WILSON
Landscaping &
Management Corp.

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

Instructions for Rental Application – TUSCANY CONDOMINIUM ASSOCIATION, INC.

1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO LEASE BEGINNING DATE.

2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND THE LEASE AGREEMENT 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.

5) A $150.00 NON-REFUNDABLE APPLICATION FEE **PER PERSON OR MARRIED COUPLE** IS REQUIRED ON ALL NEW LEASES. THE $150.00 APPLICATION FEE MUST BE **MADE PAYABLE TO THE TUSCANY 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) **A COPY OF PROOF OF PEST CONTROL CONTRACT, APPLIANCE CONTRACT, AND HOMEOWNER'S INSURANCE MUST ACCOMPANY THIS APPLICATION.**

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 IN.

NOTE: IF YOU WOULD LIKE A COPY OF THE CERTIFICATE OF APPRROVAL, PLEASE PROVIDE OUR OFFICE WITH YOUR CURRENT INFORMATION ON THE BOTTOM OF PAGE 2 OF THE APPLICATION

Wilson Landscaping & Management Corp.

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

RENTAL INFORMATION SHEET

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

Name of Owner (s): _____

Owner (s) Address: _____

City/State/Zip: _____

Owner(s) Phone Number: _____ Owner(s) Cell: _____

Owner's E-Mail Address: _____

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

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

Applicant(s) Address: _____

City/State/Zip: _____

Applicant(s) Phone Number: _____ Applicant(s) Cell: _____

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 Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____

_____

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LESSEE AGREEMENT

In making this application to lease the 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 and that the decision they make is final.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the the Association and any changes that may be imposed in the future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- If LESSEE(S), acknowledge receipt of the Rules and Regulations and understand that the unit may not be sub-leased.
- Have enclosed a check in the amount of $150.00 **PER PERSON OR MARRIED COUPLE** payable to **TUSCANY CONDOMINIUM ASSOCIATION, INC.** as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Lessee(s) is returned unpaid; any approval granted will be voided.

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Wilson Landscaping & Management Corp.

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Delray Beach, FL 33445
Telephone (561) 637-3402 Fax (561) 637-3407

AGE VERIFICATION QUESTIONNAIRE

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

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

LESSEE(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Lessee(s) Date: _____

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

Wilson Landscaping & Management Corp.

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REQUEST FOR PERSONAL REFERENCE

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

Dear Sir/Madam:

_____ has listed you as a character reference in an application to lease 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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CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with TUSCANY 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 Condominium Association, Inc.

c/o Wilson Landscaping & Management Corp.

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

Appliance Contract Agreement

Required on all Leases

Unit Number: _____

Owner(s): _____

Lease date from _____ **through** _____

This letter is to certify that I will renew my appliance contract should expiration occur during the above listed lease dates.

_____ _____

Owner's Signature **Date**

Please Note: ***This form MUST be filled out by the owner along with a copy of existing service contract and given to the applicant so that this form as well as the copy of the contract can be submitted at the same time as the rest of the application.***

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Proof of Homeowner's Insurance

Required on all Leases

Unit Number: _____

Owner(s): _____

Lease date from _____ **through** _____

This letter is to certify that I will renew my homeowner's insurance coverage should expiration occur during the above-mentioned lease dates.

_____ _____

Owner's Signature **Date**

Please Note: ***This form MUST be filled out by the owner along with a copy of existing Homeowner's Insurance Declaration pages and given to the applicant so that this form as well as the copy of the contract can be submitted at the same time as the rest of the application.***

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Monthly Pest Control Contract Agreement

Required on all Leases

Unit Number: _____

Owner(s): _____

Lease date from _____ **through** _____

This letter is to certify that I will renew my monthly pest control contract should expiration occur during the above listed lease dates.

_____ _____

Owner's Signature **Date**

Please Note: ***This form MUST be filled out by the owner along with a copy of existing pest control contract and given to the applicant so that this form as well as the copy of the contract can be submitted at the same time as the rest of the application.***

TUSCANY CONDOMINIUM ASSOCIATION, INC.
LEASE ENFORCEMENT AGREEMENT

THIS AGREEMENT made this ____ day of _____, 20____, by and between _____ ("Landlord"), _____ ("Tenant(s)") and the **TUSCANY CONDOMINIUM ASSOCIATION, INC.** ("Association").

1. Landlord is the owner of the following Unit within the **TUSCANY CONDOMINIUM ASSOCIATION**, unit # _____, located in Delray Beach, FL.

2. Tenant(s) is the lessee of the Unit pursuant to that certain residential lease dated _____, 20___, a true copy of such residential lease being attached hereto as Exhibit "A".

3. Association is the condominium association operating the **TUSCANY CONDOMINIUM ASSOCIATION** in which the unit is located.

4. Landlord and Tenant(s) have requested that the Association approve Landlord's leasing of the Unit to Tenant(s), pursuant to the written lease attached hereto. The Association desires to grant approval for Landlord to lease the Unit if the Association and the other residents of the **TUSCANY CONDOMINIUM ASSOCIATION** are adequately protected.

5. Tenant(s) agrees to obey and occupy the Unit in accordance with all use restrictions applicable to the **TUSCANY CONDOMINIUM ASSOCIAITION**, including the Declaration of Covenants; Articles of Incorporation and Bylaws of the Association; Rules and Regulations; and any policies of the Association or master association, all as amended (collectively "Use Restrictions").

6. If Landlord defaults in payment of Association's assessments, then Landlord and Tenant(s) agree that Tenant(s) shall, upon written demand by Association, pay the rent to the Association to satisfy the assessment obligation, including any interest, costs, and attorneys fees. In such event, Tenant(s) shall commence paying the rent within ten (10) days of written demand from Association until Association notifies Tenant(s) that the delinquent assessments, including any interest, costs and attorneys fees, are paid in full.

7. If the Tenant(s) should violate any of the Use Restrictions, or violate this Agreement, Tenant(s) and Landlord agree that the Association may itself bring an action against the Tenant(s) to evict the Tenant(s) and/or to enforce the Use Restrictions or this Agreement. The Association may, but is not obligated, to name the Landlord also as Defendant. In any eviction action, the Association may utilize the summary procedure provided in Chapter 51, Fla. Stat. The Association's remedy of bringing an eviction action is in addition to and not in substitution of any other remedy available to the Association pursuant to the governing documents and Florida Statutes.

8. In any action filed by the Association, the Association may recover its attorney's fees and costs against the Tenant(s), and/or against the Landlord, or of both are joined a Defendants, against both jointly and severally.

9. The Association is not responsible as to the condition and usability of the Unit. The Association makes no representations, express or implied, about the condition or habitability of the Unit or about the common areas. The Tenant(s) shall look solely to the Landlord as to the condition and usability of same.

IT WITNESS WHEREOF, the parties hereby execute this Agreement.

_____	_____
First Witness as to Both	Landlord
_____	_____
Second Witness as to Both	Landlord
	Date: _____
_____	_____
First Witness as to Both	Tenant
_____	_____
Second Witness as to Both	Tenant
	Date: _____
	TUSCANY CONDOMINIUM ASSOCIATION, INC.
_____	_____
First Witness	By: _____
	Its: _____
_____	Date: _____
Second Witness	

Tuscany Condominium Association, Inc. – Building "_____"
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: _____

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.

