

**LUCERNE PARK CONDOMINIUM #7 ASSOCIATION, INC.**

C/o Century Management Consultants, Inc., 2950 Jog Road, Greenacres, FL 33467  
561-641-1016 ~ 561-641-9118 Fax  
www.cmcmangement.biz

\*(Please check one) **Application for** PURCHASE  or LEASE  of Address/Unit # \_\_\_\_\_

**Desired date of occupancy** \_\_\_\_\_ **Closing Date if purchase:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Co-applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Processing may take up to 30 days**

**The following must accompany this application or it will not be processed**  
**Applications will not be processed if pages are missing or application is incomplete.**  
**Out of State or foreign background checks will incur additional fee**

- A Background Check will be performed. See attached.
- APPLICATION PROCESSING FEE: \*NON-REFUNDABLE\*** \$150.00 required Per Applicant or legally Married Couple, Check or Money Order Made payable to CMC MANAGEMENT. **Additional occupants 18 years of age or older require separate application.**
- Copy of your Driver's License(s)/Photo I.D./Passport
- Copy of vehicle registration(s)
- Copy of signed purchase or lease contract
- Lease Requirement: Owner(s) account must be current and violations corrected**

**Please Note: TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY.**

*A Certificate of Approval, which is required to close and prior to moving in, will be provided to the purchaser or renter after the interview/orientation.*

*If purchasing, you must supply the Management Company with a copy of your Warranty Deed and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.*

CURRENT OWNER MUST PROVIDE GOVERNING DOCUMENTS TO BUYER OR THEY CAN BE PURCHASED AT [www.condocerts.com](http://www.condocerts.com)



**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Owners Notice of Intention to Sell- SUBMIT FIRST to:**  
**Condo President Or Management Company**

In accordance with the provisions and related documents, this shall constitute Notice of my/our intention to market/advertise for sale \_\_\_\_\_, Building # \_\_\_\_\_ Unit # \_\_\_\_\_ Greenacres, FL 33467 (Address)

Notice to Potential Buyer(s)/Applicant(s): Any person(s) that will be occupying (residing at the aforementioned Unit on a permanent basis) must complete an Application for Occupancy for submission to the Condo Association President for review and approval. A copy of the aforementioned Completed Application must also be submitted to the Park Pointe Community Property Manager’s Office.

**Note: See Page 4, Exhibit “A” for amendment Items #1 (11.01.21) and #2 ( 11.01.22) regarding Association Regulations.**

Is Unit identified in paragraph 1 (above) currently being rented/leased Yes \_\_\_\_ No\_\_\_\_. If answer is yes, current owner(s)/Seller(s) and potential Buyers should be advised that the City of Greenacres Code of Ordinance Sections 5-8 and 8-72 (b) 9 requires a safety inspection and valid local tax business receipt (formerly known as Occupational license) for all dwelling rental units located within the city limits. **A safety inspection within 30 days of application must be scheduled to avoid penalties and/or code enforcement action. It is the responsibility of the property owner to schedule such inspection.**

Have any Alterations/Landscaping Requests pertaining to Common Area(s) maintained by the Park Pointe Community Association (requiring ACC Approval) ever been implemented by you as the current owner, yes \_\_\_\_, No \_\_\_\_\_. If answer is yes, please attach and submit documentation of ACC Approval with Owner’s Intention to Sell. Be advised that Alterations/Landscaping not authorized/approved by the ACC are subject to current owner(s) and or potential new owner(s), **not the HOA**, incurring any or all costs to maintain, trim, water, weed, remove, etc., all Alterations/Landscaping identified as not having been authorized/approved by the ACC.

