

**The Stratford at Pelican Bay
5601 Turtle Bay Drive
Naples, FL 34108
Phone (239) 597-3501**

PURCHASE OF UNIT

APPLICATION

FOR

MEMBERSHIP

\$100.00 Check Payable To:

***The Stratford at Pelican Bay
And
Copy of the Sales Contract
To Accompany this Application.***

THE STRATFORD AT PELICAN BAY
APPLICATION FOR MEMBERSHIP

Instructions

1. Applicants not legally married must complete individual application for Membership.
2. Print legibly and completely all information. If space is not sufficient, an attachment may be made.
3. If any question is not answered, it may not be processed and returned, causing delay.
4. Only the applicants are authorized to sign all forms.
5. Any falsification or misrepresentation may cause disapproval by the Board of Directors.
6. If more space is needed to fully complete an answer, you may make reference to the backside of the page and complete your answer.
7. A \$100 check for processing fees must be submitted with this application and is not refundable.

I (we) hereby apply for membership in The Stratford Pelican Bay Condominium Association, Inc., and understand that the filing of this application does not establish any rights, legal or equitable, against The Stratford Pelican Bay Condominium Association, Inc., or any member thereof, and that this application is subject to the consideration and action thereon by the Association, through its Board of Directors.

A desired date of occupancy _____ **Expected Closing Date** _____

How much of each year do you plan to occupy the unit? () all year; () six months; () less than six months

(Please print or type)

Name (first) _____ (Mid. Initial) _____ (Last) _____

Date of Birth _____ Soc. Sec. No. _____ or green card or passport

Present Residence _____ How Long? _____

Previous Residence _____ How Long? _____

OCCUPATION OR BUSINESS _____ or retired (date) _____

Home Phone Number () _____ Business Phone () _____ Cell () _____

Marital Status: _____ Married _____ Co-habiting _____ Single _____ Widow(er) _____ Handicap _____

In Case of Emergency Notify _____ Phone _____

Other Members of Family:

Date of Birth _____ Soc. Sec. No. _____ or green card or passport

Primary Occupant _____ (**see: DC14.1 C&D**)

Children

Marital Status

Residence

DOB

<u>Children</u>	<u>Marital Status</u>	<u>Residence</u>	<u>DOB</u>

If this application is approved and "occupancy right" granted, please list below members of your family and others who may reside in the apartment:

Name

Relationship

Age

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

Motor Vehicle #1 Make _____ **Model** _____ **Year** _____

Motor Vehicle #2 Make _____ **Model** _____ **Year** _____

(See Rules & Regulations, Garage and Parking Lot, page 3)
No pets of any description allowed. (Rules & Regulations, page 6)

Real Estate Agent's Name _____ Phone () _____

Realty Firm: _____ Phone () _____

Address _____

ATTORNEY'S NAME (If any) _____ Phone () _____

Address _____

Unit No. _____

Do you intend to lease the unit to any party for a period of 90 days or more? Yes _____ No _____

See DC 13 "Leasing of Units", page 18 of Declaration of Condominium

If I lease this unit, I agree to submit to the Lessee a "Renter Application", The Stratford By-Laws with Rules & Regulations for completion and submission to the Board of Directors for approval thirty (30) days prior to leasing pursuant to Florida Law 718. I further agree to forfeit my Pelican Bay passes so the Lessee may apply for passes to use.

The Association shall have the following options when payment of Assessments or Charges are in default. The Association may, without order of the Court, direct rental income (by written notice to the Tenant with copy to Unit Owner) from Units in default to be paid directly to the Association until all outstanding Assessments, Charges, interest, late fees, costs, collection expenses, attorney's fees and receiver's fees, if applicable, are satisfied. As an alternative, the Association may apply to a Court of competent jurisdiction, either in connection with a foreclosure suit, a personal suit, or otherwise, to have rental proceeds paid on account of a Unit in default paid directly to the Association, the court registry, or a receiver, as the Court may direct. The Association may choose any of these courses of action as the Board deems appropriate without same constituting a waiver or election of remedies.

EMPLOYMENT

<u>Period</u>	<u>Employer & Address</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (names, addresses and telephone numbers) (See attached reference forms)

<u>Financial Institution</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

The Board of Directors may make a credit check plus criminal offense record check.
Have you or your spouse been convicted of a criminal offense either by plea or judgment? Yes _____ No _____

If "yes", what charge, when and where did it occur?

Member of other condominium or cooperative apartments? (Yes) (No) If "yes", where and when?
_____ Year _____

ORGANIZATIONS and CLUBS: List social, financial and professional organizations of which you are a member or in which you hold or have held office?

<u>Name</u>	<u>Address</u>	<u>Office Held</u>
_____	_____	_____
_____	_____	_____

RULES AND REGULATIONS OF THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION

I (we) have read and understand the Declaration of Condominium which particular emphasis on Article 13, page 6, the By-Laws, the current Rules and Regulations of The Stratford at Pelican Bay Condominium Association, Inc., all as amended, and agree to abide by these documents, any hereafter emend, and will accept the interpretation of these documents as may be made by the Board of Directors.

I (we) understand that these documents aforesaid are applicable to each member and all other persons occupying a member's unit under any form of tenancy.

