Last Name

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#### Please submit to appropriate address on Page 4

Middle

Title

Suffix

**COMPLAINANT INFORMATION** 

First

Bergemann	Jan		VV.	President
Your Company/Occupation Cyber Citizens For Justice, Inc.	"			
	MAILING	<b>ADDRESS</b>		
Street Address or P.O. Box 1156 Tall Oaks Rd.				
City Deland			tate L	Zip Code (+4 optional) 32720
County (if Florida address) Volusia		Country USA		
	CONTACT IN	FORMATI	ON	
Primary Phone Number (386) 740-1503	Primary E-Mail A	Address		
Unlicensed Activity Complaint? Y	es 🗆 No	x	Unknown	
	COMPLAINT	DESCRIPT	ION	
In a board meeting of the OAK HOLL Julie Marr outright lied when making for Justice attorney and from the invedata should not be given out." [Actua were made by Julie Marr in her capa witnesses present at this board meet	the statements that ( estigator of the Depar I Minutes of board me city as the community ing.	quote from n tment for Bu eeting attach y association	ninutes): "We lea siness and Profe led]. The stateme manager of this	armed from the Cyber Citizens essional Regulations that the ents reflected in these minutes association according to
The "data" referred to above are the	financial records of th	ie associatio	n pertaining to e	mployee salaries and benefits.
I can't speak for the quoted "investigation comment on provisions of Chapter 72 homeowners' associations regulated	20, since the DBPR h			
Ms. Marr talked with Barbara Billiot S December 6, 2008 and was clearly a inspection by association members a	dvised that financial r			
The position of CCFJ, Inc. in this ma Statutes 720.303(4), has been consi		ery clear in v	various publication	ons. Our reading of Florida
1. All contracts and financial records	(FS 720.303(4)(i) + (i	j), including	salaries, bonuse	s, benefits etc. of association

CAM Julie Marr's reckless disregard for the truth has caused the board to deny record requests made by individual members of the association, which ultimately led to litigation and payment of legal fees and cost to opposing parties.

2. All personal data – like Social Security numbers, health records, driver's license numbers, credit card numbers, and other personal identifying information in possession of the association are not subject to record requests

employees are Official Records of the association and can be requested by all homeowners according to FS 720.303

CONTINUED ON ATTACHMENT

Attach additional sheets as necessary.

according to FS 720.303(5).

### CONTINUED DESCRIPTION OF COMPLAINT

Ms. Marr used her status as the employed CAM of this association to influence the board members in pursuit of her personal agenda. Her actions caused financial damage to the association and its members.

This complaint alleges violations of:

468.436 (5). Committing acts of gross misconduct or gross negligence in connection with the profession.

## 61E14-2.001 Standards of Professional Conduct.

- (2) Honesty. During the performance of management services, a licensee or registrant shall not knowingly make an untrue statement of a material fact or knowingly fail to state a material fact.
- (4) Due Professional Care.
- (a) A licensee or registrant shall exercise due professional care in the performance of community association management services.
- (6) Records.
- (b) A licensee or registrant shall not deny access to association records, for the purpose of inspecting or photocopying the same, to a person entitled to such by law, to the extent and under the procedures set forth in the applicable law.
- (8) Other Licenses.
- (a) A licensee or registrant shall not commit acts of gross negligence or gross misconduct in the pursuit of community association management or any other profession for which a state or federal license is required or permitted. It shall be presumed that gross negligence or gross misconduct has been committed where a licensee's or registrant's other professional license has been suspended or revoked for reasons other than non-payment of dues or noncompliance with applicable continuing education requirements.

### 455.227 Grounds for discipline; penalties; enforcement.-

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (a) Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.
- (m) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.

Last Name	ivi peroun up	OTHER THAN YOURSE	LF)	
Lust Hamo	First	Middle	Title	Suffix
	AD	DRESS		
Street Address or P.O. Box				
City		State	Zip Code	(+4 optional)
County (if Florida address)		Country		
Primary Phone Number	CONTACT Primary E-Mai	INFORMATION		
Filmary Phone Number	Primary E-Mai	Address		
PRIVATE AT Last Name	TORNEY FOR C	OMPLAINANT (IF APPLI Middle	CABLE) Title	Suffix
Last Name			- Iuc	Odnix
Street Address or P.O. Box	AD.	DRESS		
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City		State	Zip Code	(+4 optional)
County (if Florida address)		Country		
	CONTACT	INFORMATION		
Primary Phone Number		Alternate Phone Numb	er	
	<del></del>			
	SUBJECT	OF COMPLAINT		
Last Name Marr	First Julie	Middle M	Title CAM	Suffix
License Number (if known)				
CAM30369				
	PROPERTY OWNE	RS' ASSOCIATION, INC.		
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P		RS' ASSOCIATION, INC. G ADDRESS		
CAM30369				
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P Street Address or P.O. Box 1379 SALYERS ST		G ADDRESS		
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE		G ADDRESS State	Zip Code	(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE		G ADDRESS State	Zip Code	(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte	CONTACT	State FL Country USA INFORMATION	Zip Code	(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE	MAILIN	State FL Country USA INFORMATION	Zip Code	(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte  Primary Phone Number  RESIDENCE A	CONTACT Primary E-Mai	State FL Country USA INFORMATION		(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte  Primary Phone Number	CONTACT Primary E-Mai	State FL Country USA INFORMATION		(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte  Primary Phone Number  RESIDENCE A  Street Address	CONTACT Primary E-Mai	State   Country   USA   INFORMATION   Address   FERENT THAN MAILING	ADDRESS)	
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte  Primary Phone Number  RESIDENCE A  Street Address	CONTACT Primary E-Mai	State FL Country USA INFORMATION I Address FERENT THAN MAILING State	ADDRESS)	(+4 optional)
CAM30369 Company/Occupation CAM employed by: OAK HOLLOW P  Street Address or P.O. Box 1379 SALYERS ST  City Port CHARLOTTE County (if Florida address) Charlotte  Primary Phone Number  RESIDENCE A  Street Address	CONTACT Primary E-Mai	State   Country   USA   INFORMATION   Address   FERENT THAN MAILING	ADDRESS)	

		ECT OF COMPLAINT (IF A	PPLICABLE)	
Last Name	First	Middle	Title	Suffix
	AE	DRESS		
Street Address or P.O. Box				
City		State	Zip Code	(+4 optional)
County (if Florida address)		Country		
	CONTACT	INFORMATION		
Primary Phone Number		Alternate Phone Number		
		IF APPLICABLE)		
Last Name Grimes	First Arthur	Middle	Title	Suffix
Street Address or P.O. Box 1236 E CORKTREE CIRCLE		DORESS		<u> </u>
City PORT CHARLOTTE		State FL	Zip Code 33952	(+4 optional)
County (if Florida address) CHARLOTTE		Country USA		
	CONTACT	INFORMATION		
Primary Phone Number (941) 629-0996		Alternate Phone Number (941) 286-4312	er 	
		IF APPLICABLE) Middle	Title	O. III.
Last Name Cheney	First Sue	Middle	ınıe	Suffix
	AC	DDRESS		
Street Address or P.O. Box 20110 Melos Court				· · · · · ·
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Street Address or P.O. Box 20110 Melos Court			
City PORT CHARLOTTE		State L	Zip Code (+4 optional)
County (if Florida address) CHARLOTTE	Country USA		
	CONTACT INFORMAT	ON	
Primary Phone Number (941) 255-1083.	Alternate Phone Number		

knowledge.

Complainant Sign Here:≤

Date: 6/16/2009