

EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.

c/o Seacrest Services, Inc.

2101 Centrepark West Drive Suite #110

West Palm Beach, FL 33409

Phone # 1-888-828-6464 / Fax # 561-697-4779

APPLICATION

FOR PURCHASE

____/____/____

EXPECTED CLOSING DATE

EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.

c/o Seacrest Services, Inc.
2101 Centrepark West Drive Suite #110
West Palm Beach, FL 33409
Phone # 1-888-828-6464 / Fax # 561-697-4779

OWNER'S NOTICE TO ASSOCIATION OF SALE OR TRANSFER

(FOR CURRENT OWNER'S USE ONLY)

To: Emerald Tower Board of Directors

You are hereby advised that effective ____/____/____ the property located at:

1401 S Ocean Blvd Unit # _____, parking # _____ Pompano Beach, FL 33062 is ☐ for sale ☐ for transfer.

☐ I am working with a Licensed Realtor

☐ I will sell/transfer "By Owner"

AUTHORIZATION OF REAL ESTATE LICENSEE

Licensee Name & License Number

Brokerage Firm Name

Brokerage Firm Street Address

City, State & Zip Code

(____)____ - (____)____ - ____
Phone Number Fax Number

Email Address @

I have authorized the Licensee to:

☐ Order and receive Emerald Tower Rules & Regulations and FAQ Form.

☐ Arrange for painting, repairs, inspections and appraisals as necessary.

☐ Other: _____

All fees and charges for these documents apply.

I/WE UNDERSTAND IT IS MY/OUR OBLIGATION TO PROVIDE THE BUYER WITH ALL DOCUMENTS LISTED ABOVE.

I/WE APPRECIATE YOUR COOPERATION WITH THIS LICENSEE ON MY/OUR BEHALF

CURRENT Owner #1 (Print)

CURRENT Owner #2 (Print)

Signature

Signature

____/____/____
Date

____/____/____
Date

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REAL ESTATE LICENSEE LISTING INFORMATION

(AS OF APRIL 29TH, 2014)

- Total number of Units: **105**.
- There are twelve (12) floors.
- An Application and In-person Interview are **REQUIRED** for all new residents.
(Applicant/Spouse and Parent/Dependent Child are considered ONE (1) applicant).
- Allow up to **THIRTY (30)** days for approval.
*(Applications for Canadian and International Applicants will require an additional **FIFTEEN (15)** business days, minimum, to the standard processing time frame).*
- Emerald Tower Condominium Association, Inc. and its members **DO NOT** have First Right of Refusal.
- Emerald Tower Condominium Association, Inc. **PROHIBITS** ownership of a unit by a corporation and/or limited liability corporation.
- **NO PETS ARE ALLOWED.**
- Each unit has **ONE (1)** assigned parking space. Unit # _____ has Spot # _____.
- Each unit has **ONE (1)** Garage with **ONE (1)** clicker, ☐ COVERED or ☐ OPEN (check one) plus guest parking.
- Each unit has **ONE (1)** storage locker located on each floor.
- **NO** Commercial Vehicles, RVs, Boats, or Trailers.
- **Rental Restrictions: NO LEASING** within first year of ownership
*(Minimum lease thereafter is **SIXTY (60)** days. Lease is limited to **ONE (1)** time per YEAR per UNIT).*
- **APPLICATION FEES APPLY**
 - **\$150.00** fee per applicant or **\$150.00** fee per married couple
 - **\$500.00** move in/out elevator deposit.
 - This fee is required for all non furnished units. (If a unit is furnished all lease agreements must indicate the unit is furnished.
(With the exception of lease renewals).
- All ages are welcomed.
- Additional storage is currently on a wait list for availability.
- Docks are currently on a wait list for space availability.
- Docks, when available, accommodate boats up to 36 ft.
- Association fees are paid monthly. This unit pays \$ _____ per month.
- **NO** Master Association, **NO** Recreation Lease.
- El Mar Beach Club is deeded with ownership. The **\$75.00** annual fee is included in the monthly association fee. Each unit receives **ONE (1)** key fob.
- Security cameras are located on the premises. A Lobby phone is available for guest entry. Each unit receives **TWO (2)** Medco keys.
- Any and all concerns/inquiries should be directed to the property management office, Seacrest Services, Inc., at the toll-free number provided above.

