

SEAGRAPE CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR RENTAL OR SALE APPROVAL

This application, a copy of the sales or rental contract must be completed in entirety or it will not be considered for approval.

Please return the completed application to:

Seagrape Condo Assn. Inc.
Attn: Dimitra Tebano, President 561-715-0428 #220
or Marilyn Manzone, Secretary 561-865-3122 #308
5160 Las Verdes Circle, Delray Beach, FL 33484

1. **Please attach a non refundable check for the application and processing fee of \$150.00 payable to: Seagrape Condo Assn., Inc.** If renting an apartment, the Owner renting the apartment must attach a refundable security deposit in the amount of \$1,000.00 payable to Seagrape Condo Assn., Inc. for any damage done to the building or violations of set Rules and Regulations. This will be returned to the Owner upon sale or the unit is no longer rented.
2. An Estoppel letter needs to be on file before approval can be granted for buyers. Letters can be obtained from the Master Association, Las Verdes Property Owners office 561-498-8230 and Summit Assn. Services 561-999-9701. After closing please provide a copy of the deed to Summit Assn. Services Fax 561-999-9703.
3. For Single people an income of \$62,000 is required, no criminal record, a good credit history 670 or above, proof of employment, and **2 years of Income Tax**. For a couple, the income must be \$110,00 plus \$5,000 for an adult or child residing with them. **PLEASE INCLUDE A PHOTO ID FOR ALL OCCUPANTS.**
4. Upon approval, an interview with Board Members is required before occupancy can commence. A non-refundable check for \$400.00 must be submitted for the Rules and Regulations and move-in-fee, also payable to Seagrape Condo Assn., Inc. A \$500 refundable check is required for move-in to cover any damages that may occur to the building.
5. **NO ANIMALS OR PETS ARE PERMITTED.** No commercial vehicles, trailers, boats, or RV homes are permitted to be used, operated, stored, or parked in any parking area or condominium property per Section 13.5 of the Seagrape documents.
6. There is an occupancy restriction of two people per one bedroom (I.E. 4 people per two bedroom occupancy).
7. **ALL RENTALS AGREEMENTS ARE GOOD FOR ONE YEAR AND OWNERS HAVE TO RENEW THE APPLICATION WITH A BOARD MEMBER EACH ADDITIONAL YEAR.**
8. Seasonal leases will be reviewed every 6 months.
9. The completed application in entirety must be submitted to the office no later than 30 days prior to the desired date of occupancy. Otherwise they will not be considered,
10. **THE OWNERS ARE RESPONSIBLE FOR ANY FEES OR FINES, EVICTION LEGAL COSTS THAT MAY BR ACCRUED DUE TO RENTERS NOT FOLLOWING RULES AND REGULATIONS OR CAUSING DAMAGE TO THE PROPERTY. NO SUBLEASING IS PERMITTED UNDER ANY CIRCUMSTANCES.**
11. All completed applications must be returned in person or by mail.

**APPLICATION FOR SALE/RENTAL, GIFT, DEVISE OR
INHERITANCE APPROVAL
PLEASE PRINT OR TYPE**

TODAY'S DATE: _____

CLOSING DATE: _____

PRESENT OWNER'S NAME: _____

TEL: _____

ADDRESS OF UNIT FOR SALE/RENT: _____

NAME OF REALTOR HANDLING SALE/RENT: _____

TEL: _____

BUYER'S/RENTER'S NAME: _____

TEL: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ SS#: _____

SPOUSE/CO-APPLICANT: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SS#: _____

NUMBER OF ADULT OCCUPANTS: _____ NUMBER OF CHILDREN: _____

MAXIMUM OCCUPANCY
OTHER PERSONS WHO WILL OCCUPY UNIT WITH YOU:

NAME	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTOMOBILE INFORMATION

NUMBER OF CARS _____ DIVER'S LICENSE # _____

LICENSING STATE _____ EXPIRES: _____

MAKE _____ MODEL _____ YEAR _____

TAG# _____ STATE _____

MAKE _____ MODEL _____ YEAR _____

TAG# _____ MODEL _____ YEAR _____

UNIT #	NAME	EMAIL ADDRESS
_____	_____	_____
_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION
PLEASE COMPLETE ALL SECTIONS

AUTHORIZATION TO RELEASE CREDIT /BACKGROUND, RESIDENCE, BANKING AND EMPLOYMENT INFORMATION

You are authorized to release to _____ any information requested regarding my banking, credit, employment and residence. _____ is also authorized to obtain a consumer credit report. I waive all rights and privileges concerning the release of said information and reports to _____.

Signed _____ Date _____
Last name printed _____

AUTHORIZATION TO RELEASE CREDIT/ BACKGROUND, RESIDENCE, BANKING AND EMPLOYMENT INFORMATION

You are authorized to release to _____ any information requested regarding my banking, credit, employment, and residence. _____ is also authorized to obtain a consumer credit report. I waive all rights and privileges concerning the release of said information and reports to _____.

