APPLICATION FOR MEMBERSHIP

PIPER'S POINTE CONDOMINIUM ASSOCIATION, INC.

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

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

YES O NO O

Fill The Appropriate Circle

If NO--- Provide in detail the method of translation used to interpret and fully understand the contents of this form, and the condominium documents, rules and regulations noted in the acknowledgements herein.

APPLICATION FOR APPROVAL TO PURCHASE CONDOMINIUM

I hereby apply for approval for membership in Piper's Pointe Condominium Association based on my acquisition of ownership of Unit #_____, located at #_____ Wading Bird Circle / Grand Oaks Way Naples, FL 34110.

A complete copy of the signed purchase agreement is attached. To facilitate consideration of this application, I represent that the following information is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references provided.

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DATES: Purchase & Sale Agreement: _____

Closing: _____

IS THIS UNIT BEING PURCHASED WITH THE INTENT TO LEASE THIS UNIT FOR PERIODS OF OVER (6) ?

[Leases of a minimum of three (3) to six (6) months are Seasonal Leases and are not considered LEASING for the purposes of this document.]

Y E S ☐

NO ☐

PRINT IN A LEGIBLE MANNER ALL INFORMATION

***USE N/A** WHERE THE ITEM IS NOT APPLICABLE*

Current Owner(s) of Record _____

Real Estate Brokerage (if Applicable) _____

Broker _____Tel: _____

Full Name of Buyer: #1(Primary)_____

Buyer's Current Home Address:

_____

City: _____ State/Prov: _____ Country _____

Telephone: Home: _____Cell: _____

Date of Birth: (MM/DD/YYYY): _____ _____ _____

Occupation/Business/Profession: _____

Employer: _____ Tel.#_____

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Address: _____

_____

If Retired: Former Occupation Business/Profession: _____

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

Full Name of Buyer: #2 _____

Buyer's Current Home Address:

_____

City: _____ State/Prov: _____ Country _____

Telephone: Home: _____Cell: _____

Date of Birth: (MM/DD/YYYY): _____ _____ _____

Occupation/Business/Profession: _____

Employer: _____ Tel.#_____

Address: _____

_____

If Retired: Former Occupation Business/Profession: _____

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

Do you intend to harbor a pet in the unit? _____ If YES, please provide the following information:

Type of Pet: Dog [ ] Cat [ ] Breed: _____

Color:_____ Approx. Weight: _____

Licensing Authority: _____ Lic. #_____

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OCCUPANTS

Please state name, relationship and ages of **all persons** who will be occupying the unit on any regular basis.

NAME RELATIONSHIP AGE

#1_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

#2_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

#3_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

#4_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

***

#5_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

#6_____ _____ _____

Soc. Sec. _____ _____ _____ D.O.B. _____/_____/_____

Note: No more than six occupants are allowed in any condominium, 2 per bedroom. This is not a lease application. Occupants, in addition to the buyer(s) 18 years of age and older are subject to background checks.

Are all buyers and occupants U.S. citizens? Yes: _____ No: _____

If no, what is the immigration status?

_____

_____

_____

_____

_____

Has the Buyer or Co-Buyer ever filed bankruptcy? Yes: ___ No: ___ Year? _____

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Has **anyone** to be in residence been convicted of a felony? Yes: ___ No: ___

Reason:

_____

_____

_____

Has **anyone** to be in residence been convicted for being under the influence or dealing in controlled substances, including alcohol? Yes: _____ No: _____ YEAR _____

Has **anyone** to be in residence pleaded to or been convicted of a sexual related offense?

Yes: ___ No: ___ If YES, Current status: _____

_____

IN CASE OF EMERGENCY NOTIFICATION:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Address: _____City _____

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

APPROVED VEHICLES

Personal Vehicle(s): Maximum of two (2) personal vehicles *(See acknowledgement #2)* are permitted to each unit and shall display a Piper's Pointe Condo Association issued parking permit affixed to the rear of the vehicle(s). For update of record, any change to this information must be timely submitted. A copy of the registration(s)shall accompany this application.

#1 Make/Model _____Year: _____

Plate/Tag #: _____ State/Prov: _____ Color: _____

Registered Owner_____

#2 Make/Model _____Year: _____

Plate/Tag #: _____ State/Prov: _____ Color: _____

Registered Owner_____

PARKING PERMITS REMAIN PROPERTY OF THE ASSOCIATION

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Name of Current or Most Recent Residency Landlord (If owned state "owned"):

_____

Address:

_____

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

Telephone #: _____ Ownership: How Long: _____ Rented: How Long:

_____. May we contact the landlord? _____

Two (2) **CHARACTER** References: NON –FAMILY MEMBERS REQUIRED and local if possible. Character References forms must be complete, legible, and returned with this application.

CREDIT References: Two (2) Required - Local Preferred:

Reference 1: _____Tel: _____

Address:

_____

City: _____ State: _____Postal/Zip Code: _____

Reference 2 _____Tel: _____

Address:

_____

City: _____ State: _____Postal/Zip Code: _____

Mailing Address for Notices Associated with This Application:

Name: _____ Phone #: _____

Address:

_____

City: _____ State: _____Postal/Zip Code: _____

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COMMUNICATION

Do you agree to receive electronic information regarding Association business/activity matters?

Yes [ ] No [ ] If yes:

E-MAIL ADDRESS_____

Your e-mail address will not be shared by the management company or the Association.

KEYS

Keys for access to your unit must be provided to the Association in accordance with the provisions set forth in Florida Law. *Verification of a functioning HARD key for access shall be made within 72 hours of occupation of the unit with the Association*.

Mailbox keys (2) and pool **keys are part of the purchase** agreement and not the responsibility of the Association. The Association does not maintain a copy of the mailbox key.

By signing below, I, the applicant, received the mailbox keys (2) and pool key.

SIGNATURE: _____

ACKNOWLEDGEMENTS

For this document, the Piper's Pointe Condominium Association, Inc. shall hereinafter be referred to as the "**Association**".

1. Piper's Pointe Condominium Documents specify 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 (e.g., children, parents or relatives moving in with you.)

SIGNATURE: _____

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2. 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 as commercial vehicle, 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 any one 24 hour period unless such vehicle is necessary in the actual construction and/or repair of a structure or for ground maintenance. No maintenance or repair shall be performed on any boat or motor vehicle not owned or controlled by the Association. No vehicle of any kind in serious need of visual repair 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. The registered owner of said vehicle will bear the cost of any repairs to the property resulting from leaking fluids.

SIGNATURE: _____

3. 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: _____

4. I understand and agree that the Association, in the event it approves this application, is authorized to act as the Owner's Agent, with full power and authority to take whatever action may be required, including eviction to prevent violations by lessees, and their guests of provisions of the Declaration of Condominium of Piper's Pointe, the Association's By-Laws and Rules and Regulations of the Association. **Acknowledged by initialing here: _____**

5. I am aware of and agree to abide by the Declaration of Condominium of Piper's Pointe, a Condominium, the Articles of Incorporation, By-Laws and all Association Rules and Regulations. *Further:* **In accordance with Florida Statutes** the buyer **will** be provided a copy of the Piper's Pointe Condominium Association, Inc. condominium declaration, commonly known as the condo docs) **by the seller**. You will be provided access to the latest Abridged Version of the Rules and Regulations and Related Information. **You are required to read the abridged version prior to executing this agreement.** It is intended that you will share this abridged edition with your family and guests when you are hosting them for any extended stay.

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I acknowledge this provision of the application by signing here:

_____

6. I the undersigned hereby states that all information provided for this application is factual and correct and agree that any falsification or misrepresentation will justify its disapproval. The undersigned further agrees to abide by all Piper's Pointe Condominium Association rules and regulations and understands any violation of the stated rules and regulations may result in legal proceedings at the owner's expense.

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

Applicant: _____ Witness: _____

Applicant: _____ Witness: _____

MANDATORY: By signing below the owner of record or the realtor acknowledges and confirms that a copy of the Condominium Documents, of the Association have been provided to the applicant. Further, that the buyer will be provided all keys and/or access instruments, codes etc. Signing below also confirms that the following disclosure is true: All physical properties of the condominium are in accordance with the Condominium Documents provided. If applicable,Realtor and Realty Company must sign and provide their business domain.

_____

Signature of Seller/Owner

Seller/Owner Printed Name_____

Realtor's Signature_____

Realty Company and Realty Company printed names: _____

_____

The Abridged copy of the Rules and Regulations may be accessed at

***www.piperspointecondo.com* under documents**

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CERTIFICATION OF COMLIANCE WITH THE DECLARATION AND RULES AND REGULATIONS OF THE PIPER'S POINTE CONDOMINIUM ASSOCIATION INC.

I, THE OWNER OF RECORD OF UNIT # _____ IN # _____ (Insert Wading Bird Circle or

Grand Oaks Way) _____,

do hereby certify that the unit above conforms with all the provisions set forth in the current declaration and Rules & Regulations of the Piper's Pointe Condominium Association, Inc. as it pertains to the following areas of concern:

*Lanai conforms to the provisions of the declaration in color and flooring

No carpeting shall be installed or replaced on lanais, porches, or balconies.