Unit Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Member Title \_\_\_\_\_ Contact Phone # \_\_\_\_\_

\*Realtor Name & Brokerage \_\_\_\_\_

\*Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Sale/Purchase (New Owner Application) Documents**

<b>Check List</b>	<b>Page #</b>	
_____	1.	<u>Notice of Owner's Intention to Sell-Must be submitted before application</u>
_____	2.	<u>Checklist for new owner application</u>
_____	3.	<u>Instructions for Certificate of Approval to Purchase</u>
_____	4.	<u>Exhibit "A" Amendment of Declaration of Covenants and Restrictions</u>
_____	5- 6	<u>Application for Occupancy (Proof of age required)</u>
_____	7.	<u>Applicant(s) Screening Letter-</u> Prior to new owner (Occupants) moving into (Occupying Unit). Check for \$150.00 Required with Application.
_____	8.	<u>Acknowledgement and Authorization for Background Check</u> Or Background Screeners of America (quick app Paperless)
_____	9.	<u>Affidavit-Must be Signed before a Notary (Include copy of Certificate of Amendment Filed with City of Greenacres on Dec. 24, 2009 (New Owner's packet)</u>
_____	10.	<u>Declaration of Condominium, Master Association Docs,</u> ACC Guidelines, Rules and Regulations
_____	11.	<u>ACH Authorization</u> for debit payment of maintenance Fees provided by bank.
_____	12.	<u>Park Point Community Association Voting Certificate</u> (turn into office)
_____	13.	<u>Emergency Key Contact</u>
_____	14.	<u>Pet Authorization and Approval</u>
_____	15.	<u>Receipt of Condominium Documents, Master Docs,</u> Rules and Regulations
_____	***	Submit for Master Board Approval <b>BEFORE</b>
_____	<b>16.</b>	<b>Certificate of Approval (Notarized)</b>
_____	<b>Note:</b>	<b>Provide Copy of Deed after closing- new owner MUST PROVIDE Copy of Driver's License and vehicle registration.</b>

**\*Rules and Regulations are to be provided to Buyer/Applicant with this application.**

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Instructions for Certificate of Approval to Purchase**

1. Complete the applicable application forms and do not leave any blank spaces. If necessary, insert N/A where applicable. Incomplete applications will be returned unprocessed.
2. This application will be returned unprocessed to the current owner (Seller) if there are any existing outstanding assessments or unpaid maintenance fees.
3. Buyer/Applicant shall submit with their application:
  - (a) A check in the amount of \$150.00 payable to the Condominium Association that will be receiving/reviewing the application: \_\_\_\_\_  
(Condo Association)
  - (b) A copy of your Purchase/Sales Agreement
  - (c) A copy of current Driver's license(s) and vehicle registration(s)
  - (d) Two (2) financial statements or a Credit Bureau Report.
4. Buyer/Applicants must be interviewed by the Condo Association Screening Committee prior to taking occupancy. Moving in any furnishings, personal items, and or occupying the condo/unit (to include utilizing any common areas) prior to applicant(s) being screened and granted the necessary Certificate of Approval is prohibited by the Condominium Association documents.
5. **Note:** It may take approximately three (3) weeks after the receipt of the applicant(s) \$150.00 check and properly completed documents to process their application.
6. Provide current email address and Phone # for each Buyer/Applicant (Please Print)

Name \_\_\_\_\_ email \_\_\_\_\_ PH# \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ PH# \_\_\_\_\_

Provide Reference Information for two (2) individuals that are not relatives and have known Buyer/Applicant) for at least one (1) year.

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

EXHIBIT "A"

AMENDMENT  
TO THE AMENDED AND RESTATED  
DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS,  
EASEMENTS, CHARGES AND LIENS OF PARK POINTE

The original Declaration of Covenants, Conditions, Restrictions, Easements, Charges and Liens of Park Pointe is recorded in Official Record Book 4173, at Page 744, in the Public Records of Palm Beach County, Florida. The Amended and Restated Declaration of Covenants, Conditions, Restrictions, Easements, Charges and Liens of Park Pointe is recorded in Official Record Book 13034, at Page 0291, in the Public Records of Palm Beach County, Florida.

As indicated herein, words underlined are added and words ~~struck through~~ are deleted.