SELLER(S)/LISTING AGENT INITIALS _____

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APPLICATION CHECKLIST

PLEASE BE SURE TO READ THE FOLLOWING IMPORTANT INFORMATION:

- This **ENTIRE** Application must be **COMPLETED** in detail by the proposed applicant (Applicant/Spouse and Parent/Dependent Child are considered ONE (1) applicant). If **ANY** question is left blank, then this application may be returned, **NOT** processed and **NOT** approved.
- Occupancy prior to the Approval of the Board of Directors is strictly prohibited.
- Applicants **MUST** allow **THIRTY (30) DAYS** from the date of receipt to the desired closing date.
- **NO PETS ALLOWED.**

PLEASE BE SURE TO INCLUDE THE FOLLOWING:

- ☐ 1. This **COMPLETED** Application packet (one for married couples or separate for each adult occupant).
- ☐ 2. A Copy of a valid Marriage Certificate (**ONLY** if the married couple has different last names).
- ☐ 3. A Copy of an Executed Sales Contract
- ☐ 4. A Copy of a valid I.D. or Driver's License **per** Adult Applicant.
- ☐ 5. A **Certified Check** or **Money Order** in the amount of **\$150.00** made payable to the **Emerald Tower Condominium Association, Inc.** **per applicant or married couple** for the non-refundable application fee.
- ☐ 7. A **Certified Check** or **Money Order** in the amount of **\$500.00** made payable to the **Emerald Tower Condominium Association, Inc.** for the refundable (once moved in) elevator deposit fee.

PLEASE TAKE NOTE:

- Owners **MUST** have a **zero (\$0.00)** balanced account (no funds due) to the Association or Management prior to the application being given necessary approval and signatures. If funds are due a Pre-HUD is required for Sales. Rentals are not permitted until the account becomes current.
- Certified, Translated International Interpol is required for all potential **International Occupants** including **Canadian Applicants**. An additional charge is required for all **Canadian & International Occupants**. Please contact Seacrest Services, Inc. Sales & Lease Department for pricing. All funds must be submitted in **certified form** as a Cashier's Check or Money Order. **NO** personal checks or business checks.
- Be aware that **Canadian & International Applicants WILL REQUIRE** an **ADDITIONAL** fifteen (15) business days, minimum, to the standard processing time frame.
- Submit **ALL** the forms, together, to the **Seacrest Services, Inc.** address above (applications will not be accepted via email or fax).
- **ALL** persons listed on the Sales Contract **MUST** sign this Application.
- A **Background and Credit Check** is conducted on all persons (over the age of 18) listed on the Sales Contract or Application.

APPLICANT(S) INITIALS _____

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ASSOCIATION COMMUNICATION FORM

____/____/_____
Date

Unit Number

Unit Owner #1 (Purchaser)(Print Name)

(____)____-____ (____)____-____ (____)____-____
Home Phone Number Cell Phone Number Other

Email Address @

____/____/_____
Date

Unit Number

Unit Owner #2 (Purchaser)(Print Name)

(____)____-____ (____)____-____ (____)____-____
Home Phone Number Cell Phone Number Other

Email Address @

I/WE agree to have our number included in the listing distributed to owners.

- ☐ Yes, Print Phone Number to be included/distributed in listing (____)____-____
☐ No

I/WE agree to receive communications from the Association through email.

- ☐ Yes, Print email address _____
☐ No

Unit Owner #1 Signature

____/____/_____
Date

Unit Owner #2 Signature

____/____/_____
Date

INTEREST SURVEY:

To increase dialog between Unit Owners & Emerald Tower's Association.

Unit Owner #1

I have expertise/experience in: _____
I am interested in: _____

Unit Owner #2

I have expertise/experience in: _____
I am interested in: _____

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CERTIFICATE OF APPOINTMENT OF VOTING MEMBER

(COMPLETE THIS FORM ONLY IF APPLICABLE)

To the Secretary of Emerald Tower Condominium Association, Inc. ("Association"):

THIS IS TO CERTIFY that the undersigned, constituting the Owner of record of the property located at 1401 S Ocean Blvd

_____, Pompano Beach, FL 33062 has designated: _____
(Unit #) (New Owner Name)

as their representative to express all approvals that such Owners may be entitled to express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of the Condominium, Articles of Incorporation, and By-Laws of the Association.

