

174 GOLDEN GATE POINT ASSOCIATION, INC.

APPLICATION BY PROPOSED RESIDENT

174 Golden Gate Point Association, Inc.
Sarasota County, Florida

NON-REFUNDABLE APPLICATION FEE: \$100.00 PAYABLE TO: 174 GOLDEN GATE POINT
NON-REFUNDABLE PROCESSING FEE: \$50.00 PAYABLE TO: CAMS BY STACIA

DATE: _____

TO: Board of Directors

I/We intend to purchase Unit No. _____. In order for you to facilitate consideration of my/our application for the purchase of the above-designated unit at 174 Golden Gate Point, a.k.a. Harbor House, I/we represent that the following information is factual and true. I am/we are aware that any falsification or misrepresentation of the facts in this application will result in its automatic rejection. I understand that the Association may, pursuant to Section 943.953(8), Florida Statutes, obtain a criminal history information on the individual (s) signing this application. By signing this application, you hereby consent to the Association obtaining a criminal history background check and considering the same in connection with your application. Every effort shall be made by the Association to maintain the confidentiality of the report.

I/we will be bound by the Declaration of Condominium, Bylaws, Articles of Incorporation and Rules and Regulations of the Condominium Association.

I/We as purchaser will upon closing, provide to the Association within 10 days a copy of the closing statement and a copy of the recorded deed.

Move in Date: _____ Anticipated length of residency: _____
Social Security numbers and birthdates required for all occupants 18 or older, including children or other family members residing in the Unit.

*****Anyone over the Age of 18 must complete a Separate Application and submit with Fee*** Please send All Applications and Payments together to avoid delays!*****

APPLICANT #1

(Full Name): _____ Birthdate: _____

Dr License # and State _____ SS# _____

(Occupation: _____ Time in occupation _____ years

APPLICANT #2

(Full name) _____ Birthdate: _____

Dr License # and State _____ SS# _____

(Occupation: _____ Time in occupation _____ years

(Current home address): _____

_____ Current Phone: _____

Time at this address _____ Months/Years _____

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(Name and address of landlord, if applicable): _____

_____ Landlord Phone: _____

(Prior home address): _____

_____ Current Phone: _____

Time at this address _____ Months/Years _____

(Name and address of landlord, if applicable): _____

_____ Landlord Phone: _____

Names and addresses of each employer during the three years prior to the date of application and dates of employment:

1. _____

From _____ To _____

2. _____

From _____ To _____

3. _____

From _____ To _____

The Rules and Regulations of 174 Golden Gate Point Association, INC. provide that condominium units are for single-family residence. I/we understand that the unit must be owner-occupied for at least one year before it may be leased to a tenant.

The names and relationships of all other persons who will be regularly occupying the unit are:

NAME

RELATIONSHIP

AGE

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Total number of children in my/our family: _____ Age(s): ____/____/____/____

Number of children who will be living with me: _____ Age(s) _____ Sex: ____/____/____

Two personal references (local if possible)

(Name) _____ (Phone) _____

(Address) _____

(Name) _____ (Phone) _____

(Address) _____

Club Affiliations _____

Bank References _____

Person to be notified in case of emergency:

(Name) _____ (Phone) _____

(Address) _____

Make of automobile _____ Model _____ Color _____

Tag number _____ State _____

Driver's license Number _____ State _____

Mailing address for acceptance or rejection of this application:

(Name) _____ (Phone) _____

(Address) _____

(Email) _____

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq., please be advised that the Association may obtain a consumer report on the individual(s) listed in this application. By signing this application, you hereby consent to the Association obtaining a consumer report and considering same in connection with your application. Every effort shall be made by the Association to maintain the confidentiality of the report. However, by signing the application, you hereby waive and hold the Association and its Managing agents harmless of any claim, action, or suit regarding the consumer credit report.

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In accordance with the provisions of the Declaration of Condominium, attached
**Please find a check in the amount of one hundred dollars (\$100.00) payable to:
174 Golden Gate Point Condominium Association, Inc. and a separate (\$50.00)
processing fee (per Applicant/Application) made Payable to: Cams by Stacia. All
application fees and processing fees are NON-Refundable.** If applicable, to
cover investigation and other costs associated with the processing of this
application the unit owner will be billed separately.