Signed _____ Date _____
Last name printed _____

AUTHORIZATION TO RELEASE CREDIT/ BACKGROUND, RESIDENCE, BANKING AND EMPLOYMENT INFORMATION

You are authorized to release to _____ any information requested regarding my banking, credit, employment, and residence. _____ is also authorized to obtain a consumer report. I waive all rights and privileges concerning the release of said information and reports to _____.

Signed _____ Date _____
Last name printed _____

SEAGRAPE CONDOMINIUM
CONDOMINIUM ASSOCIATION, INC.

AUTHORIZATION FOR RELEASE OF CREDIT & CRIMINAL
BACKGROUND REPORT

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

CANADIAN SOCIAL INSURANCE #: _____

DATE OF BIRTH: ____/____/____

IN ACCORDANCE WITH PL-91-508, I HEREBY AUTHORIZE MY CREDIT REPORTING
AGENCY TO RELEASE A WRITTEN COPY OF MY CREDIT REPORT:

PRINTED SIGNATURE: _____

HANDWRITTEN SIGNATURE: _____

DATE: _____

STATE OF FLORIDA
COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of
_____, '20 _____ by _____, who is
personally known to me.

(seal)

(Notary Public)

Commission Expires: _____

In case of an emergency notify: Name: _____

Address: _____

Telephone: _____

RESIDENCY

PRESENT ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE _____

LANDLORD/MORTGAGE CO. _____

MORTGAGE# _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT

PRESENT EMPLOYER _____ TEL. _____

ADDRESS: _____

POSITION _____ # OF YEARS _____

SALARY _____

SPOUSE'S/CO-APPLICANT'S EMPLOYER _____

ADDRESS: _____

TEL. _____ SALARY _____

POSITION _____ # OF YEARS _____

CHARACTER REFERENCE

Date: _____

Mr./Mrs./Ms. _____ anticipates purchasing a unit at Seagrape Condominium Association, INC.

We would appreciate your comments as follows:

1. How long have you known applicant? _____

2. Is your relationship with the applicant business, social or both? Please comment

3. Character Reference: _____

4. Does applicant have a congenial personality? _____

5. Would you consider applicant to a desirable resident? _____

6. Additional comments which might give us a better understanding of applicant: _____

7. Reference provided by:

Name: _____

Address: _____

Telephone Number: _____

Please be assured that any comments you make will be held in the strictest of confidence.

CHARACTER REFERENCE

Date: _____

Mr./Mrs./Ms. _____ anticipates purchasing a unit at Seagrape Condominium Association, INC.

We would appreciate your comments as follows:

1. How long have you known applicant? _____

2. Is your relationship with the applicant business, social or both? Please comment

3. Character Reference: _____

4. Does applicant have a congenial personality? _____

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3. Character Reference: _____

4. Does applicant have a congenial personality? _____

5. Would you consider applicant to a desirable resident? _____

6. Additional comments which might give us a better understanding of applicant: _____

7. Reference provided by:

Name: _____

Address: _____

Telephone Number: _____

Please be assured that any comments you make will be held in the strictest of confidence.

SEAGRAPE CONDOMINIUM ASSOCIATION
C/O GALLUP ACCOUNTING
100 E. LINTON BLVD SUITE 406 B
DELRAY BEACH, FL. 33483

CFN 20140222592
OR BK 26958 PG 0631
RECORDED 06/17/2014 10:04:02
Palm Beach County, Florida
Sharon R. Bock, CLERK & COMPTROLLER
Pg 0631 (1pg)



BOARD OF DIRECTORS MEETING HELD

JUNE 3, 2014

NEW AMENDMENT TO THE BY-LAWS

The Board of Directors meeting was held on June 3 2014. Board members Present were Peter Sarno president, secretary Carla Chadick, treasurer Dimitra Tebano. The Board members discussed and voted on the following.

- * 1 It was voted and approved that an Amendment concurring new owners of Sea Grape Condominium will need to wait 2 years before they can rent their units.
- 2 Rental renewal leases must be approved by the board each year.
- 3 Rental units must be only limited to 12 units.

The above being voted and approved a motion was made to adjourn the meeting.

Respectfully submitted

Peter Sarno President.

Peter Sarno

x Peter C. Sarno

PETER C SARNO
PRESIDENT

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 17 day of June 2014
by Peter C Sarno
Produced the following identification: PL 01

Notary Public

Catherine S. Siegel
Catherine S. Siegel



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 17 DAY OF June, 2014
SHARON R. BOCK
CLERK & COMPTROLLER

By _____
DEPUTY CLERK



CATHERINE SIEGEL
MY COMMISSION # FF 014914
EXPIRES: May 25, 2017
Bonded Thru Budget Notary Services

SEAGRAPE CONDO ASSOCIATION.

THE BOARD OF DIRECTORS HAS THE
RIGHT TO APPROVE OR DISAPPROVE
ALL THE LEASES AND SALES
WITHOUT CAUSE. ALL RENTAL
WILL BE FOR A YEAR. THE BOARD
WILL REVIEW THE LEASE AND
RECOMMEND THE EXTENSION OR
TERMINATION OF THE RENTAL UNIT.

OCTOBER 30 TH 2012.

