



1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Resale Application – TUSCANY E CONDOMINIUM ASSOCIATION, INC.

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.
- 2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY AND COMPLETELY FILLED OUT.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.
- 5) **A \$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE IS REQUIRED ON ALL REALES. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO: TUSCANY E CONDOMINIUM ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED** AND PART OF THIS APPLICATION.
- 8) IF YOU ARE PURCHASING THIS PROPERTY AND ARE UNDER THE AGE OF 55, **YOU MUST** FILL OUT PAGE 11 COMPLETELY BEFORE SENDING THIS APPLICATION PACKET IN.
- 9) ALL UNIT OWNERS IN TUSCANY E ARE REQUESTED TO HAVE A MONTHLY PEST CONTROL CONTRACT AND APPLIANCE CONTRACT. PLEASE FORWARD CERTIFICATES FOR BOTH TO WILSON MANAGEMENT FOR ASSOCIATION'S RECORDS.
- 10) ALL UNIT OWNERS **MUST** PURCHASE HOMEOWNER'S INSURANCE. WHEN PURCHASING INSURANCE, PLEASE BE SURE TO HAVE YOUR AGENT ADD TUSCANY E CONDOMINIUM ASSOCIATION AS THE ADDITIONAL INSURED ON THE POLICY. **PLEASE SUBMIT PROOF OF INSURANCE WITHIN 30 DAYS OF CONDITIONAL APPROVAL TO THE ASSOCIATION.**
- 11) **PERSONAL INTERVIEW WITH THE BOARD OF DIRECTORS IS REQUIRED.**

ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LO OK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

ASSOCIATION: TUSCANY E CONDOMINIUM ASSOCIATION, INC. UNIT #: _____

Name of current Owner's: _____

Current Owner's Address: _____

City/ State/ Zip: _____

Current Owner's Phone Number: _____ Current Owner's Cell Number: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant's Address: _____

City/ State / Zip: _____

Applicant's Phone: _____ Applicant's cell phone: _____

E-Mail Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Plate # _____

Make: _____ Model: _____ Year: _____ Plate # _____

PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

<i>Name</i>	<i>Relationship to Purchaser</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

Purchaser(s) Agreement

In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors. Decision of the Board is final.

APPLICANT ACKNOWLEDGES THAT I/WE MAY NOT RENT THE UNIT WE ARE PURCHASING IN TUSCANY E WITHIN THE FIRST THREE (3) YEARS OF THE UNIT OWNERSHIP.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- PURCHASER(S), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the buyer's responsibility to obtain Condominium Documents from current owner. They may be purchased from Wilson Management for \$100.00 if necessary.
- Have enclosed a check in the amount of \$150.00 **PER PERSON OR MARRIED COUPLE** payable to **TUSCANY E CONDOMINIUM Association** as provided by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.

Applicant's Signature

Date

Applicant's Signature

Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

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Age Verification Questionnaire

Association: TUSCANY E CONDOMINIUM ASSOCIATION, INC. Unit: _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s)

Date: _____

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

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Request for Personal Reference

Association: TUSCANY E CONDOMINIUM ASSOCIATION, INC. Unit: _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to purchase an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number

Address

City, State, Zip Code

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Address

City, State, Zip Code

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1300 NW 17th Ave. Suite 270

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Applicant(s) Information Sheet

Applicant's Name: _____

Association: TUSCANY E CONDOMINIUM ASSOCIATION, INC. Unit # _____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: _____

Local Phone: _____ Seasonal Phone: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

TUSCANY E CONDOMINIUM ASSOCIATION, INC.

(Association Name)

(Unit #)

Do hereby designate that _____
(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this _____ day of _____, 20 _____

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

Lift Questionnaire

Association Name: TUSCANY E CONDOMINIUM ASSOCIATION, INC.

1. Is there a Lift in the building? Yes XXX No _____

2. Is the Lift a Common Element or Limited Common Element?

COMMON ELEMENT – ALL UNIT OWNERS PAY LIFT ASSESSMENTS

3. Please check with the Association Board to see if the unit you are interested in is a paid participant of the Lift Group. (whether Common or Limited) and whether or not you will have use of the Lift. You may provide the information needed in paragraph below:

I / We, as the purchaser(s), _____ have read the above
printed name(s)

questionnaire and understand all information contained within.

Applicant's Signature

Date

Applicant's Signature

Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Phone (561)637-3402 Fax (561)637-3407

If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have notarized.