**Item 1: Article 11, Section 11.01.21 of the Amended and Restated Declaration of Covenants, Conditions, Restrictions, Easements, Charges and Liens of Park Pointe ("Declaration"), shall be amended as follows:**

11.01.21. No person shall be permitted to reside permanently, in the Development who has not attained the age of ~~sixteen (16)~~ eighteen (18) years. Nothing herein shall be construed so as to prohibit the occasional use of any Unit by a person under the age of ~~sixteen (16)~~ eighteen (18) years of age, providing such use is on a temporary basis and pursuant to the rules and regulations of the Association pertaining thereto. Initially, the term "temporary basis" shall mean a period of time not in excess of thirty (30) days per calendar year, whether continuous or not.

**Item 2: Article 11, Section 11.01.22 of the Declaration shall be amended as follows:**

11.01.22. In accordance with Association policy to maintain the Community as an older persons (adult) community, it shall be required that at least eighty percent (80%) of the units shall be occupied (including renters) by one person fifty-five (55) years of age or older. Persons under fifty-five (55) years of age but ~~sixteen (16)~~ eighteen (18) years of age or older may reside in any unit, as long as at least eighty percent (80%) of the units are occupied by at least one occupant who is fifty-five (55) years of age or older. The Association shall have the authority, but not the obligation, to allow persons under the age of fifty-five (55) years to occupy up to twenty percent (20%) of the units. However, any person under the age of fifty-five (55) years who occupies any such unit shall be required to either be a spouse, child or other person who has inherited the unit from the previous Owner who was fifty-five (55) years of age or older.

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

New Owner/Buyer Application for Occupancy (Page 1)

Address of Unit being purchased \_\_\_\_\_  
Greenacres, FL 33467

Aforementioned Unit is being purchased to be utilized as my/our: Permanent Residence \_\_\_\_\_  
Part Time Residence \_\_\_\_\_ Investment/Rental \_\_\_\_\_

**New Resident's Name** \_\_\_\_\_ (Please Print)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* Underage 55 but over 18yrs \_\_\_\_

**New Resident's Name** \_\_\_\_\_ (Please Print)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* Underage 55 but over 18yrs \_\_\_\_

**New Resident's Name** \_\_\_\_\_ (Please Print)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* Underage 55 but over 18yrs \_\_\_\_

**New Resident's Name** \_\_\_\_\_ (Please Print)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* Underage 55 but over 18yrs \_\_\_\_

**\*For any Resident/Applicant that is under the age or 55 but over 18yrs old check \_\_\_ above**

**Please provide a copy of documentation to prove Applicants/Residents age as fifty-five (55yrs) or older. The same requirement applies for Applicants/Residents that are under 55yrs old but over 18yrs old. Example(s) of documentation; Driver's license, birth certificate, or any other document(s) that validate Applicants/Resident(s) age. This type of documentation is recommended by our legal counsel to satisfy the Department of Housing and Urban Development and will be treated as confidential.**

If Seasonal/Part Time Residents, please provide your anticipated occupation dates. This will assist in preparing mailings to you during dates that the unit will not be occupied.

Occupation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Provide Mailing Address if it will be different from Unit being purchased when not occupied:

\* \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

(Optional Mailing Address)

New Owner/Buyer Application for Occupancy (Page 2)

Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Mortgage Loan number \_\_\_\_\_

Your Present address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Employed by: \_\_\_\_\_

Employer phone: \_\_\_\_\_

How long? \_\_\_\_\_ Dept. or Position \_\_\_\_\_

Bank Reference-Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

How long? \_\_\_\_\_ Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Note: The total number of Cars permitted per Unit (Condo) is limited to 2 (two) commercial vehicles, work vans are not permitted.**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Email Address \_\_\_\_\_

**Person (s) to contact in case of an Emergency (Use Back of Form to add additional contacts)**

Name \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicant Screening Letter**

The applicant(s) agree(s) not to move in, occupy or utilize any part of the unit and or the Park Pointe Community common areas before the Applicant(s) have been screened and their application has been approved.

