

**Saxony O Condominium Association, Inc.**  
**Managed By: Wilson Landscaping & Management Corp.**  
**1300 NW 17<sup>th</sup> Ave. Suite 270**  
**Delray Beach, FL 33445**  
**(561)637-3402 Office (561)637-3407 Fax**

**Instructions for Resale Application – SAXONY O 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 COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A COLOR 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: **THE SAXONY O CONDOMINIUM 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) 3 MONTH CAPITAL CONTRIBUTION REQUIRED ON ALL SALES.
- 9) NO NEW OWNER MAY LEASE HIS/HER UNIT DURING THE INTIAL TWO (2) YEARS OF OWNERSHIP.
- 10) INTERVIEW WITH THE BOARD IS REQUIRED “IN PERSON”. INTERVIEWS ARE COMPLETED ON THE 2<sup>ND</sup> AND 4<sup>TH</sup> SATURDAY OF THE MONTH ONLY.

**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.

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**Resale Information Sheet**

**ASSOCIATION:** SAXONY O 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: \_\_\_\_\_

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**

<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:**

\_\_\_\_\_  
\_\_\_\_\_

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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 two (2) years of ownership.**

- 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 **Saxony O Condominium 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.

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Applicant's Signature

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Date

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Applicant's Signature

---

Date

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**Age Verification Questionnaire**

**Association:** SAXONY O 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

## Saxony O Condominium Association, Inc.

If you are purchasing a unit in the Saxony O Condominium Association, Inc. you need to be aware of the following Amendment that was made to their Declaration of Condominium on August 8, 2023.

### ARTICLE IX. ASSESSMENTS

**Working Capital Assessment.** From and after the date of recordation of this amendment in the Public Records of Palm Beach County, Florida, the following shall apply: upon conveyance of each and every Unit, the purchaser(s)/new Owner(s) (including a mortgagee or third-party purchaser who acquires title to a Unit at a foreclosure sale or by deed in lieu of foreclosure, as well as any purchaser who obtains title at a tax sale) shall pay to the Association a one-time, non-refundable assessment equivalent to three (3) months of assessments for Common Expenses of the current fiscal year or such other amount as determined by a majority of the Board of Directors, which shall be chargeable to said Unit by the Association as a Working Capital Assessment.

The Working Capital Assessment shall not be considered an advance payment of assessments but shall be in addition thereto, and it may be used for the purpose of covering operating expenses incurred by the Association pursuant to this Declaration, the Articles of Incorporation, and the Bylaws, as determined by the Board from time to time. The Working Capital Assessment shall be due and payable at the closing of the sale or transfer of a Unit. Any Working Capital Assessment not received when due, as provided herein, shall be deemed delinquent and shall be subject to provisions of Article IX of the Declaration for failing to pay assessments.

. . .

I/We, the purchasers of \_\_\_\_\_ in the Saxony O Condominium Association, Inc. have read and understood the above Amendment. I/We agree to pay the Capital Contribution fee at closing. The check should be made payable to the Saxony O Condominium O Association, Inc.

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Signature

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Date

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Signature

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Date

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

**Request for Personal Reference**

**Association:** SAXONY O CONDOMINIUM ASSOCIATION, INC. **Unit:** \_\_\_\_\_

Dear Sir/Madam: SAXONY O CONDOMINIUM ASSOCIATION, INC.

\_\_\_\_\_ 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:

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INTEGRITY:

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OTHER COMMENTS:

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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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:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone/Cell Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**



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**Applicant(s) Information Sheet**

Applicant's Name: \_\_\_\_\_

Association: SAXONY O 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: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE SPECIFY YOUR MAILING PREFERENCE:
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\_\_\_\_\_ 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:
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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:

SAXONY O 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 Information

Association Name: **SAXONY O 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 48 UNITS PAY FOR MAINTENANCE AND REPLACEMENT OF THE LIFT.**

3. The lift 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 lift shall not be used by any Licensee, Contractor, or Hired Delivery.

5. The lift 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 lift, the brakes should be applied to prevent movement while on the lift.

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

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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**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 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:

**Saxony O Condominium Association, Inc.**  
**Wilson Landscaping & Management Corp.**

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

Saxony O 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 Saxony O Condominium 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:

**Saxony O Condominium 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 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
Tel: (561) 637-3402  
Fax: (561) 637-3407  
tammy@wilsonmanagement.net

**Saxony O Condominium Association, Inc.**  
**Rules and Regulations as of September 11, 2018**

**1) Acknowledgment:**

- A. Residents are responsible for the actions of their guests, invitees, contractors, etc.
- B. Violating any of the Rules could result in violation letters, fines and/or legal action, as well as denial of lease renewals.

**2) Sales and Rentals:**

- A. All sales/rentals of units must be approved by the Board of Directors. In addition, all prospective purchasers and/or renters must complete a personal interview with the Board of Directors. **NO EXCEPTIONS.**
- B. All unit owners and required to transfer all condominium documents (including amendments) to the new owner(s).
- C. Renters should turn in their rental renewal application for processing at least thirty (30) days before the lease expires.
- D. If you renter receives three (3) violations within the term of the lease, the lease will not be approved for renewal.
- E. No unit may be rented for twenty-four (24) months following the transfer of ownership, not including the transfer of a unit by inheritance, devise or foreclosure of first mortgage and/or lien for assessments.
- F. The minimum lease period allowed is one (1) year and only one (1) rental allowed per twelve (12) months.
- G. Pest Control Contract, Appliance Contract and Homeowner's Insurance is required for all rentals and proof must be submitted with the application for approval.
- H. All new owners must obtain Homeowner's Insurance within thirty (30) days of closing and submit proof of coverage to Association.

**3) Occupancy:**

- A. One person living in the unit must be fifty-five (55) years old or older. **THIS IS MANDATORY.**
- B. No one under the age of eighteen (18) years old may not reside in any unit at any time for any reason.
- C. Both a one (1) and two (2) bedroom unit is to be occupied by one (1) or two (2) persons, no more.
- D. Sub-leasing is never permitted, under any circumstances. Renting out rooms in not permitted.

**4) Children:**

- A. Children under the age of eighteen (18) may not live in Saxony O Condominium Association, Inc. at any time, for any reason.
- B. Children under the age of eighteen (18) are permitted to visit for periods not to exceed thirty (30) days in total in any calendar year without prior written consent of the Board of Directors.
- C. No sporting games or picnicking are permitted in the common areas. This includes baseball, kickball, football, soccer, Frisbee, tag, jump rope, skateboarding, etc.

**5) Pets:**

- A. Kings Point is a "no pet" community. Pets are not permitted in Saxony O Condominium Association. No pets are allowed to visit as well.

**6) Doors and Locks:**

- A. The Board of Directors shall maintain keys to all units. The keys will be used for emergency purposes only or for maintenance inspections. In the event of maintenance inspections, prior notice will be provided to all residents.
- B. Door painting – Unit owners cannot paint their own front door. In between building paintings, unit owners can have their front door painted if necessary. Please contact a Board Member to approve such painting requests.

**7) Consent to Alter:**

- A. No unit shall be materially altered, added to or modified without the prior written consent of the Association. Specifications for desired work must be submitted to Wilson Landscaping & Management Corp.

Initials of Applicant(s): \_\_\_\_\_

**Saxony O Condominium Association, Inc.**  
**Rules and Regulations as of September 11, 2018**

through an Architectural Request Form ("ARC" Form). These forms can be obtained by calling Wilson Landscaping & Management Corp. at (561)637-3402.

- B. Unit owners are responsible for any damages to the common elements caused by their own contractors/workers. Catwalks must be protected and/or cleaned at the close of every business day while work is being done.
- C. No contractor waste shall be placed in the dumpsters. Contractor is responsible to remove own waste.

**8) Trash and Recycling:**

- A. Place all garbage in plastic bags and tie the bags before dumping them into the dumpster. NO LOOSE TRASH! Do not drop large bulk items into the dumpster. All cardboard boxes must be broken down before placing in dumpster or recycling bins.
- B. Put recyclables in their proper bins. Do not put tied plastic bags into the recycle bins. If the recyclable bins are full, place recyclables into the dumpster or take them back to your unit. DO NOT place anything on the ground. Please wash out bottles, cans, etc. before placing in bins to avoid odors and pests. Cartons and pizza boxes should not be placed in the recyclable bins.
- C. Bulk items such as furniture, appliances and other large items are picked up every Tuesday. Bulk items may be placed NEATLY next to the dumpster on Mondays after 5 pm, ONLY. If bulk items are placed at the dumpster any other day, you will be billed for the cost to remove the items.
- D. No contractor waste shall be placed in dumpster.

**9) Things not permitted:**

- A. Excessive noise from televisions, stereos, visitors, etc. between the hours of 10:00 PM and 7:00 AM. For disturbances, please contact the non-emergency phone number for the Palm Beach County Sheriff's office at (561)995-2800.
- B. For units on the second floor, place felt tips under movable furniture.
- C. No feeding wildlife (squirrels, ducks, birds, feral cats, etc.). This attracts rodents and racoons which defecate on catwalks, which is unsightly, unsanitary and could cause a slip and fall.
- D. Smoking is not permitted in the lift, on catwalks or walkways attached to the building.
- E. No business, licensed or unlicensed, maybe operated out of any unit.
- F. No labels may be placed on front doors, windows or mailboxes.
- G. No cooking on patios, balconies, or common areas of Saxony O Condominium Association per the order of Palm Beach County Fire Department.
- H. No generators permitted at Saxony O Condominium Association per the order of the Palm Beach County Fire Department.
- I. Nothing is permitted to be hung on doors, windows, balconies, or over catwalk railings.
- J. No shaking of rugs, mops, rags, etc. on or over the catwalks or on grassy areas.
- K. No throwing buckets of water, cooking oil, or any liquid or dry material, food, etc. onto the catwalks, plants or grass.
- L. No sweeping or throwing anything out the front door onto the catwalk or over the balcony onto plants or grass.
- M. No walking or driving on the grass or through the plants in front or in back of the building.
- N. No signs, advertisements or stickers may be placed on unit doors, windows or exterior walls.
- O. No signs, for sale signs or otherwise , advertisements, etc. on vehicles.
- P. No doormats are permitted for safety reasons (trip and fall).
- Q. No chairs, flower pots, statues, ornaments can be placed on catwalks or in front of units.