*Smoke Detectors are current and conform to all regulations of the North Naples Fire District. The dates of manufacture of the two (2) detectors are:

Detector #1_____. Detector #2 _____.

*Is the Water Heater more than Ten (10) years old? Yes: [ ] No: [ ]

Serial #_____ Make: _____

Is the water heater hard wired? Yes: [ ] No: [ ]

*****FOR SECOND FLOOR UNITS ONLY*****

CATEGORY 1 - All unit floors shall be covered with wall-to-wall carpeting, except the kitchen, family room/morning room, foyer, utility/laundry area and bathrooms. Floor area not covered by wall-to-wall carpeting shall not exceed 30% of all interior floor area.

OR

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CATEGORY 2- All or some unit floors requiring wall-to-wall carpeting specified above have been replaced with non-resilient flooring with a certified Impact Insulation Class (IIC) Sound Rating of 70 or more and a Sound Transmission Class (STC) no less than 65 underlayment installed by a licensed contractor and approved in writing in the form of an ARC (Architectural Review Committee) submission. [This latter provision amended Section 11.6 of the declaration effective April 1, 2022. Only flooring approved and installed after April 1, 2022, can be classified in this category. All approved ARC applications are on file with the property management company/Association.]

Is this unit's flooring in full compliance with this provision of the declaration? IF, YES, stipulate which compliance category is applicable.

CATEGORY - _____

Any second-level units found to be in violation of the flooring provisions, including lack of board approval (ARC) caused either before or after the effective date of this amendment and discovered either by complaint or during sale of the unit shall be brought into compliance at the owner's expense within 60 days of the violation notice. In the case of unit sales, the seller must disclose the violation to the buyer who would then assume responsibility for the remedy 60 days after closing is registered with Collier County.

A test of the current flooring, performed by a professional, agreeable to the seller and buyer, that demonstrates compliance with the declaration ***may*** *be accepted. This will require an ARC for approval.*

DATE: _____

SIGNATURE OF OWNER _____

OWNER'S NAME (Printed) _____

DATE: _____

SIGNATURE OF BUYER _____

BUYER'S NAME (Printed) _____

This document is executed as a sealed instrument and signed under penalties of perjury.

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APPLICATION PROTOCOL

It is critically important that this application is legibly completed. All applicants are encouraged to carefully read every word in this document and query all item(s) that are not fully understood before signing and submitting for approval. All items that do not apply to the sale of this property shall have N/A entered. This application will be deemed to have been accepted for approval upon determination that all provisions required for the application have been met.

It is highly recommended that the Abridged copy of the Rules and Regulations be read and understood prior to submitting this application so that there are no misunderstandings. A copy may be found at www.piperspointe condo.com.

The prospective BUYER will be advised by the Association office within a thirty (30) day period from the date of receiving the application, of whether this application has been approved. An application is not received that is illegible and/or not accompanied by all required documents and fees. An **APPROVAL is VOID in the event of false statements** in this application.

A non-refundable fee of $100.00, payable to Gulf Breeze Management Services of SW Florida, Inc, must accompany this application, for the purposes of defraying costs associated with checking references, credit investigations, directory updating, and other expenses related to the processing of this application.

RETURN THIS APPLICATION AND THE TWO (2) EACH, CHARACTER AND CREDIT REFERENCE FORMS PROVIDED, THE $100.00 APPLICATION FEE AND A COPY OF THE SIGNED PURCHASE & SALE AGREEMENT TO:

Pipers Pointe Condominium Association, Inc.

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

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FOR OFFICE USE ONLY

Services c/o Gulf Breeze Management of S W Florida, Inc.
8910 Terrene Court - Suite 200
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FOR OFFICE USE ONLY

Notes:

_____ All entries addressed.

_____ Legible Application

_____ Two (2) Acceptable **Character** References

_____ Two (2) **Financial** References

_____ Insurance Binder per Condo Declaration

_____ $100.00 payment to Gulf Breeze Management

_____ Mailbox Keys. Pool Key(s)

_____ Signed Purchase & Sales Agreement

_____ Other: _____

Date Received by Management Company: _____

Date Forwarded to the BOD: _____

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Date Forwarded to Legal Counsel: _____ (If applicable)

Date Returned from the Association: _____

COMMENTS/PROVISIONS REQUIRED by BOD:

ACTION TAKEN BY THE BOARD OF DIRECTORS

Approved Disapproved Date: _____

Board Member: _____ Office: _____

Management: _____

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THIS APPLICATION