1) **Sales and Rentals:**
   A. All sales/rentals of units must be approved by the Board of Directors.
   B. All unit owners are required to transfer all condominium documents (including amendments) to the new owner(s).
   C. All mailbox keys and lift keys must be turned over to the tenant and/or new owner.
   D. All ID passes for current owner must be turned into the ID Office in the Administration Building before the tenant or buyer can receive passes. Their phone number is: 561-499-3335.
   E. Owners should turn in their rental renewal application for processing at least thirty (30) days before the lease expires.
   F. If your renter receives three (3) violations within the term of the lease, the lease will not be approved for renewal.
   G. **In Tuscany C, D and G, no new owner may lease his/her unit during the initial twelve (12) months/1 year of ownership. No exceptions will be made. In Tuscany "B" only, no new owner may lease the first twenty-four (24) months/2 years of ownership. In Tuscany "F" ONLY, no new owner may lease his/her unit during the initial six (6) months of ownership.**
   H. The minimum and maximum lease period allowed is twelve (12) months.
   I. The maximum number of occupants in a 1 or 2 bedroom unit is two (2) for all rentals and owners.

2) **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 can reside in any unit at any time for any reason.
   C. Sub-leasing is never permitted under any circumstances. Renting out rooms is not permitted.
   D. If an immediate family member (parent/child – one occupant must be over the age of fifty-five) will be residing in your unit when you are not present, a director in your building must be advised in writing. This would be permitted for a minimal amount of time. The Tuscany Condominium Association is not a hotel or vacation resort property. Air BNB rentals are not allowed.

3) **Children:**
   A. Children under the age of eighteen (18) may not live in the Tuscany 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.

4) **Pets:**
   Kings Point is a "no pet" community. With the exception of Service/Emotional support animals with proper approval granted through the Reasonable Accommodation Request application paperwork.

5) **Doors, Locks and Floors:**
   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. Hard and or heavy surface floor coverings, including, without limitation, tile, marble or wood, may not be installed in any part of a Unit, without the prior written consent of the Association with an

ARC form. The Association shall approve the installation of hard and/or heavy floor coverings provided the sound isolation and acoustical treatment material meets the specifications established by the Board.

C. The installation of indoor/outdoor carpeting in any open patios, balconies or any other area with exposure to open air is strictly prohibited. The rain causes damage to the concrete underneath.

6) **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. 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. Contractor must remove their own waste daily. It is not to be placed in dumpsters.

7) **Trash and Recycling:**

A. No contractor waste shall be placed in the dumpsters. Contractor is responsible to remove their own waste. If a contractor does not remove their own waste, they may be prohibited from working in Kings Point in the future

B. 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.

C. 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**. DO NOT place anything on the ground**. Cartons and pizza boxes should not be placed in the recyclable bins.

D. 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.

E. No contractor waste shall be placed in dumpster. If a contractor does not remove their own waste, they may be prohibited from working in Kings Point in the future.

8) **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. Please be considerate of your neighbors when smoking.

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 Tuscany Condominium Association per the order of Palm Beach County Fire Department.

H. No generators permitted at the Tuscany 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.
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.
R. Holiday wreaths/decorations are permitted on outside of door from December 1st thru January 15th **ONLY**. Wreaths and decorations must be hung using removable "over the door" hooks, no nails or screws allowed in the door.
S. Construction hours are Monday–Saturday from 8:00 am until 5:00 pm. No construction work can be completed on Sundays at any time (unless an emergency repair is needed).
T. The switch that controls the light outside the front door must be left in the "on" position at all times. The lights are on sensors and will come on automatically from dusk to dawn for the safety of all residents. If your light bulb is not working, please notify a Director in your building.

9) **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.
10) **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 must be returned to the first floor, every time it is used.** There is a small pull cord to the left of the lift on the 1st floor. When the cord is pulled, the lift will return to the 1st floor.

D. 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.

11) **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.
12) **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.
13) **Bulletin Boards:**
   A. Glass covered Bulletin Board is for Board of Directors use only.
14) **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. Parking spaces can be temporarily reassigned upon the Board receiving a written agreement between the two owners switching spaces.
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. If vehicles in disrepair are parked on Association property, they are subject to be towed, with advance notice (tagging of vehicle).
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.
M. No loud vehicles, or motorcycles will be permitted, nor is loud music blaring from vehicle permitted.
N. **Any car leaking oil on the parking area must be reported to the Board. Pictures and notice of violation will be sent to the owner of the vehicle who must contact a company to remove the stain properly at their own cost.**

15) **Bicycles:**
A. Bicycles must be parked in a bike rack or kept in your unit. Bicycles that become rusted or have unsightly coverings will be removed.