The following examples illustrate the proper use of this Voting Certificate:

- a. A Unit is owned by individuals who are not married, VOTING CERTIFICATE IS REQUIRED. Designating one of the owners of the Unit as the person entitled to vote.
- b. A Unit is owned by a corporation or other legal entity, VOTING CERTIFICATE IS REQUIRED. Designating the person entitled to vote, signed by the properly designated Officer(s), Partner(s) or Principal(s) of the respective legal entity.
- c. A Unit owned by a sole Owner, NO VOTING CERTIFICATE IS REQUIRED.
- d. A Unit owned by a married couple, NO VOTING CERTIFICATE IS REQUIRED.

This Voting Certificate is made pursuant to the By-Laws of Emerald Tower Condominium Association, Inc. and shall revoke all prior Voting Certificates and shall be valid until revoked by a subsequent Voting Certificate.

SIGNATURES FOR OWNERS OF RECORD

Name of Corporation (only if applicable)

Print Name of Voter

Title

Signature of Voter

SIGNATURES FOR ENTITY OWNERS (PARTNERSHIP, TRUST OR OTHER ENTITY)

Name of Entity (only if applicable)

Print Name of Voter

Title

Signature of Voter

**** PLEASE NOTE THAT ANY UNIT OWNED BY A CORPORATION OR OTHER LEGAL ENTITY MUST FILE A VOTING CERTIFICATE BEFORE A MEMBERSHIP MEETING OR SUCH OWNER WILL NOT BE ABLE TO VOTE ****

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EMERGENCY CONTACT FORM

_____ Name	_____ Home Phone Number	_____ Cell Phone Number
_____ Street Address	_____ City, State & Zip Code	
_____ Email Address		
_____ Key holder Name	_____ Home Phone Number	_____ Cell Phone Number

IN THE EVENT OF HEALTH AND/OR SAFETY CONCERNS, PLEASE NOTIFY:

IN FLORIDA:

_____ Name	_____ Relationship	_____ Contact Number
_____ Name	_____ Relationship	_____ Contact Number

RELATIVES:

_____ Name	_____ Relationship	_____ Contact Number
_____ Name	_____ Relationship	_____ Contact Number

COMMENTS:

I HEREBY GIVE **EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.** THE AUTHORITY TO NOTIFY ANY AND/OR ALL OF THE ABOVE IF IT SEEMS ADVISABLE BECAUSE OF HEALTH AND/OR SAFETY CONCERNS.

Signature

Date

Witness Signature

**ALL PERSONAL INFORMATION SENT TO THE EMERALD TOWER
CONDOMINIUM ASSOCIATION IS COMPLETELY CONFIDENTIAL**

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APPLICATION

____/____/____
Closing Date

____/____/____
Today's Date

***** NO RUSH PROCESSING OPTIONS AVAILABLE *****

CURRENT Owner

Street Address of Property

Building #:

Apartment #

REALTOR INFORMATION

Name: _____ Company: _____ Telephone: _____

APPLICANT INFORMATION

APPLICANT #1

Name

Are you a U.S. Citizen? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated _____
Maiden Name

Present Address

City, State & Zip Code

(____)____-____ (____)____-____ _____
Home Phone Number Cell Phone Number Social Security Number Date of Birth

Email Address @ _____

VEHICLE INFORMATION

Year Make/Model Color License Plate Number State

Driver's License Number State

EMERGENCY CONTACT INFORMATION (SOMEONE NOT LIVING WITH YOU)

Name Relationship (____)____-____
Contact Number

HAVE YOU EVER:

Been evicted or asked to move out? ☐ YES ☐ NO

If yes, please indicate the reason for being evicted or asked to move out, the year and location

Broken a lease agreement? ☐ YES ☐ NO

If yes, please indicate the reason for breaking the lease, the year and location

Declared Bankruptcy? ☐ YES ☐ NO

If yes, please indicate the reason for the bankruptcy, the year and location

Been sued for rental or property damages? ☐ YES ☐ NO

If yes, please indicate the reason for being sued, the year and location

Been charged, detained or arrested for a felony or sex crime that has not been resolved? ☐ YES ☐ NO

If yes, please indicate the year, location and type of each felony and/or sex crime

**ADDITIONAL OCCUPANTS
(OTHER THAN SPOUSE)**

1.	_____	_____	____/____/____	____-____-____
	Name	Relationship	Date of birth	Social Security Number
2.	_____	_____	____/____/____	____-____-____
	Name	Relationship	Date of birth	Social Security Number

EMPLOYMENT INFORMATION

IF RETIRED, provide the employer's information from which you retired:

_____ Employer	_____ Position	____/____ Employed Since
_____ Employer's Address	_____ City, State & Zip Code	
_____ Supervisor's Name	(____)____-____ Supervisor's Number	(____)____-____ Employer's Number

IF RETIRED, provide all sources of income (Specify income sources i.e. Pension, Social Security, etc.):

\$_____ Monthly Income Received	_____ Income Source
\$_____ Monthly Income Received	_____ Income Source

PREVIOUS EMPLOYMENT HISTORY (PROVIDE PAST TWO (2) EMPLOYERS):

1. _____
Employer Position _____/_____
Employed Since _____

Employer's Address City, State & Zip Code

() - ()
Supervisor's Name Supervisor's Number Employer's Number
2. _____
Employer Position _____/_____
Employed Since _____

Employer's Address City, State & Zip Code

() - ()
Supervisor's Name Supervisor's Number Employer's Number

PERSONAL REFERENCES
(LIST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU)
(The Board may contact on your behalf)

1. _____
Name Relationship _____ () -
Contact Number
2. _____
Name Relationship _____ () -
Contact Number
3. _____
Name Relationship _____ () -
Contact Number

BANK REFERENCES

1. _____
Bank Name _____ () -
Bank Number

Bank Street Address City, State & Zip

Checking Account Number Savings Account Number
2. _____
Bank Name _____ () -
Bank Number

Bank Street Address City, State & Zip

Checking Account Number Savings Account Number

APPLICANT #2

Name

Are you a U.S. Citizen? ☐ Yes ☐ No

Maiden Name

() -
Cell Phone Number

- -
Social Security Number

/ /
Date of Birth

@
Email Address

VEHICLE INFORMATION

Year

Make/Model

Color

License Plate Number

State

Driver's License Number

State

EMERGENCY CONTACT INFORMATION
(SOMEONE NOT LIVING WITH YOU)

Name

Relationship

() -
Contact Number

HAVE YOU EVER:

Been evicted or asked to move out? ☐ YES ☐ NO

If yes, please indicate the reason for being evicted or asked to move out, the year and location

Broken a lease agreement? ☐ YES ☐ NO

If yes, please indicate the reason for breaking the lease, the year and location

Declared Bankruptcy? ☐ YES ☐ NO

If yes, please indicate the reason for the bankruptcy, the year and location

Been sued for rental or property damages? ☐ YES ☐ NO

If yes, please indicate the reason for being sued, the year and location

Been charged, detained or arrested for a felony or sex crime that has not been resolved? ☐ YES ☐ NO

If yes, please indicate the year, location and type of each felony and/or sex crime

EMPLOYMENT INFORMATION

IF RETIRED, provide the employer's information from which you retired:

_____ Employer	_____ Position	_____/_____ Employed Since
_____ Employer's Address	_____ City, State & Zip Code	
_____ Supervisor's Name	(____)_____ Supervisor's Number	(____)_____ Employer's Number

IF RETIRED, provide all sources of income (Specify income sources i.e. Pension, Social Security, etc.):

\$_____ Monthly Income Received	_____ Income Source
\$_____ Monthly Income Received	_____ Income Source

PREVIOUS EMPLOYMENT HISTORY (PROVIDE PAST TWO (2) EMPLOYERS):

1. _____ Employer	_____ Position	_____/_____ Employed Since
_____ Employer's Address	_____ City, State & Zip Code	
_____ Supervisor's Name	(____)_____ Supervisor's Number	(____)_____ Employer's Number
2. _____ Employer	_____ Position	_____/_____ Employed Since
_____ Employer's Address	_____ City, State & Zip Code	
_____ Supervisor's Name	(____)_____ Supervisor's Number	(____)_____ Employer's Number

PERSONAL REFERENCES
(LIST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU)
(The Board may contact on your behalf)

1. _____ Name	_____ Relationship	(____)_____ Contact Number
2. _____ Name	_____ Relationship	(____)_____ Contact Number
3. _____ Name	_____ Relationship	(____)_____ Contact Number