It is understood that the following Condominium Association \_\_\_\_\_ is attempting to create a community of financially responsible and congenial residents, and with such purpose in view. The Board of Directors, therefore, shall have the right to reject the Applicant within twenty (20) business days hereafter by written notice to the present owner. Applicant represents that the information that has been submitted to the Board of Directors is true and correct, and the present owner will rely on the recommendation and approval of the Board. The Association will make a reasonable investigation as may be deemed desirable. Applicant agrees to hold the owner and the Association harmless on account of such investigation and decision thereon.

Applicant(s) certifies that they have read the Declaration of Covenants and Restrictions of the aforementioned Condominium Association including the bylaws and that they will abide by these documents. **Note: Documents are to be transferred to the new owner at the time of closing, as are all keys to the unit, including mailbox and Clubhouse key.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Reminder(s): A Copy of the Sales Agreement and a check in the amount of \$150.00 payable to the Condominium Association must accompany the Buyer's/New Owner's application.**

Applicant(s) interviewed by:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of separate documents entitled "DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both of these documents. I/ hereby authorize the obtaining of "consumer reports" and/or "investigative consumer report" by Landlord, ("the including but not limited to credit, eviction and criminal company") requested after receipt of this authorization. To this end, I/we hereby authorize, without reservation, any law enforcement agency, institution, school, or university (public or private), information service bureau, or insurance agency to furnish any or all background information requested by **Background Screeners of America, 9333 Melvin Ave., Northridge, Ca 91324; Tel: 1.877.251.5656** ; another outside organization acting on behalf of (Landlord) and/or (Landlord) itself. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original, and will hold harmless Lucerne Park Condo Association, Park Pointe Community Association, Inc., and Background Screeners of America, their employees and other organizations that provide information, from any liabilities arising out of the use of such information in connection with Background Screeners of America.

**New York Applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that finished the r You have the right to inspect and receive a copy of the report requested by the company by contacting the consumer reporting agency identified above directly.

**New York City Applicants only:** You acknowledge and authorize the Company to provide any notices required by federal, state, or local law to you at the address(s) and/or email address(s) you provided to the Company

**Washington State Residents Only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Trade Reporting Act.

**Minnesota and Oklahoma residents only:** Please check this box if you would like to receive a copy of a Consumer report if one is obtained by the Company.

**Background information-to be completed by all applicants. Unmarried applicants must fill out separate Acknowledgement/background information form.**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Other names/alias \_\_\_\_\_

Social security Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Spouse:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Other names/alias \_\_\_\_\_

Social security Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

Phone #: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )

)SS:

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, personally appeared, \_\_\_\_\_ who, first being duly sworn on oath, deposes and says:

1. Affiant is the owner of a unit in Park Pointe Community Association, Inc, which is located at \_\_\_\_\_.

(Subject property).

2. Affiant agrees and acknowledges that at least one person (1) person fifty-five (55) years of age or older will reside on a **permanent basis** in the Subject Property at all times pursuant to the Association’s governing document restrictions regarding Park Pointe Community Association, Inc.’s status as a fifty-five (55) and older community, as well as Pursuant to Florida and Federal Fair Housing Laws regarding housing for older persons. more specifically, the occupants of the Subject Property and their ages are as follows:

Occupant _____	Age _____
Occupant _____	Age _____
Occupant _____	Age _____
Occupant _____	Age _____

3. Affiant further states he/she is familiar with the nature of an oath, and with the penalties as provided by the laws of the state of \_\_\_\_\_ for Falsely swearing to statements in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this Affidavit and understands its contents.

Signature \_\_\_\_\_

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

STATE OF \_\_\_\_\_ )

)SS:

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who \_\_\_\_\_ is personally known to me, or has produced \_\_\_\_\_ as identification.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

My commission Expires: \_\_\_\_\_ Seal Here:

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Declaration of Condominium**

Article 12.02 No Unit Owner shall make any alterations, decorations, repairs, replacements, change of paint, nor place any screens, jalousies, or other enclosures on patios or any other parts of the Unit, Common Elements, Limited Common Elements or Condominium Building without prior written approval of the Association. All such requests shall be compatible with existing structures.

Article 29.05 In order to maintain the high standards of the community with respect to appearance, no commercial vehicles, boats, house trailers, boat trailers, or trailers of every other description, including campers or recreational vehicle (or its equivalent), shall be permitted to be parked or stored on the Condominium property except during periods of approved construction, nor shall any motor vehicles be parked on such property for the purpose of repairing or maintaining the same. The prohibitions herein shall not apply to temporary parking of trucks and commercial vehicles for pick-up, delivery, and other commercial services.

Prohibited vehicles or vehicles illegally parked may be towed at Owner's expense.

If any portion of Article 12.02 is violated and not complied with, no certificate of approval will be issued for sale or lease of unit until violation of Article 12.02 is restored to original structure.

Article 29.05 is self-explanatory.

The above information is important for screening for sale or lease of a unit.

**Please sign both copies and return one with your screening papers.**

Applicant Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

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

Date \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**ACH Authorization Agreement**

I hereby authorize Condominium Association \_\_\_\_\_ to initiate debit entries or such ACH preauthorized payments (debits), adjusting entries, either debit or credit, which are necessary for corrections to my checking \_\_\_\_\_ savings \_\_\_\_\_ (check one) indicated below for the purpose of monthly maintenance fees. **Please attach a voided check or deposit slip.**

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Financial Institution Name

City

State

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Transit/Routing Number

Account Number

I understand that this authorization will remain in effect until I notify my financial institution and Board of Directors, in writing, that I no longer desire this service, allowing reasonable time, to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution and the Board of Directors before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my Financial Institution. I agree to give my Financial Institution written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within fifteen (15) calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or forty-five (45) days after posting, whichever occurs first.

Applicant Signature \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

### Certificate of Appointment of Voting Representative

This is to certify that the undersigned, constituting all of the recorded owners of unit # \_\_\_\_\_  
Condominium Association # \_\_\_\_\_ at the following address:

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have designated (name of voting representative notated below)

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as their representative to cast all votes and express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles of Incorporation, and the Bylaws of the Association.

The following examples illustrate the proper use of this certificate.

1. Unit owned by one owner-filed in owner's name.
2. Unit owned by husband and wife. Voting certificate filed designating either husband OR wife as the voting representative.
3. Unit owned by John Doe and his brother, Jim Doe. Voting certificate filed designating either John or Jim as the voting representative (not anyone else).
4. Unit owned by a corporation. Voting certificate filed designating person entitled to vote, signed by an officer of the corporation.

This certificate is made pursuant to the Declaration, Articles and Bylaws of the Association and shall revoke all prior Certificates and be valid until revoked by a subsequent certificate.

Dated this the \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_  
(Day #) (Month) (Year)

Unit Owner signature \_\_\_\_\_

\*Title if necessary/appropriate \_\_\_\_\_

Unit Owner signature \_\_\_\_\_

\*Title if necessary/appropriate \_\_\_\_\_

**\* Example:** If signee is Corporation of Limited Liability, General Partner of a General or Limited Partnership, Trustee, Administrator of Estate, Power of Attorney for (sole owner of unit).

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Note: This is not a Proxy and should not be used as such. Please be sure to designate only one of the joint owners as the voting representative. Unit owners wishing to change the designated voting representative must file a new form.**

**EMERGENCY KEY CONTACT**

TO: Unit Owner(s)

From: Board of Directors

Subject: Emergency Key

In the interest of safety, the Board of Directors requests and recommends that a key to your Unit be assigned to a local relative, friend, or neighbor to gain access to your unit in your absence in case of emergency.

If you choose not to designate your key to someone and it becomes necessary to gain forced entry to your unit, the cost will be borne by you (the owner(s)).

Please provide the following information below to Board of Directors:

**(Print Below)** Contact Information for Person(s) having Emergency Key(s):

Name of Contact(s): \_\_\_\_\_

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

Relationship to Unit Owner(s): \_\_\_\_\_

Contact Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**(Print Below)** Unit Owner's Information

Name(s): \_\_\_\_\_

Condo/Unit Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sales/New Owner Application:

Condominium Association: \_\_\_\_\_ Building # \_\_\_\_\_ Unit# \_\_\_\_\_

**Pet Authorization Form**

Park Pointe Community Association permits unit owners to have one (1) dog, of which the adult weight shall be twenty-five (25) pounds or less; OR one (1) cat. Other small pets and small birds shall also be permitted in individual units. **Only one (1) pet per unit** per Association Docs.

Pets shall be leashed on the common elements. Unit owners are responsible for picking up their pet's waste immediately. Pets are not to be curbed near the buildings, walkways, shrubbery, garden, or any other public space including, without limitation, the Clubhouse and all other recreational spaces.

Pets shall not be kept on balconies where they may create a nuisance to neighbors by barking or otherwise. Unit owners assume full responsibility for any damage to persons or property caused by their pet.

Persons renting units for less than six (6) months, as well as visitors and guests of owners, shall not be permitted to bring or have any pets on the property.

If you will be bringing a pet to Park Pointe now or at any time in the future, this form **MUST** be completed. Additionally, a photograph of the pet for identification purposes, as well as Veterinary records indicating the weight of your pet must be submitted with this form.

**Type of Pet (check one):**

Dog \_\_\_\_\_ (Breed & Weight) \_\_\_\_\_

Cat \_\_\_\_\_ (Other Pet(s) provide type ): \_\_\_\_\_

I (We) understand that if I (We) will be obtaining a pet in the future, this authorization form must be completed and provided to Condominium Association \_\_\_\_\_.

I (We) certify that the information and photograph provided is a true and accurate representation of the pet I (We) will be bringing into Park Pointe.

Unit Owner Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_

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

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

Date: \_\_\_\_\_

**Receipt of Condominium Documents**

Buyer(s) \_\_\_\_\_

Seller(s) \_\_\_\_\_

Condominium Association: \_\_\_\_\_ Building # \_\_\_\_\_ Unit# \_\_\_\_\_

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

On the date set forth below, the Buyer received from the Seller or Seller's Agent/Representative, the following documents:

1. Current Declaration of Condominium establishing the unit.
2. Current Articles of Incorporation of the Association.
3. Current bylaws of the Association.
4. Current Rules and Regulations of the Community Association (provided at interview)
5. Buyer's information packet (Provided at interview)

Buyer(s) acknowledges, by signing below) that on the date set forth below, the Buyer has received the documents, described above in accordance with Chapter 718 of the Florida Statutes and that all rights to review such documents and to void any contract executed by Buyer(s) for the purchase of the Unit run from the date set forth below. A photocopy of this Receipt for Condominium Documents and any signature hereon shall be considered for all purposes as an original.

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**Sales/New Owner Application:**

**Condominium Association:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Unit#** \_\_\_\_\_

**Certificate of Approval**

This letter is to certify that Applicant(s) Name (s):

\_\_\_\_\_  
Has/have been approved by Condominium Association \_\_\_\_\_ as  
purchaser(s) of the following described property in Palm Beach County.

Unit No. \_\_\_\_\_ located at \_\_\_\_\_ of  
Condominium Association \_\_\_\_\_, according to the plot thereof, recorded  
in the official record book No. \_\_\_\_\_ at Page no. \_\_\_\_\_ of the Public Records of Palm  
Beach County, Florida.