16) **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 elevator/lift is not to be used to move 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/RESDIENT 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 Tuscany Condominium Association, Inc.

Signature _____ Date _____

Signature _____ Date _____

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.

NEW LIFT INSTRUCTIONS

TO OPERATE THE LIFT:

WHEN LIFT IS ON THE FLOOR YOU ARE ON:

1. Open cover and insert key and turn to right (as before)
   Press 1 or 2 to unlock and open the door of **the floor you are on**
   Take **the key out** and open the door.

   You will have **7 seconds to enter the lift** before the door **locks.**
   If you leave the key in the lock outside and the door is locked, **do not panic**.
   PRESS THE YELLOW EMERGENCY BUTTON, OPEN THE DOOR, AND RETRIEVE YOUR KEY FROM OUTSIDE.

2. **Enter** the lift (It is now **KEYLESS** inside)
   You will have **7 seconds** until the door locks automatically.
   Repeat #1 if door locks **Press the Yellow Emergency button.**

3. **PUSH and HOLD the black knob** to go up or down. (Same as before, but now with numbers.)
   1 for 1st floor and 2 for 2nd floor

4. When the lift reaches the correct floor the door will unlock automatically for 7 seconds unless you open the door and keep it open.

WHEN THE DOOR IS NOT ON THE FLOOR YOU ARE ON:

1. If you are on the **2nd floor** and the **lift is on the 1st** floor
   INSERT KEY on the 2nd floor, turn key to the right and **PRESS 2 to bring the lift upstairs.**
   When lift is on 2nd floor, follow previous directions from inside.

2. If you are on the **1st floor** and the **lift is on the 2nd floor**
   INSERT KEY on the 1st floor, turn key to the right and **PRESS 1 to bring the lift down.**
   When lift is on 1st floor, follow the previous directions from inside.

FROM 2ND FLOOR PLEASE SEND THE LIFT BACK TO THE 1ST FLOOR!:

Florida Lift said lift should not remain upstairs as it will cause pressure on the motor and cause problems in the future.

ON FIRST FLOOR TO THE LEFT OF THE LIFT:

There is a box with a **PULL** that will bring the lift down if there is a problem.
There is a box with a **HANDLE** that will shut off the power when it is pulled down.

INSIDE THE LIFT:

There is a **WIRELESS PHONE SYSTEM** for emergencies; **press the button**, someone will answer.
There is a **RED CALL BUTTON** which will activate a siren.
Push button back in to stop the siren.
There is a **YELLOW EMERGENCY** button which will activate **OPENING** the door.
There is a **KEY SWITCH**, which will not be needed as inside is keyless.

IF A DOOR IS OPEN, OR NOT CLOSED PROPERLY, THE LIFT WILL NOT WORK.

Tuscany Condominium Association, Inc.

DECLARATION OF LIFT USE RESTRICTIONS

- The lift is designed to transport individuals, and their groceries.
- **It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.**
- Use of the lift shall be limited to the Owners/Renters, and the family members, tenants, and guests of such Owners/Renters.
- Damage caused by users will be the sole responsibility of the Unit Owner/Renter permitting its use.
- The lift **SHALL NOT** be used by any Licensee, Contractor, or hired delivery.
- The lift should not exceed the **750-pound weight limit**. For example: One (1) wheelchair and two (2) people or three (3) people at any one time. **No more than three (3) people permitted**.
- Garbage bags should be tightly sealed to deter spillage on the cab floor. This is for everyone's safety as well as to maintain cleanliness.
- If a wheelchair is used in the lift, please apply brakes to the wheelchair to avoid movement when on the lift.

I/We have read the above Lift Use Restrictions and agree to abide by said restrictions.

_____ Date: _____
Signature

_____ Date: _____
Signature