APPLICANT ACKNOWLEDGES THAT I/WE MAY NOT RENT THE ABOVE UNIT WITHIN THE FIRST THREE (3) YEARS OF THE UNIT OWNERSHIP.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all social rights to this apartment and will not reside in it.

We wish to waive our social rights to:

Who will reside in the unit and is at least fifty five (55) years old. Proof of age will accompany this form.

Signature

Signature

Witnessed my hand and official seal at said County and State this _____ day of _____, 20_____.

Certificate #:

My Commission expires:

Printed Name of Notary Public:

Signature of Notary:

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with TUSCANY E CONDOMINIUM ASSOCIATION, INC., I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) (“Agency”), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Are you a service member as defined by s. 250.01, Florida Statutes? Yes No

The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights
_____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (_____) _____

EACH APPLICANT MUST COMPLETE A SEPARATE DISCLOSURE AND AUTHORIZATION FORM!!!

Tuscany E Condominium Association, Inc.

c/o Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Phone (561) 637-3402 Fax (561) 637-3407

Appliance Contract Agreement (Recommended)

Unit Number: _____

Owner(s): _____

Purchase Date: _____

This letter is to certify that I/we will purchase an Appliance Contract within thirty (30) days of my/our conditional approval by the Association. I/we further certify that I/we will continue to renew the Appliance Contract for as long as I/we own a unit in Tuscany E. (Proof of Appliance Contract is required each time the policy is renewed or a new company is retained for service).

Owner's Signature

Date

Owner's Signature

Date

Tuscany E Condominium Association, Inc.

c/o Wilson Landscaping & Management Corp.

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Delray Beach, FL 33445

Phone (561) 637-3402 Fax (561) 637-3407

Monthly Pest Control Contract Agreement (Recommended)

Unit Number: _____

Owner(s): _____

Purchase Date: _____

This letter is to certify that I/we will purchase my Monthly Pest Control Contract within thirty (30) days of my/our conditional approval by the Association. I/we further certify that I/we will continue to renew the pest control contract for as long as I/we own a unit in Tuscany E. Proof of Pest Control Contract is required each time the contract is renewed or a new company is retained for service).

Owner's Signature

Date

Owner's Signature

Date

Tuscany E Condominium Association, Inc.

c/o Wilson Landscaping & Management Corp.

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Homeowner's Insurance Agreement (Required)

Unit Number: _____

Owner(s): _____

Purchase Date: _____

This letter is to certify that I/we will purchase a Homeowner's Insurance Policy within thirty (30) days of my/our conditional approval by the Association. Tuscany E Condominium Association, Inc. is to be named as an additional insured on this policy. I/we further certify that I/we will continue to renew our Homeowner's Insurance for as long as I/we own a unit in Tuscany E. (Proof of Homeowner's Insurance is required each time the policy is renewed or a new policy is obtained).

Owner's Signature

Date

Owner's Signature

Date

Tuscany E Condominium Association, Inc.
Emergency Contact and Mailing Information Form

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur and it is imperative to contact an out of town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____

Name of Owner(s): _____

Local Telephone Number: _____

Alternate Mailing Address: _____

City, State, and Zip: _____

E-mail Address: _____

Alternate Telephone Number: _____

Business Telephone Number: _____

Cell Telephone Number: _____

Vehicle Information: _____

Color Make/Model Year License Plate Number

Do you rent your unit out? Yes: _____ No: _____

Real Estate Agency Name: _____

Renter's Name: _____

Lease Dates: _____

Renter Telephone Number: _____

Does a Board Member have a key to your unit? Yes _____ No _____

If so, which Board Member: _____

In case of emergency, please notify:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Telephone Number: _____

Cell Phone Number: _____

Date: _____ Submitted By: _____

TUSCANY E OWNER'S GUIDE

Welcome to your new home in Tuscany E at Kings Point. We extend a warm welcome to you.

We want you to understand the rules and bylaws of our community. We have instituted these rules so as to insure that EVERYONE who is an owner can enjoy the peace and quiet of the condo as well as maintain a quality of life that benefits everyone. Some of these rules may seem strange or even unnecessary, but we have found that putting things in writing is the easiest way to make sure that everyone has the same information and knows what is expected of them and their guests or tenants.

At Tuscany E Condominium Association, Inc., the security and safety of our residents is of paramount importance. We care about our residents however we do not and will not take care of our resident's personal needs. Irrespective of personal issues, every resident must fulfill their below mentioned obligations to the Association on their own.

Tuscany E Condominium Association, Inc., referred to as TUE in this guide, is responsible for most of the day to day running of our building: insurance for the common elements of our property, garbage collection, maintenance of the walkways, landscaping, the parking lots etc. TUE is responsible for maintenance of the individual quad's roof, outer walls etc.