Initials of Applicant(s): \_\_\_\_\_



**Saxony O Condominium Association, Inc.**  
**Rules and Regulations as of September 11, 2018**

- R. Holiday wreaths/decorations are permitted on outside of door or inside of windows from December 1<sup>st</sup> thru January 15<sup>th</sup> **ONLY**. Wreaths and decorations must be hung using removable “over the door” hooks, no nails or screws allowed in the door.

**10) Leaks:**

- A. Check for dripping faucets, running toilets and leaking shower heads. Call your service contactor immediately when a leak has been noted.
- B. The Association highly recommends installing water leak detection devices under sinks, near toilets and by hot water heaters. This will help prevent major flooding in the event of a water leak or pipe burst. These leak detection items are relatively inexpensive and can be purchased at home improvement stores.

**11) Lift:**

- A. Report lift issues to the Board of Directors.
- B. The lift is not to be used to transport freight items, appliances, furniture, etc. It is for **PASSENGER USE ONLY**.
- C. The lift is equipped with an emergency call button in the event you are trapped. This button should only be used in the event of an emergency. If there is an issue with the lift itself it will be reported to the Lift company.

**12) Cable:**

- A. Comcast is the cable provider for all of Kings Point. There is a bulk cable contract for the community which covers **basic cable only**. Please contact Comcast at (561)266-2278 for questions regarding boxes, internet, home phone, etc.

**13) Hurricane Season (June 1 – November 30):**

- A. Hurricane shutters may be closed during Hurricane Warnings only. They may not be closed while you are away.
- B. Bicycles must be brought inside upon a Hurricane Warning being issued.
- C. Unsecured items from your patio or elsewhere must be brought in upon a Hurricane Warning being issued. This is so they do not become projectiles during the storm.

**14) Bulletin Boards:**

- A. Nothing can be posted or taped to the glass.
- B. Only the Board of Directors or authorized staff can post or remove notices.

**15) Vehicles and Parking: (Violators will be towed)**

- A. You must obey all roadway signs, including speed limits. The Palm Beach County Sheriff patrols the community and will ticket violators and/or speeders.
- B. One (1) parking space is assigned to each unit.
- C. Vehicle tags must be current.
- D. Parking spaces cannot be changed, exchanged or rented.
- E. Vehicles must be parked head in, not backed in and must be pulled all the way up to the concrete bumper.
- F. Vehicles in disrepair (i.e. broken windows, flat tires, missing parts, inoperable, etc.) are not permitted.
- G. No maintenance or mechanical repairs are permitted except in an emergency.
- H. Disabled/crashed vehicles may not be parked in either an assigned or guest space for more than seven (7) days.
- I. Car washing is not permitted.
- J. No commercial vehicles, recreational vehicles, boats or trailers may be parked on the property overnight.
- K. Guest spaces may be used for units with more than one (1) vehicle. The guest spaces are “first come, first served” and are not reserved for any one unit.
- L. No more than one (1) vehicle per licensed driver, with a maximum of two (2) vehicles per unit.

Initials of Applicant(s): \_\_\_\_\_

**Saxony O Condominium Association, Inc.**  
**Rules and Regulations as of September 11, 2018**

M. No loud vehicles, or motorcycles will be permitted, nor is loud music blaring from vehicle permitted.

**16) Bicycles:**

A. Bicycles must be parked in front of your parking bumper in a bike rack or kept in your unit. Bicycles that become rusted or have unsightly coverings will be removed.

**17) Moving guidelines:**

A. No eighteen (18) wheeler moving trucks will be granted access into Kings Point.

B. Trucks cannot block entire main entrance. Please leave half of the walkway open for pedestrians and emergency vehicles.

C. The lift is not to be used to move boxes, appliances, furniture etc. Passenger use only.

D. Do not damage building, doors, handrails, exit signs, light fixtures, etc. Owners/renters will be charged for damages to common elements.

**PLEASE ADVISE YOUT FAMILY, GUESTS, VISITORS, CONTRACTORS, TENANTS AND OTHER INVITEES ABOUT THE RULES AND REGULATIONS ABOVE. YOU THE OWNER/RESIDENT WILL BE RESPONSIBLE FOR ANY AND ALL FINES AND LEGAL FEES.**

I/We the undersigned understand and agree to abide by the Rules and Regulations of the Saxony O Condominium Association, Inc.

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Signature

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Date

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Signature

---

Date

Initials of Applicant(s): \_\_\_\_\_

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

## **APPLICATION FOR OCCUPANCY**

Association Name: SAXONY O

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

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

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

## PART II – EMPLOYMENT REFERENCES

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

## PART III – BANK REFERENCES

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

## PART IV – CHARACTER REFERENCES (No Family Members)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant). \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)



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.

7000 West Atlantic Avenue, Delray Beach, FL. 33446-1699, Telephone 561-499-3335

**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.