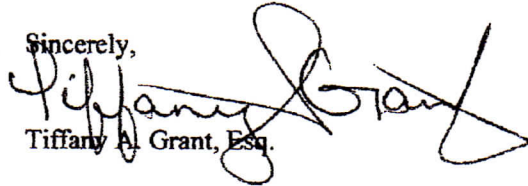
The Board of Directors is conducting this CENSUS of animals within the community to ensure that no enforcement action is taken against you for an animal that was being maintained on the premises prior to this amendment and republication of the pet restriction to be strictly enforced moving forward. **PLEASE INDICATE ANY AND ALL ANIMALS CURRENTLY BEING MAINTAINED BY YOU ON THE PROPERTY OR OTHERWISE RESIDING IN YOUR UNIT.** As set forth above, as of July 1, 2020, the amended restrictions include a no dog policy. This notice and demand for registration is being sent to all current owners and current tenants, as there are owners who reside off the property who lease units. It is the responsibility of owners with tenants to inform their tenants of the Unit of the current animal policy.

Existing non-compliant animals will be grandfathered; however, be advised that when the animal passes away, it may only be replaced with an animal that meets the applicable pet restriction in effect at such time. Please complete the enclosed CENSUS and return same to the Association along with a picture of your animal(s) **within fifteen (15) days of the date of this letter.** Completed forms may be submitted to: Shangri-La Homeowners Association of Largo, Inc., c/o Ameri-Tech Community Management, 24701 US Hwy. 19 N. Ste. 102, Clearwater, Florida 33763. A postage pre-paid stamped envelope is enclosed for your convenience.

Failure to register your animal(s) with the Association will result in the Board's presumption that the animal was brought onto the property after the date of the enclosed amendment and the Association's Board of Directors will have no other choice but to move forward with having the animal removed from the Property to enforce the restriction as adopted if the animal constitutes a violation of the pet restriction.

Thank you for your cooperation in this regard and we hope that this notice will result in future voluntary compliance to the Association's restrictions to avoid unnecessary legal fees and loss of an animal after an attachment is formed.

Sincerely,

A handwritten signature in black ink, appearing to read "Tiffany A. Grant". The signature is stylized and cursive, with a large loop at the end.

Tiffany A. Grant, Esq.

TAG:cmg  
Enclosure

**SHANGRI-LA HOMEOWNERS ASSOCIATION OF LARGO, INC.  
ASSISTANCE APPLICATION FORM**

In order for the Association to grant your request to keep an assistance animal in your unit within the community, the Association requires you and a medical provider with knowledge of your disability to complete the below form. This form will be kept confidential to the extent required pursuant to the Homeowners Association Act, Chapter 720 of the Florida Statutes.

After both you and your medical provider have completed the form, please return the form to the Association's legal counsel via email, [tiffany@attorneyjoe.com](mailto:tiffany@attorneyjoe.com), or regular mail: Cianfrone, Nikoloff, Grant & Greenberg, P.A., 1964 Bayshore Blvd., Suite A, Dunedin, FL 34698.

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**PART I: TO BE COMPLETED BY RESIDENT**

Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Description of Animal (species, breed, weight, color, age, etc.) \_\_\_\_\_

Description of Limitation: \_\_\_\_\_

I have had one or more accommodations in the past for my limitation:

\_\_\_\_\_ Yes \_\_\_\_\_ No The accommodation was: \_\_\_\_\_

RELEASE: I hereby authorize the release of the medical information identified in this form to the Association, and authorize the Association, or its agent, to contact the medical provider below and obtain additional information, if necessary, regarding my reasonable accommodation request, authorize the medical provider below to discuss the medical information identified in this form with the Association or its agent, and authorize the Association to disclose the medical information in this form to the extent allowed pursuant to the Florida Law.

\_\_\_\_\_  
Signature of Resident Requesting an Accommodation

\_\_\_\_\_  
Date

PART II: TO BE COMPLETED BY MEDICAL PROFESSIONAL

DISABILITY VERIFICATION  
SERVICE/SUPPORT ANIMAL

I, \_\_\_\_\_ am a licensed physician/health care provider and I have been treating (Patient's Name): \_\_\_\_\_ for a disability since \_\_\_\_\_, My license number is: \_\_\_\_\_. I am familiar with the Florida and Federal Fair Housing Acts which permits individuals with a disability to maintain emotional support and service animals in otherwise pet-restricted housing facilities. The Act defines a person with a disability to include: (1) individuals with physical or mental impairments; (2) individuals who are regarded as having such impairment; and (3) individuals with a record of such impairment. Under the Federal Fair Housing Act, the disability must "substantially limit" one or more "major life activities." The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. (This list of major life activities is not exhaustive.)

**Under normal circumstances, the Association's governing documents would require the Association to prohibit allowing the requested animal to reside within the community. However, under the Florida and Federal Fair Housing Acts, if an individual with a disability requests a reasonable accommodation, including but not limited to, keeping an animal in violation of the Association's governing documents, the Association must consider the request. To do this, we must verify that the individual qualifies under the Florida and Federal Fair Housing Acts and requires an accommodation in order to have an equal opportunity to use and enjoy his/her dwelling.**

Therefore, the Association requests that you respond to all of the following questions:

1. Is above named resident disabled, as defined by the Federal Fair Housing and Florida Fair Housing Acts? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 1a. If yes, please state the disability that substantially limits one or more of the above-named resident's major life activities: \_\_\_\_\_  
\_\_\_\_\_
- 1b. If yes and you deem appropriate, please attach any additional information to this request and/or provide any other information you deem appropriate regarding his/her disability below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How long have you treated the above-named resident for his/her disability?  
\_\_\_\_\_
3. When was the last time you treated the above-named resident?  
\_\_\_\_\_

4. In your professional opinion, does the above-named resident need the above described animal in order to have equal opportunity to use and enjoy his/her dwelling and the Common Areas in Shangri-La Homeowners Association of Largo, Inc.?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe in detail the manner in which the requested accommodation will affirmatively enhance the above-named resident's quality of life by ameliorating the effect of the disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can the above-named resident's disability be otherwise accommodated to have an equal opportunity to use and enjoy his/her dwelling and Common Areas in Shangri-La Homeowners Association of Largo, Inc. without the animal?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge and agree that to the best of my knowledge the above information is true and accurate based on my professional medical opinion.

\_\_\_\_\_  
Signature of Medical Professional

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_