Capri A Association, Inc.
***Managed By*: Wilson Landscaping & Management Corp.**
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Resale Application – CAPRI A 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* COMPLETED.

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 RESLES. THE $150.00 APPLICATION FEE MUST BE MADE PAYABLE TO: **THE CAPRI A ASSOCIATION, INC.**

6) THE VESTA PROPERTY SERVICES INFORMATION PAGE MUST BE SIGNED.

7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED** AND PART OF THIS APPLICATION.

8) NO NEW OWNER MAY LEASE HIS/HER UNIT DURING THE FIRST THIRTY-SIX (36) MONTHS OF OWNERSHIP. NO EXCEPTIONS WILL BE MADE.

9) CAPRI A IS A **NO SMOKING BUILDING**. NO SMOKING IS ALLOWED ON THE COMMON ELEMENTS AS WELL AS INSIDE THE INDIVIDUAL UNITS.

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 LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS INTO OUR OFFICE.

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 and all members of the Florida National Guard and the United States Reserve Forces.

CRITERIA TO BE CONSIDERED WHEN APPROVING A SALE OR LEASE.

Good cause, as referred to above, shall exist under the following circumstances:

(i) Person or Persons seeking approval shall include all proposed occupants and / or any subsequent occupants;

(ii) The application for approval on its face, or subsequent investigation thereof, indicates that the Person or Persons seeking approval intends to conduct himself in a manner inconsistent with the covenants and restrictions applicable to the association;

(iii) The Person or Persons seeking approval has/have a record of financial irresponsibility, including, without limitation, prior bankruptcies, foreclosures or bad debts; A purchaser must have a minimum credit score of 700;

(iv)The owner allows a prospective owner or tenant to take possession of the premises prior to approval by the Association as provided herein and / or the Unit Owner has a history of not including all proposed Persons when obtaining prior approval from the Association;

(v) The Person or Persons seeking approval has/have a history of disruptive behavior or disregard for the rights and property of others as evidenced by his conduct in other social organizations or associations, or by his conduct in this association as a tenant, unit owner or occupant of a unit;

(vi) The Unit Owner requesting the transfer has had fines assessed against him or her or owes assessments as the prior owner of a Unit;

(vii) The Unit Owner requesting the transfer is otherwise in violation of any provisions of the governing documents.

Wilson Landscaping & Management Corp.
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Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

ASSOCIATION: CAPRI A 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: _____

Current Owner's E-Mail Address: _____

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

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

Applicant's Address: _____

City/ State / Zip: _____

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

Applicant's 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

Name	*Relationship to Purchaser*	*Date of Birth*
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____

Wilson Landscaping & Management Corp.
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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.

- 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.
- **Understand no new owner may lease his/her unit during the initial thirty-six (36) months of ownership.**
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- Capri A is a **NO SMOKING BUILDING**. No smoking is allowed on the common elements as well as inside individual units.
- 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 **Capri A Association** as provided for 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: CAPRI A 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

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: CAPRI A ASSOCIATION, INC. **Unit:** _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to purchase a unit 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:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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

CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
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Applicant(s) Information Sheet

Applicant's Name: _____

Association: _CAPRI A 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: _____

E-Mail Address: _____

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 regard 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:

_____CAPRI A 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.

Elevator Information

Association Name: **CAPRI A ASSOCIATION, INC.**

1. Is there An Elevator in the building? Yes **XXX** No _____

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

   COMMON ELEMENT – ALL 48 UNITS PAY FOR MAINTENANCE AND REPLACEMNT OF THE ELEVATOR.

3. The elevator is designed to transport individuals and the groceries. It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.

4. The elevator shall not be used by any Licensee, Contractor, or Hired Delivery.

5. The elevator should not exceed the 750 pound limit,

6. One (1) wheelchair and two (2) persons or three persons (3) at any one time. No more than three (3) persons.

7. Garbage bags must be tightly sealed to deter spillage on the cab floor.

8. If a wheelchair is used inside the elevator, the brakes should be applied to prevent movement while on the elevator.

9. **If the elevator is damaged due to misuse by an owner, their guest, or their lessee, the owner will be responsible for all costs to repair elevator.**

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

and understand all information contained within.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

Wilson Landscaping & Management Corp.
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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 this form notarized.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all rights to reside in this apartment and will not reside in it, unless it is occupied by at least one (1) person over the age of fifty-five (55)..

