PIPER'S POINTE ADULT RESIDENT

c/o Gulf Breeze Management Services of S W Florida, Inc.
8910 Terrene Court - Suite 200
Bonita Springs, FL 34135-9514
Tel: (239) 498-3311 FAX: (239) 498-4974

This form is to be completed by all individuals, aged 18 and above, who will be residing in a unit at Piper's Pointe who do not qualify for Guest status at the owner's or lessee's invitation. The owner must have approved, in writing, the occupation.

DO THE APPLICANT(S) BELOW SPEAK, WRITE AND UNDERSTAND ENGLISH?

YES O NO O

[Fill in the appropriate circle]

If NO, please provide in detail the method used to interpret and fully comprehend the contents of this form, the condominium documents, and the rules and regulations mentioned in the acknowledgements of this form.

UNIT # _____ in # _____ WADING BIRD CIRCLE

UNIT # _____ in # _____ GRAND OAKS WAY

SPECIAL PROVISION – Read Carefully

I have been provided access to the Abridged Version of the Rules and Regulations and Related Information of this Association. **The latest version may be accessed via: *www.piperspointecondo.com* in the documents section.**

I have read and understand the abridged version, prior to executing this agreement. It is highly recommended that this be completed before you continue with this application.

I acknowledge this provision of the application by signing here:

_____

Mandatory SIGNATURE OF RESIDENT

_____

PRINTED NAME

IMPORTANT NOTICE

The necessary and proper submission of this RESIDENT Application is the sole responsibility of the unit Owner/Unit Lessee and lessee's Unit Owner. They shall ensure that the applicant completes the entire application. The current version of the application form must be utilized. Each page of the application shall be initialed by the applicant, and all

information shall be clearly legible without exception. All items must be answered, and if not relevant, "N/A" shall be inserted.

The Application Fee of $100.00 (Money Order or Check) for processing, must accompany this application, unless prior processing had been completed by the management company & Association.

This application, accompanied by all requested documents, shall be submitted to Gulf Breeze Management Services of S W Florida, Inc.

The applicant and owner are responsible for updating all information with Gulf Breeze Management Services of S W Florida, Inc. during the term of the occupancy.

Owner or Lessee initiating the request:

_____

Full Name of **Resident**: _____

Current Address_____

City: _____ State/Prov. _____ Postal Code _____

Social Security # _____ _____ _____

E-Mail Address: _____

Cell # _____Other _____

Date of Birth (MM/DD/YYYY) _____

Place of Birth: _____

Occupation/Business/Profession: _____

Employer: _____ Tel. #_____

Address: _____

_____

If Retired: Former Occupation Business/Profession: _____

City: _____ State/Prov: _____ Postal/Zip Code: _____

*Have you ever been convicted of a felony? Yes: _____ No: _____

Year: _____ Reason: _____

Have you ever been convicted for being under the influence **or** dealing in drugs, including alcohol? Yes: _____ No: _____ Year: _____

Have you ever been convicted of a sexual related offense?

Yes _____ No _____ If yes; Jurisdiction: _____

PERSONAL VEHICLES:

Make/model of cars to be parked at the condominium (maximum two vehicles permitted to each unit). All vehicles require a Piper's Pointe Condo. Assoc. issued parking permit which is always to be properly displayed while on the property. Refer to Rules and Regulations for Guest parking protocols. **PERMITS REMAIN PROPERTY OF THE ASSOCIATION**.

Make_____ Model _____

State/Prov: _____Color: _____ Plate/Tag _____

REGISTERED OWNER: _____

Is this vehicle manufactured, placarded or used for commercial business? _____

All vehicles shall be owned/authorized to the applicant.

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IN AN EMERGENCY

Person to be Notified in Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Other: _____ Cell Phone: _____

Address: _____

City: _____ State/Prov: _____Postal/Zip Code: _____

HISTORY

Name of Current or Most Recent Landlord {State "owned", if owned]

Name: _____

Address_____

City _____ State/Prov _____ Zip/Postal _____

Telephone _____ How Long Leased/Owned _____

ACKNOWLEDGEMENTS

Piper's Pointe Condominium Declaration specifies that "each condominium unit shall be occupied by a **single family**, as a residence, and for NO OTHER PURPOSE WHATSOEVER," and "in no event shall occupancy exceed two (2) persons per bedroom and/or den." Subsequent changes to this occupancy information must be reported to the Association.