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ACKNOWLEDGEMENT

- ☐ I/WE HEREBY MAKE APPLICATION FOR RESIDENCY AT EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.
- ☐ I/WE CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS COULD RESULT IN LEGAL ACTION AND POSSIBLE DENIAL OF OCCUPANCY IN EMERALD TOWER.
- ☐ I/WE DO HEREBY FURTHER AGREE AND UNDERSTAND THAT THE ASSOCIATION WILL REQUEST A CREDIT AND/OR BACKGROUND CHECK FOR WHICH I/WE WILL BE REQUIRED TO PAY A PROCESSING FEE AT THE TIME THIS APPLICATION IS SUBMITTED.
- ☐ I/WE UNDERSTAND THAT SEACREST SERVICES, INC. AND THE ABOVE REFERENCED ASSOCIATION HAVE THIRTY (30) DAYS FROM THE TIME A COMPLETE APPLICATION PACKET IS RECEIVED TO PROCESS IT AND RENDER A DIFINITIVE DECISION.
- ☐ I/WE ACKNOWLEDGE HAVING READ THE DECLARATION OF HOMEOWNERS/CONDOMINIUM BY-LAWS, ARTICLES OF INCORPORATION AND THE RULES & REGULATIONS OF THE ASSOCIATION AS AMENDED, FROM TIME TO TIME.
- ☐ I/WE FURTHER UNDERSTAND THAT ANY VIOLATION(S) OF THE ABOVE MENTIONED ITEMS MAY RESULT IN FINES, LEGAL ACTION, EVICTION OR FORECLOSURE AT MY/THE UNIT OWNER'S EXPENSE.

AFTER REVIEW OF THE DATA COLLECTED AND A DECISION HAS BEEN RENDERED BY THE GOVERNING BOARD OF DIRECTORS, PLEASE MAIL MY/OUR WRITTEN NOTIFICATION TO (PROVIDE ENTIRE MAILING ADDRESS INCLUDING CITY, STATE AND ZIP CODE):

Dated this _____ day of _____, 20_____.

Applicant #1 (Print Name)

Signature

Date: ____/____/____

Applicant #2 (Spouse; if applicable) (Print Name)

Signature

Date: ____/____/____

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PROOF OF RECEIPT OF DOCUMENTS

I/WE, THE UNDERSIGNED, ACKNOWLEDGE THAT I/WE HAVE RECEIVED THE DECLARATION OF RESTRICTIVE COVENANTS, THE BY-LAWS AND THE ARTICLES OF INCORPORATION FOR EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.

Applicant #1 Signature

____/____/_____
Date

Applicant #2 Signature (Spouse, if applicable)

____/____/_____
Date

PROOF OF RECEIPT OF DOCUMENTS

I/WE, THE UNDERSIGNED, ACKNOWLEDGE THAT I/WE HAVE RECEIVED THE RULES & REGULATIONS FOR EMERALD TOWER CONDOMINIUM ASSOCIATION, INC.

Applicant #1 Signature

____/____/_____
Date

Applicant #2 Signature (Spouse, if applicable)

____/____/_____
Date

I/WE UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS AS SET FORTH IN ALL THE DOCUMENTS OF THE EMERALD TOWER CONDOMINIUM ASSOCIATION AND AGREE TO COMPLY WITH SAME.

Applicant #1 Signature

____/____/_____
Date

Applicant #2 Signature (Spouse, if applicable)

____/____/_____
Date

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MOVING IN/OUT ELEVATOR DEPOSIT - \$500.00

"IMPORTANT NOTICE"

THE ASSOCIATION WILL REFUND THE \$500 DEPOSIT WITHIN 30 DAYS FROM MOVING IN OR OUT DATE, LESS THE COSTS TO REPAIR DAMAGE TO ELEVATORS, CEILING TILES, CARPETING, WALLS, AND/OR THE REMOVAL OF DEBRIS, HAZARDOUS WASTE, LARGE ITEMS, ETC. AS DETERMINED BY THE ASSOCIATION.

A COPY OF THE CERTIFICATE OF INSURANCE FROM YOUR MOVER MUST BE PROVIDED TO THE OFFICE BEFORE A MOVE IN OR MOVE OUT. THIS FEE IS REQUIRED FOR FURNISHED AND NON-FURNISHED UNITS.

MOVE IN & MOVE OUT IS PERMITTED ONLY:

MONDAY-FRIDAY
9:00AM – 4:30PM

Name (Print)

Unit Number

_____/_____/_____
Move In Date

Check Number

Verification of No Damage

Maintenance Signature

_____\$_____
Damage Done/Value Deduction

Maintenance Signature

_____/_____/_____
Check Returned Date

Owner Signature

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BOAT DOCK WAIT LIST REQUEST FORM

This is my/our official notice to the Emerald Tower Dock Master and the Emerald Tower Board of Directors that I,

_____ of Unit # _____, want my/our name(s) to be added to
the wait list for a boat dock.

I understand that the wait time is not guaranteed and is currently estimated to be _____.