We wish to waive our 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:

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

Capri A Condominium Documents state:

14.5 **Pets.** No animals or pets of any kind shall be kept in any unit or on any property of the Condominium. This subsection 14.5 shall not be amended unless approved by the board of directors of a majority of all the condominium associations located at the Kings Point Project.

I/we _____ understand that there are no pets of any kind allowed in the Capri A Association, Inc.

As purchaser(s)/lessee(s) of unit _____, I/we agree that we will not have pets of any kind.

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ . They are personally known to me or have produced _____ as identification.

State of _____ _____
Notary Public Signature

County of _____

_____
Printed Name

(seal) _____
Certificate Number

_____
My commission expires:

Capri A Association, Inc.
Emergency Contact and Mailing Information Form

It is important that you complete 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. 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: _____
Alternate Telephone Number: _____
Business Telephone Number: _____
Cell Telephone Number: _____
E-mail Address: _____

Vehicle Information: _____ _____ ____ _____
Color | Make/Model | Year | License Plate Number

Does a Board Member have a key to your unit? Yes _____ No _____
If so, which Board Member: _____

EMERGENCY CONTACT INFORMATION:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Cell Phone Number: _____
E-Mail Address: _____

Date: _____ Submitted By: _____

Please return this form via U.S. Mail, Fax, or E-mail to:

Wilson Landscaping and Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Tel: (561) 637-3402
Fax: (561) 637-3407
tammy@ wilsonmanagement.net

DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with CAPRI A 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!

KINGS POINT
GOLF AND COUNTRY CLUB
Where Exceptional Lifestyle Begins
GCC

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!

ORIGINAL

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.

ORIGINAL

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.

Capri A Association, Inc.
Non-Smoking Building Policy

Applicant Name(s): _____

Unit Address/Number: _____

Statement of Acknowledgment

I/We, the undersigned applicants, acknowledge and agree that the Capri A Association, Inc. is a non-smoking building. I/We further understand and agree that smoking is not permitted in any individual unit and is also prohibited in all common areas of the property, for both residents and their guests.

> 14.12 The Association has been advised that secondhand smoke may drift through common element walls and ventilation systems and that secondhand smoke may contaminate air in the common elements and the dwelling units. Effective upon the recording of this amendment, smoking shall be prohibited everywhere on the property of the Condominium, including, but not limited to, the dwelling units, balconies, lanais, indoor and outdoor exclusive use areas, and indoor and outdoor common elements (collectively the "Premises").
>
> No unit owner that purchases after July 14, 2022, shall smoke, or permit smoking by any occupant, visitor, agent, tenant, invitee, guest, friend, or family member anywhere on the property. Smoking shall include vaping, the inhaling, exhaling, burning, breathing, carrying, or possession of any lighted cigarette, cigar, pipe, any product containing any amount of tobacco, or other similar heated, smoldering, or lit product. The Board may designate (or remove from designation) an outdoor area for smoking, provided the smoking area(s) shall not cause secondhand smoke to drift into indoor common elements, indoor exclusive use areas or the dwelling units.
>
> The Board of Directors shall have the authority and power to enact rules and regulations which it deems necessary to enforce this prohibition against smoking on the Premises. The Board may also enact rules and regulations to address alleged secondhand smoke intrusion from Grandfathered Units. Such rules and restrictions enacted for Grandfathered Units may include, among other things, requiring an air filtration system installed in Grandfathered Units that is sufficient to prevent secondhand smoke infiltration between Units and/or sufficient to prevent a disturbance to other occupants of the building. Smoking in violation of this section shall constitute a nuisance. Nothing in the Amendment shall be construed to create liability or responsibility for the Association for any claim that may arise in the event there is a violation of this prohibition against smoking on the Premises.

I/We acknowledge that any violation of this policy may result in enforcement action by the Capri A Association, Inc. pursuant to the Association's governing documents and applicable law.

By signing below, I/We confirm that we have read and understood this acknowledgment and agree to comply with the non-smoking policy.

Applicant Signature: _____ Date: _____

Print Name: _____

Applicant Signature: _____ Date: _____

Print Name: _____