Such approval has been given pursuant to the provisions of Article 22 of the Declarations of  
Covenants and Restrictions of Condominium Association \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Condominium Association \_\_\_\_\_

Director Signature \_\_\_\_\_

State of Florida                    )  
  ) SS:  
County of Palm Beach            )

Before me, an officer duly qualified to take acknowledgements personally appeared.

\_\_\_\_\_  
A Director of the above-named Association, to me known to be the person described in and  
who executed the foregoing instrument and acknowledged before me that he/she executed the  
same as such Director thereunto duly authorized.

Witness my hand and official seal in the County and State aforesaid this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Print name of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Seal here:**



Lucerne Park Condominium Association #7  
3331 Perimeter Drive  
Greenacres, FL 33467

CONSENT TO RECEIVE ASSOCIATION NOTICES AND DOCUMENTS  
ELECTRONICALLY

By agreeing to receipt of Association notices and documents electronically, you are indicating that you would like to receive Association notices and documents via electronic mail (email).

The following communications will be sent via email according to Florida Statutes (718.112):

- Annual Meeting Notice
- Board Election First and Second Notices
- Proposed Annual Budget
- Non-emergency Special Assessments Meeting Notice

Exceptions:

- Special Budget Meeting Notice if budget exceeds 115% of previous budget
- Year-End Financial Report

I/We agree to receive all communications from the Board of Directors of Lucerne Park Condominium Association #7 directly in electronic format utilizing the email address provided below.

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

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669  
Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting Truist.com/Payments. If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

**To enroll by U.S. mail - Complete the authorization form below and attach a voided check.** Mail form to **Truist Association Services, P.O. Box 2914 Largo, FL 33779-2914.** Continue to make your payments until you are notified by the bank when your automatic payment will start.

## Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

**Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th.** This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit Truist.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at Truist.com/Payments. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Doc ID# 109

Truist Bank, Member FDIC.

## Keep top section for your records

**Mail enrollments, cancels or changes to Association Pay: Truist Association Services – P.O. Box 2914, Largo, FL 33779-2914**

Attach voided check when applicable

## Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Bank Account Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Checking  Savings  Account No. \_\_\_\_\_ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Email \_\_\_\_\_ Effective Month for ACH to start \_\_\_\_\_

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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**TO BE FILLED OUT BY APPLICANT(S)**  
**(Please type information or print clearly)**  
**FOR CMC OFFICE USE ONLY**

**This is a Purchase**                      **or**                       **This is a Rental**

**Association:** \_\_\_\_\_

**If Purchase, projected closing date:** \_\_\_\_\_

**If Rental, Lease Term from** \_\_\_\_\_ **to** \_\_\_\_\_

**Address of Unit:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Billing Address if different from Unit Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*\*\*\*\*

**This form is to be submitted to the Accounting Department by the Manager after  
approval of application.**

**LUCERNE PARK CONDOMINIUM #7 ASSOCIATION, INC.**  
**C/o CENTURY MANAGEMENT CONSULTANTS, INC.**  
2950 JOG ROAD, GREENACRES, FL 33467  
561-641-1016 PHONE ~ 561-641-9118 FAX  
[INFO@CMCMANAGEMENT.BIZ](mailto:INFO@CMCMANAGEMENT.BIZ)

**ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate documents entitled "DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", and certify that I have read and understand both of these documents. I/we hereby authorize the obtaining of "consumer reports" including but not limited to credit, eviction and criminal backgrounds. To this end, I/we hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave., Northridge, CA 91324; 866-570-4949; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com) and/or Employer, Homeowner Association, Condominium Association or Cooperative Association. I further agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original, and will hold harmless CMC Management, their employees, agents and/or affiliates, i.e., HOAs etc., and Background Screeners of America, their employees or agents and other organizations that provide information, from any and all liabilities arising out of the use of such information in connection with Background Screeners of America.

**BACKGROUND INFORMATION – to be completed by all applicants 18 years of age or older. Unmarried co-applicants must fill out separate Acknowledgement/background information form.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Name (Alias) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPOUSE:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Name (Alias) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357