Acknowledged by initialing here: _____

I understand and agree that the Association **prohibits boats, motorcycles, scooters, trucks (including pick-up trucks, vans not designed for passengers, vans with racks, tool bodies, welder's compressors or other equipment in or attached to the bed or roof), and any commercial vehicles, vehicles used for commercial purposes, trailers, recreational vehicles, vehicles with a wheel size more than 33 inches high or other motor**

vehicle, except four (4) wheel passenger automobiles, vans or trucks built by the manufacturer as passenger trucks as determined by the Board of Directors shall be placed, parked or stored on the Association property for a period more than four (4) hours in the aggregate, in anyone 24 hour period unless such vehicle is necessary in the actual construction and/or repair of a structure or for ground maintenance nor shall any maintenance or repair be performed on any boat or motor vehicle not owned or controlled by the Association. Normal working hours are 7:00 AM to 7:00 PM. Outside this time frame allowed only for an Emergency. No vehicle of any kind in serious need of repair, visual or otherwise, may be placed, parked, or stored in Association property for a period of more than four (4) hours. Vehicles leaking any fluids, such as grease and oil, shall not be placed, parked, or stored on Association property at any time. Vehicle owner will bear the cost of mitigating spillage.

For clarification, the four-hour rule permits visitors to park for up to four hours and prohibits residents from parking prohibited vehicles.

Acknowledged by initialing here: _____

Do you currently have any pets that you intend to harbor in Piper's Pointe? _____ [*Strictly enforced*]

I acknowledge and agree that leased unit occupants are prohibited from harboring any pets of any kind. I will adhere to these provisions throughout the term(s) of my residency. I understand that I will be subject to legal action for any violation of the laws of the State of Florida or the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA), as they pertain to "Emotional Support or equal" animals.

Furthermore, if the Association is required to approve tenancy that includes an animal, with the exception of Bonafide Service Animals, you must provide an insurance binder in the amount of Twenty Thousand Dollars ($20,000.00) with the Association listed as the beneficiary for all such animals. Additionally, you must provide a copy of the County license for the animal.

Acknowledged by signing here:

*Signature*_____

Required

I understand and agree that upon approving this application, the Association is authorized to act as the owner's agent, with complete authority to take any action it deems necessary, including eviction, to prevent violations by residents of the Documents and the Rules and Regulations of the Association; the laws of the State of Florida and Collier County.

Acknowledged by initialing here: _____

I further agree to comply with the directives set forth by the Board of Directors of the Association or their agent, as may be promulgated from time to time.

Acknowledged by initialing here: _____

To facilitate the consideration of this application, I, the undersigned, hereby affirm that all information provided for this application is accurate and truthful. I acknowledge that any falsification or misrepresentation will warrant its disapproval. Furthermore, I agree to adhere to all Piper's Pointe Condominium Association, Inc. rules and regulations and understand that any violation of these rules and regulations may result in eviction.

Section 13.6 of the Amended and Restated Declaration of Condominium, which residents are subject to, mandates that residents adhere to the terms of the Declaration, the rules and regulations of the Association, and any other provisions contained within those documents. Should a resident fail to comply with these provisions, they hereby acknowledge that the Association possesses the authority to terminate their residency on behalf of their landlord and cause their removal from the property, irrespective of any provisions outlined in this document. In the event of such a breach, the resident acknowledges and agrees that their residency may be terminated by the Association, and they may be compelled to vacate the unit. Any legal action brought by the Association will be subject to a summary procedure, during which the court will prioritize the case on its calendar.

This document is executed as a sealed instrument, signed this _____day of _____in the year_____.

Applicant: _____

Witness: _____

MANDATORY:

By signing below the owner, lessee, realtor, or any other relevant party, the applicant acknowledges and confirms that the rules and regulations of the Association are made available to them. [The Rules & Regulations, along with other necessary information, are available on ***PipersPointeCondo.com*** under the "Documents" section.]

By signing below, I certify that all provisions of the previous two paragraphs have been fulfilled. The owner or lessee, with the written consent of the owner, accepts full responsibility for the applicant regarding damages, conduct, and compliance with all regulations, declarations, and directives issued by the State of Florida, Collier County, the Association, and its Board of Directors.

If this unit is leased, the lessee must attach as part of this document the written, dated authorization of the legal owner (Trustee) of the unit.

_____

Mandatory OWNER OR LESSEE SIGNATURE

_____

PRINTED NAME OF OWNER or AUTHORIZED LESSEE

TELEPHONE: _____ ***E-MAIL:*** _____

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An application submitted without a signature will be deemed incomplete and not received or dated received.

APPLICATION PROTOCOL

Upon receipt of a completed application, the Association office will notify the prospective lessee of the application's approval status. An application is invalid if it contains false statements. The received date is the date the application was completed.

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FOR OFFICE USE ONLY

Notes:

___ All entries completed

____ Authorization of Resident by Unit Owner

___ Legible Completed Application

____ Copies of DMV Registration

___ $100.00 payment to Gulf Breeze Management (If applicable)

Exemption from Fee by: _____

Date Received: _____ by Gulf Breeze Management Services of S W Florida.

Forwarded to the BOD on: _____

ACTION - THE BOARD OF DIRECTORS

Approved _____ Disapproved _____ Date: _____

Board Member: _____ _____

Title: _____

NOTES: