

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

UNIT SALES PROCESS

The Association office needs the following documents:

- A copy of the sales contract
- \$150 per person application fee (or \$150 for a married couple), payable to Tequesta Garden Condominium Association
- Housing for Older Persons (55+ Community) Sales Application
- Fair Housing Act (55+ Community) form
- Acknowledgement of Receipt of the Rules and Regulations
- Acknowledgement of Receipt of the Condominium Documents (official TGCA documents and amendments are provided by the seller. If unavailable, they will be provided by the Association at a charge of \$50)
- Background Check Authorization form
- Insurance Requirement Notice
- Certificate of Appointment of Acting Representative (needed only for a trust or LLC)
- Emergency Contact Information and directory permission
- A copy of driver's license

The title company estoppel fee is \$275 and must be paid prior to the closing.

An interview with a Tequesta Garden Condominium Association Board member is required before occupancy. The Rules and Regulations will be reviewed at that time and a Certificate of Approval will be issued and faxed or mailed to the title company.

Please provide the office with a copy of your warranty deed.

Enjoy Tequesta Garden!

For any questions, please call Daryl at 561-747-1822 or by email at daryl@tequestagarden.com

If the office is closed forms can be dropped in the door mailbox.

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

HOUSING FOR OLDER PERSONS (55+ COMMUNITY) **SALES APPLICATION**

Unit address: _____

Current address: _____

Owner(s): _____

Current Mailing Address: _____

Telephone #: _____

Realtor name: _____ Company: _____

Phone: _____ E-mail: _____

An interview with a Tequesta Garden Condominium Association Board member is required before occupancy. The Rules and Regulations will be reviewed at that time. Please give us a time and date most convenient for you: _____

I acknowledge that I take title to this housing unit subject to the Tequesta Garden Condominium Association, Inc. documents and agree to abide by them without reservation.

Signature: _____ Signature: _____
Buyer Buyer

Date: _____ Date: _____

(The above information will be kept confidential)

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

FAIR HOUSING ACT (55+ COMMUNITY)

Due to federal legislation, our community must be cautious in age verification procedures to insure its adult-only status. In order to determine whether we can maintain the community as an Adult Community, we need to ascertain the age of prospective occupants in the units.

Property Address: _____

1. Will there be one (1) person occupying the apartment age 55 or over?

Yes _____ No _____

2. Please identify the unit occupant(s) who is/are over 55.

Name: _____

Date of birth: _____

Driver's License No: _____

Car make/model/license plate #: _____

Name: _____

Date of birth: _____

Drivers License No: _____

Car make/model/license plate #: _____

3. Alternatively, if you do not wish to provide the Association with the verification information in Nos. 1 and 2 above, please have this form notarized.

Signature: _____

Signature: _____

Date: _____

Date: _____

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

ACKNOWLEDGEMENT **RECEIPT OF "RULES AND REGULATIONS"**

Property Address: _____

I/WE HEREBY ACKNOWLEDGE RECEIPT OF THE TEQUESTA GARDEN CONDOMINIUM ASSOCIATION, INC "RULES AND REGULATIONS."

Print: _____

Print: _____

Signature: _____
Buyer

Signature : _____
Buyer

Date : _____

Date : _____

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

ACKNOWLEDGEMENT RECEIPT OF "DECLARATION OF CONDOMINIUM" DOCUMENTS

Property Address: _____

I/WE HEREBY ACKNOWLEDGE RECEIPT OF THE TEQUESTA GARDEN CONDOMINIUM ASSOCIATION, INC "RULES AND REGULATIONS."

Print: _____

Print: _____

Signature: _____
Buyer

Signature : _____
Buyer

Date : _____

Date : _____

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

BACKGROUND CHECK AUTHORIZATION

Applicant :

First Name : _____ Middle : _____ Last : _____

Current Address : _____

City : _____ State : _____ Zip Code : _____

Date of Birth : _____ Social Security No: _____

Co-Applicant :

First Name : _____ Middle : _____ Last : _____

Current Address : _____

City : _____ State : _____ Zip Code : _____

Date of Birth : _____ Social Security No: _____

I/We hereby authorize Tequesta Garden Condominium Association, Inc. to run an investigation of my/our background.

Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Co-Applicant

5/2024

Tequesta Garden Condominium Association, Inc.

'We're retired from working, but are working at having fun'

INSURANCE

Unit owners shall obtain coverage, at their expense, on all of the property that is located within the boundaries of their unit which is excluded from the coverage provided by the Association.

Section 718.111(f)(3) states "The coverage provided by the Association hereunder shall exclude all floor, wall and ceiling coverings, electrical fixtures, appliances, air conditioning, heating equipment, water heaters, water filters, built-in cabinets and countertops and window treatments, including curtains, drapes, blinds, hardware and similar window treatment components, or replacements of any of the foregoing which are located within the boundaries of the unit and serve only one unit, and all air conditioning compressors that service only an individual unit and all air conditioning compressors that service only an individual unit, whether located or not located within the unit."

Please provide the office with a copy of your Declaration Page (the first page of your insurance policy) and Tequesta Garden must be named in your policy.

Property Address:

Owner:

Owner:

Date:

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

*****ONLY NECESSARY IF THE UNIT IS IN A TRUST, LLC OR ANOTHER ENTITY****

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of Tequesta Garden Condominium Association, Inc. (the Association).

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of _____ Unit Number in Tequesta Garden Condominium, street address _____ have designated _____ to act as their representative to cast all votes and otherwise act on their behalf at all meetings of TEQUESTA GARDEN CONDOMINIUM ASSOCIATION, INC. as provided by the Declaration of Condominium, as amended, and by the By-laws of the Association.

This Certificate is made pursuant to the Declaration and the By-laws

Owner

Date

Owner

Date

5/2024

Tequesta Garden Condominium Association, Inc.

"We're retired from working, but are working at having fun"

EMERGENCY CONTACT INFORMATION

Name: _____ Date: _____

Tequesta Garden Address: _____

Permanent Address: _____

*Your coupon book for your quarterly payments will be sent to your permanent address.

Local Phone: _____ Cell Phone: _____

Phone for Directory: _____

If you wish to have the Association communicate with you via email, please provide your email address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

Alternative Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Telephone No.: _____

Will this be your primary residence? Yes No

Is this a second home/vacation home? Yes No

Is this an investment property? Yes No

If someone else is currently residing in your unit, please provide the following information:

Name(s): _____

Relationship: Tenant () * Relative () Friend () Duration: _____

* You must contact the office if you are planning to rent or sell your unit, as either a prospective tenant or new buyer must be approved in advance.

Your telephone number of record will be published in the Phone Directory. If you do not want your number listed please sign below.

Print: _____ Sign: _____

Print: _____ Sign: _____

5/2024