CERTIFICATE OF APPROVAL

This is to certify that _____ and _____

Have been approved by the SEAGRAPE CONDOMINIUM ASSOCIATION, INC. as the purchaser/renter of the following described real property in Palm Beach county Florida

Such approval has been given pursuant to the provisions of amended Declaration of SEAGRAPE CONDOMINIUM ASSOCIATION, INC.

Date _____ day of _____ Year of _____

By: _____

Print name of Director/President

(Association Seal)

Attested: _____

Print Name of Director/Secretary

***BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING. PLEASE VERIFY AT THE TIME OF CLOSING.**

AFFIDAVIT OF BUYER/RENTER
Seagrape Condominium Association, Inc.

The undersigned personally appeared before me, who's address is:
_____ and who has agreed that he/she shall obey the
Seagrape Condominium Association, Inc.'s Rules and Regulations and agrees to the following :

1. The Affiant agrees that he/she shall not sublet and or lease the property to any individual, corporation or equity, without the express written approval of the Seagrape Board of Directors.

2. The Affiant agrees that no animals may occupy the unit without the written consent and approval of the Seagrape Board of Directors.

Failure to obey the above will result in fines and or legal action.

Signature

Print name: _____

State of: _____

County of: _____

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared

Who is personally known to me, or has produced _____
No. _____, as identification, and executed the foregoing
instrument.

Witness my hand and official seal in the County and State this ____ day of
____ 20__.

Seal:

Notary Public

Printed Name of Notary

My commission expires: _____

ASSISTANCE/EMOTIONAL SUPPORT ANIMAL
RULES AND REGULATIONS

All assistance/emotional support animals must be contained within the unit at all times, unless it is on a controlled leash no longer than six (6) feet long. All solid waste or droppings from the assistance/emotional support animal must be placed in a sealed plastic bag and disposed of in designated receptacles. Equally, the owner of the assistance/emotional support animal shall promptly clean up any urine or other liquids from the Common Areas due to the presence of the assistance/emotional support animal. The owner of the assistance/emotional support animal will be required to have the assistance/emotional support animal regularly inoculated against rabies, and any other diseases required by law or ordinance. Proof of current valid licensure, if required by any governmental agencies, and inoculation by a duly qualified and licensed veterinarian must be provided to the Association and it is the owner's responsibility to provide such current information, from time to time, to the Association.

In addition to the foregoing, it is incumbent upon the parties seeking reasonable accommodation through the availability of an assistance/emotional support animal to abide by the following:

1. The party requesting the accommodation, and the owner shall be responsible for any and all damages caused by their assistance/emotional support animal(s) to any common element area and to the person or property of other owners, residents or renters, and agrees to indemnify and hold harmless the Association, its Members, Directors, officers and/or agents from any loss, claim or liability of any kind or character arising by reason of, or related to, maintaining the assistance/emotional support animal(s) within the unit and/or on the Community property;
2. Registration and various Rules/Regulations:
 - a. Prior to allowing any assistance/emotional support animal in the Community, requesting party must complete the Affidavit and Registration form which shall include but not limited to the following:
 - i. Recent photograph of the animal;
 - ii. Statement from veterinarian of current health certificate and evidence of all necessary vaccinations;
 - iii. All city and county licensing.
 - b. All assistance/emotional support animals must wear collar ~~displaying the Las Vegas DCA Identification tag~~ and rabies identification tag;
 - c. On any insurance policy which may be obtained by the homeowner/renter that covers the assistance/emotional support animal, evidence of homeowners/renters, naming the Association as an additional insured for any acts and/or events involving the assistance/emotional support animal shall be provided to the Association;
 - d. Care and maintenance of assistance/emotional support animal.
 - i. Assistance/Emotional Support Animal may not be left unaccompanied by owner/renter;
 - ii. At all times in the Common Areas, walker shall keep the

assistance/emotional support animal confined to the walkers side;

iii. Unless the information from the medical provider demonstrates a need for the animal to be present in the following areas, or other extenuating circumstances can be documented by a treating medical provider, assistance/emotional support animals are prohibited from the following areas for reasons of safety and hygiene:

- (1) Pool or pool deck;
- (2) Common area meeting rooms;
- (3) Gyms;
- (4) Carpeted area.

iv. At all times on property, owner/renter when accompanied by an assistance/emotional support animal shall be in possession and be able to produce plastic bags and paper towels to address pet discharge.

(1) Discharge must be immediately addressed with removal, through bagging, sealing the bag and disposal in an appropriate receptacle;

(2) Assistance/Emotional Support Animal fecal matter produced within the unit must be appropriately bagged, sealed and disposed in trash chutes. This also applies to pet pads and diapers.

vi. Assistance/Emotional Support Animal may only be walked

3. The assistance/emotional support animal shall not become a nuisance to others, which includes, but is not limited to: barking, biting, aggressive behavior, attacking, owner's failure to properly dispose of waste and excrement, walking the dog in prohibited areas, failure to comply with all state and local ordinances and statutes, not maintaining the dog on a leash at all times when outside the unit, insect/extermination problems, sanitation/odor problems.

4. All of these Rules and Regulations shall also apply to any pet that has been "grandfathered-in", and is properly residing in the Community.