TUE is responsible for your unit's maintenance but only in specific ways and up to specific points. We are responsible for the exterior, structural integrity of the unit and the roof. TUE is not responsible for Florida Rooms, doors, windows or interior walls beyond their structure. That means TUE responsibility extends to the rear wall but not beyond and to drywall but not paint, subfloor but not coverings etc. We are not responsible for fixtures, appliances etc. **The lift may not be used as a freight elevator at any time. It is strictly for passengers**

OBLIGATIONS OF OWNERSHIP

The first responsibility is your maintenance payments. Please remember that all the association provides for you is based on timely payment of fees in order to maintain the high level of services that we all want. Maintenance is payable to our management provider on the first day of each month.

Pre-authorization deducted from your bank account on the fifth day of each month can be set up. You may mail your payment or use the lockbox at the mailbox area at TUE. Payment not made by the 10th of each month is delinquent. Late fees are charged to your account at the rate of \$25.00 per month. Delinquent accounts will initiate legal collection inclusive of accumulations, interest, penalties and legal fees after 60 days.

Your ownership includes your numbered unit and the ONE ASSIGNED parking space. A list of which space that belongs to what unit is posted at the mailboxes on the bulletin board. **DO NOT USE ANOTHER UNIT'S PARKING SPACES.** Not only is it un-neighbourly, it is illegal.

Motorcycles and trucks are prohibited at TUE.

There are a limited number of visitor parking spots spaced around the lots; these are for the exclusive use of invited visitors. If you need more than one parking space, make arrangements with a non-vehicle owner to use their parking space.

You as an owner are responsible for certain other expenses that you may not have had responsibility for in the past:

1-Water, electricity and cable TV services.

2-Home owner insurance.

3-Appliance and A/C contract and monthly pest control insurance is optional if owner-occupied.

Water service is provided by Palm Beach Water. You must contact them directly to open an account. Your account arrangements should be made in advance of at least 24 hours of occupancy.

Electricity service is provided by FPL; please contact the utility company directly to open an account to begin your service. It takes 24 hours to start an account.

TUE does not have any responsibility for unit repairs to water, drainage, sewage lines and electric repair issues.

Cable TV service is a bit more complicated but not overly so. BASIC cable to all residents of Kings Point is included in your maintenance fee. Should you want an upgrade of service above BASIC service, you must contact COMCAST to establish an account. You will receive a discounted rate because the basic service is already paid for in your maintenance. No satellite dishes, TV or radio antennas are permitted at Kings Point.

Home owners insurance is required on all units. Proof of insurance MUST be submitted to Wilson Management each year.

YOUR INSURANCE MUST INCLUDE TUSCANY E CONDO ASSOCIATION AS CO-INSURED. This is to protect all of us from situations that have developed in the past where the condo owners were subjected to large assessments due to weather events.

Owner-occupied appliance and monthly pest control contracts are optional. However, the appliances are your responsibility. If you plan to rent, these become mandatory.

In order to maintain the cleanliness, quiet and general wellbeing of the owner and tenants of Tuscany E there are a few other rules that need to be made clear.

1- PETS are not permitted in TUE and Kings Point. This helps maintain the cleanliness and quiet of the condo. Federally protected and comfort animals are the exception; you must fill in the approval documents for TUE and the separate ones for Kings Point to secure approval. Visitor pets are prohibited.

2- This is a senior community. Children under the age of 18 are not permitted as residents. They are welcome to visit. There are conditions where adults under the age of 55 are allowed as residents but they are the exception and must be approved.

3- The owner **MUST BE IN RESIDENCE WITH ANY GUEST.** There is no 'lending' of the unit to people not listed on the title.

4-A maximum of two adults are permitted per unit; in either a one or two bedroom unit. Guests are welcome for up to 30 days. Guests in residence beyond thirty days must apply to the Board for approval.

5- The walkways are for walking not for furniture or garbage. It is a violation of the fire code to have anything on the walkways. If you want to sit on the walkway, feel free to do so BUT please remove the chair when you are finished. Welcome mats outside the door are prohibited.

6- We are a community of neighbours. Be aware of your neighbours when you are listening to the TV or to music and keep the volume at a considerate level.

7- Maintenance of appliances is your responsibility. There are numerous insurance policies by licensed and insured providers that are available to help with this responsibility.

8- Bar-B-Qing is not permitted anywhere in Kings Point.

9- A bicycle rack is installed at the West end of Tuscany E. Do not store bicycles on the walkway or under staircases.

10- A SET OF KEYS TO YOUR UNIT IS REQUIRED TO BE LEFT WITH THE BOARD OF DIRECTORS. This is for your safety in event of emergencies. Please inform the board if you will be away for a length of time.

11- Please supply Wilson Management with contact information in case of emergencies while you are away. This can save a lot of both money and time in an emergency.

12- WE RECYCLE. THERE IS NO GARBAGE PICKUP FROM YOUR DOOR. NO GARBAGE SHOULD BE LEFT ON THE WALKWAY. Large disposal containers are located at either end of TUE.

13- Architectural approval is required for remodelling and some repairs. Work time is limited from 9 am to 5 pm Monday thru Saturday. There is no work to be done on Sundays or holidays.

14-The "walkway light" (located on the exterior to one side of the front door) **must** be illuminated at night for our collective safety along walkways. The switch to the walkway light is found on the interior of your unit near the front door. It must be in the on position **always**. The walkway light will automatically go on and turn off according to the available natural lighting. **TUE is responsible for the cost, maintenance and replacement of the walkway light.**

RENTING AND SELLING

Owners who decide to rent their unit **MUST** be owners for at least **THREE (3)** years before they may offer for rent. This is part of TUE bylaws.

A unit may be rented only once during a consecutive 12 months period. This is NOT a calendar year but during any 12 month period. The terms of a rental are for the year, six months or more, or seasonally for at least four months. The least rental period is four months.

A rental unit **MUST** have **BOTH** appliance insurance and pest control service **BEFORE** the rental application will be considered. If your unit is rented, the owner must have the service contracts by a licensed and insured provider, on file with the board of directors.

Rentals or sales are subject to completion of application forms and background checks.

A face to face meeting of applicants with the Board before the rental process is complete is mandatory.

Sale or title transfer to an individual or to an entity by whatever legal means, is subject to the Tuscany E application approval process. The decision of the Board of Directors is final.

That should cover the basics. The aim is to make our community reasonable, respectable, respectful, responsible and safe!

I have read and understand all of the above.

I agree to comply _____ Signed _____

I do not agree to comply _____ Signed _____

Date _____

Revised: Feb.-2018



KINGS POINT
GOLF AND COUNTRY CLUB
Where Exceptional Lifestyle Begins

RENTAL and RESALE INFORMATION
ID OFFICE
561-499-3335 Ext. 136 & 135
Monday – Friday 9:00 AM – 4:00 PM
Closed Saturday and Sunday

Fees (All fees subject to change)

- Capital Contribution & Processing Fee-includes one (1) Resident ID Card & one (1) Barcode
\$2,000.00 (Applicable to all resales and transfers of ownership as of January 1, 2025)
- Resident ID \$60.00
- Single Resident ID \$60.00
- Lessee ID \$60.00
- Guest ID \$10.00 (See procedural guide for further details)
- Health Aide ID \$50.00 (Three months)
- Barcode \$10.00
- Saxony RFID Tag \$10.00

Requirements: Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included.**

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal and,
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. **Checks payable to: Kings Point Recreation Corp., Inc.**
- **Note:** Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease and,
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

Kings Point Recreation Area Amenities

The Recreation facilities consist of three (3) clubhouses, swimming pools, Natatorium, golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a “**NO PET**” community. The Recreation Area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To ensure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the **ID Office located in the Administration Building**.

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

*Signature: _____ *Signature: _____
Seller/Owner Buyer/Tenant

******Effective January 1, 2025******

Note: **Capital Contribution & Processing Fee** of \$2,000.00 *payable to: Kings Point Recreation Corporation, Inc.*, the Not For Profit Corporation organized under Florida Statute 617, authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.

KINGS POINT USER ACCOUNT REGISTRATION

SIGN IN or CREATE AN ACCOUNT at the kingspointdelray.com website

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the Internet have already activated their accounts.
2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.
3. Activate your account by going to the kingspointdelray.com website.
 - a. On the "Home Page" click on the "Gate Access/Visitor Management" link in order to sign in or create an account.
 - b. Click on "Create Account" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, click on "Create User" at the bottom of the page. You have now completed your part of the activation process.
 - c. You will be notified when your account has been activated (within 72 hours).
4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.
5. Populate your account by going to the kingspointdelray.com website and click on the "Gate Access/Visitor Management" link.
 - a. Click on "Sign In" and enter your user name and password.
 - b. Click on "Sign Me In" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
 - c. The "Permanent" list will be updated on an annual basis.
 - d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.
6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.
7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.