I (we) understand and agree that any violation of a Rule or Regulation is subject to remedial action under the provisions of The Stratford at Pelican Bay Condominium, Phase 2, Declaration of Condominium.

I (we) agree to seek and obtain approvals by the Association of any and all planned renovation of my unit and understand that moving and deliveries need to be scheduled with the Manager.

I (we) agree to notify the Manager in writing of any "guests" remaining overnight in the condominium providing security checks for strangers inside The Stratford. I (we) further agree to notify the Managers of any expected tradesmen or service people inside the building. I (we) further agree to instruct all tradesmen and service people to use the Service Entrance and require such persons to sign in at the office upon entry. I (we) agree to follow the Emergency Procedures for Hurricane and Fire as adopted by the Board of Directors, included with The Stratford documents accompanying this application. In case of failure to comply with the procedures outlines, I (we) assume all responsibility for any damage or injury to my/our person or property.

I (we) understand and agree that current keys to Unit _____ and keys to all motor vehicles remaining on any portion of the condominium property be kept in the Managers office available in cases of emergency for the safety and welfare of The Stratford community. I (we) will comply.

I (we) agree and will abide by the Rules & Regulations as set forth on page 1 "Alterations/ changes/work by agents and others" fully and completely.

Attached is a check for \$100.00 made payable to The Stratford at Pelican Bay Condominium Associations, Inc., which is non-refundable.

I (we) hereby waive any privileges I (we) have with respect to the said information in reference to its release to The Stratford at Pelican Bay Condominium Association, acting through its Board of Directors.

Unit No. _____

_____ Signature Dated _____

_____ (Please print name here)

_____ Signature Dated _____

_____ (Please print name here)

Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, please treat it as an original and the requested information should be released to facilitate my/our application for membership and occupancy.

INTERVIEW BY THE BOARD OF DIRECTORS IS SET FOR:

DATE: _____ TIME: _____

Unit NO. _____

CONDUCTED IN THE SOCIAL ROOM LOCATED ON THE MEZZANINE FLOOR OF THE STRATFORD.
INTERVIEWERS representing the Board of Directors will be:

_____ unit _____ unit _____
_____ unit _____ unit _____

THIS APPLICATION WILL NOT BE PROCESSED OR MAY BE REJECTED IF ANY OF THE FOLLOWING CONDITIONS / ITEMS EXIST:

- () \$100.00 TRANSFER FEE IS NOT ATTACHED
- () PROPOSED OCCUPANCY DATE OR CLOSING DATE IS NOT INDICATED
- () THE REQUIRED FINANCIAL, EMPLOYMENT AND CHARACTER REFERENCES ARE NOT SUPPLIED.
(See FORMS attached to application)
- () FAILURE TO IDENTIFY UNIT NUMBER
- () THE STRATFORD DOES NOT PERMIT RENTALS FOR LESS THAN THREE (3) MONTHS
(See Declaration of Condominium 13.2, page 20)
- () APPLICANT(S) HAS NOT SIGNED RE: COMPLIANCE WITH CONDOMINIUM DOCUMENTS INCLUDING RULES AND REGULATIONS
- () COPY OF LEASE IS NOT ATTACHED
(See D.C. 13.1 A, page 18)
- () COPY OF SALES AGREEMENT NOT ATTACHED
(See D.C. 14.3 A, page 22)
- () NAME OF REAL ESTATE AGENT, ADDRESS AND TELEPHONE NUMBER NOT LISTED
- () ANY FALSIFICATION OR INCOMPLETE INFORMATION

STRATFORD AT PELICAN BAY CONDOMINIUM

Moving Notice

(Submit to office with check and required information)

The Stratford has established certain work rules related to the scheduling and operations of moving into and out of the building, to eliminate damage to common areas and to preserve the quality of living for its residents. **Scheduling is required at least 3 days prior to delivery to assure that the Moving Company will have access to the Service Elevator.** The following requirements will be strictly enforced:

- A \$300 damage and rules violation deposit must be submitted to the Office Manager BEFORE a delivery schedule time will be provided. *Any deposit remaining will be refunded back to Owner within 7 Business days.*
- A copy of the Moving Company Liability Insurance Policy must be submitted with this request.
- Movers will be allowed access to the property ONLY during the Office Hours of 8:30am and 4:30pm (Monday through Friday). ***(Work not completed by 4:30pm must be completed the next day)***. No weekend moves will be allowed. Violation of this rule will result in a \$200 fine.
- Movers will sign in with the office upon arrival and meet with the Manager to discuss building work rules. Movers will sign-out at the office at the completion of their work and *the Manager will inspect the Hallway for cleanliness and damage. If the Movers avoid the inspection, the Owner loses his right to dispute damage claims to the Hallway and elevator. Cost related to any damage repairs of cleaning will be netted against your deposit.*
- Movers will be required to provide floor covering over carpets and tile, as acceptable to the Manager.

I have read and accept the responsibility for my contract movers and agree to pay for any cleaning costs or damage repairs resulting from the move into or out of my unit.

Member / Owner: _____

Name of Moving Company: _____

Date of Move: _____

Accepted by Manager: _____