DATE OF REQUEST: ____/____/____

TIME: _____

Owner's Signature

Emerald Tower Office Signature

Dock Master Signature

____/____/____
Date Received by Dock Master

This request must be filled out and signed by the unit owner. It is the unit owner's responsibility to make this request in writing only. The unit owner's name will be added to the boat dock list when the Dock Master and an Emerald Tower Officer receive this request and sign it. A fully executed copy of this form will be given to the unit owner as future proof the request was made.

VERBAL STATEMENTS THAT A UNIT OWNER REQUESTED A BOAT SLIP ARE NOT ACCEPTABLE.

Only this written request will be accepted by the dock master to reserve your place on the wait list for a boat dock.

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FREQUENTLY ASKED QUESTIONS & ANSWERS

- Q: What are my voting rights in the condominium association?**
A: You are entitled to cast one vote for your unit. If there is more than one (1) unit owner on your unit's title (who are not married), you must fill out a Voting Certificate designating one (1) of the owners to cast the vote.
- Q: What restrictions exist in the condominium document on the leasing of my unit?**
A: Condos may not be leased or rented for the first twelve (12) months of ownership. Thereafter, lease or rental shall be limited to not less than sixty (60) days and not more than once in a twelve (12) month period. You are required to fill out an application for approval of the prospective tenant prior to leasing the unit. This may be obtained at the office. A check payable to Emerald Tower Association in the amount of **\$150.00** per tenant (except for a married couple which is **\$150.00**) is required with the application.
- Q: Do I have to be a member of any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?**
A: All owners residing in Emerald Tower automatically become a deeded owner of the El Mar Association Beach Club, Inc. The annual dues are **\$75.00** (per key fob access) to the beach across the street. This fee is included in your monthly maintenance assessment. All deeded owners are asked to vote for approval of new Board of Directors during the annual membership meeting in March. No assessments have been needed.
- Q: How much are my monthly maintenance fees for my unit type and when are they due?**
A: The statement for your unit's maintenance is sent out and due monthly. The assessment is determined by the size of your unit and is as follows:
- | | | |
|---------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| One bedroom: | \$739.11 | <i>(The fee is determined by the budget meeting of the BOD held annually and is contingent upon the projected expenses of the Association for the following year).</i> |
| Two bedrooms: | \$833.44 | |
| Penthouse: | \$977.42 | |
- Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?**
A: No. There was a land lease for the use of the pool, but it was paid off and settled in 2005. Documents can be provided upon request.
- Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.**
A: No.
- Q: Can a corporation or limited liability corporation own a unit at Emerald Tower Condominium Association?**
A: No.

IMPORTANT NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE BUYER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS. SELLERS SHOULD SUPPLY THE ASSOCIATION BY-LAWS, ARTICLES OF INCORPORATION, AND AMENDMENTS TO THE BY-LAWS AS WELL AS POLICIES, RULES & REGULATIONS TO THE BUYER. THE COST OF A PAPER COPY FROM THE OFFICE IS **\$35.00.**

To find updated amendments online, go to the Official Records of Broward County:

www.broward.org/RecordTaxesTreasury/records/Pages/PublicRecordsSearch.aspx

Click "Search Records" under official record search (records go back to 1978)

Need to accept the conditions to have search access

Name: Emerald Tower

Document Type: CDO

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CERTIFICATE OF APPROVAL

Prospective Owner #1

Prospective Owner #2

Property Street Address

Building Number

Unit Number

I HAVE RECEIVED AND AGREE TO COMPLY TO THE EMERALD TOWER CONDOMINIUM ASSOCIATION, INC. DOCUMENTS.

Prospective Owner #1 Signature

____/____/_____
Today's Date

Prospective Owner #2 Signature

____/____/_____
Today's Date

____/____/_____
Closing Date

WE LOOK FORWARD TO YOUR ARRIVAL AND INVITE YOU TO BECOME AN ACTIVE MEMBER IN YOUR COMMUNITY.

Board of Director Signature

Title

____/____/_____
Date

Board of Director Signature

Title

____/____/_____
Date

Board of Director Signature

Title

____/____/_____
Date

Association Seal:

Notary Public, State of Florida

My Commission Expires on: ____/____/____

Notary Public, Print

Seal:

Notary Public, Signature