I/We understand that any violation of the terms, provisions, conditions and
covenants of 174 Golden Gate Point Association, Inc. is cause for immediate
action as therein provided.

Application and all fee(s) should be mailed together to:

**Community Association Management by
Stacia 1800 2nd St. Suite 717
Sarasota, Fl. 34236**

**(\$100.00) Application Fee (per Application/Applicant) Payable to:
174 Golden Gate Point Association**

**(\$50.00) Processing Fee (per Application/Applicant) Payable to:
Cams By Stacia**

LEASE START DATE: _____ LEASE END DATE: _____

**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC
RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION**

I agree to hold harmless Community Association Management by Stacia, Inc.,
and all providers of information on the prospective owner/tenants stated
above. In the event that the information provided is found to be misleading
or false, my acceptance for this lease whether determination is made before
or after my date of occupancy, may be retracted.

I do hereby authorize with my/our signature(s) the release of public records,
credit report, rental or lease information and employment verification,
whether by fax, verbal, photocopy, or original signatures, to Community
Association Management by Stacia, Inc. and all its members now and in the
future for exclusive use to the Association.

DATED: _____

Applicant

Applicant

APPROVED _____

DISAPPROVED _____

Condominium Board Member

DATE

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OWNER – OCCUPANT CONDUCT AGREEMENT

I/WE THE UNDERSIGNED, AGREE TO AND FULLY UNDERSTAND THE FOLLOWING:

I/WE THE RESIDENT(S) ACKNOWLEDGE AND AGREE TO LIMIT THE NUMBER OF OCCUPANTS IN OUR UNIT TO FOUR PERSONS - INCLUDING VISITORS WHO MAY, FROM TIME TO TIME, NEED TO STAY FOR PERIODS OF LESS THAN 30 DAYS.

I/WE THE RESIDENT(S) WILL NOT CAUSE OR PERMIT OUR VISITORS TO CAUSE ANY NOISE, DISTURBANCE OR INTERFERENCE, OR PARTICIPATE IN ANY MALICIOUS OR OTHERWISE DESTRUCTIVE ACTS, THAT IN THE OPINION OF THE BOARD OF DIRECTORS IS DISTURBING THE COMFORT OR INHIBITING THE SAFETY AND ENJOYMENT OF OTHER RESIDENTS.

I/WE ALSO AGREE TO ADHERE TO ALL SECTIONS OF THE CONDOMINIUM DOCUMENTS.

I/WE UNDERSTAND THAT ANY BREACH OF THIS AGREEMENT WILL RESULT IN ONE WARNING. FAILURE TO ADHERE TO THIS WARNING COULD RESULT IN DISCIPLINARY ACTION, INCLUDING FINES.

I/WE ACKNOWLEDGE THAT WE HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS AND AGREE TO ABIDE BY ITS POLICIES.

WITNESS

RESIDENT

WITNESS

RESIDENT

WITNESS

RESIDENT

UNIT NUMBER

DATED THIS _____ DAY OF _____, _____

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PARKING ADDENDUM

RESIDENT AGREES:

- TO ABIDE BY ALL PARKING POLICIES AND PROCEDURES AS STATED IN THE CONDOMINIUM RULES AND REGULATIONS.
- TO MAINTAIN VEHICLE IN GOOD CONDITION, AND THAT REPAIRS AND MAINTENANCE WILL BE DONE OFF THE PROPERTY.
- TO KEEP SPEED UNDER 5 MPH WITHIN THE COMMUNITY.
- TO PARK IN ASSIGNED SPACE

RESIDENT UNDERSTANDS:

- THAT THERE IS ONLY ONE ASSIGNED SPACE PER UNIT.
- THAT ALL VEHICLES MUST HAVE CURRENT REGISTRATION.
- THAT ALL VEHICLES MUST BE APPROVED BY THE MANAGEMENT AT THE TIME OF APPLICATION FOR RESIDENCY.
- THAT RESIDENTS AND THEIR GUESTS ARE NOT ALLOWED TO PARK BOATS, TRAILERS, RV's, MOTORCYCLES, MINI-BIKES, JET SKIS, COMMERCIAL VEHICLES WITH ADVERTISING OR OTHER RECREATIONAL VEHICLES ON THE PROPERTY.

DATED THIS _____ DAY OF _____, _____

RESIDENT _____ UNIT _____

RESIDENT _____

RESIDENT _____