South Passage Association

c/o A.R. Choice Management, Inc.

100 Vista Royale ~ Vero Beach, FL 32962, Phone (772) 567-0808 ~ Fax (772) 567-2551
Abe@ARChoice.com ~ Pam@ARChoice.com ~ Patty@ARChoice.com

Dear Prospective Buyer,

We are excited that you have chosen our beautiful community for your new home!

South Passage requires an interview, references, credit and criminal background checks. A member of the Board of Directors will be in contact with you to set up this meeting. This meeting can be conducted prior to submitting the attached application, once you have completed the purchase agreement. The President of the Board is Peter Nord.

Our office is responsible for managing the South Passage Association. As such, upon closing we are also responsible for the collection of maintenance assessments (see attached budget), which are due on the 1st day of each quarter (January, April, July and October). Once you close, our office will send you an **information sheet with payment options.**

Your management team consists of myself, Abe Abramczyk – Property Manager; Pam Kinney – Administrative Assistant; and, Patty Woodmansee - Accountant. Please contact us with any questions or concerns.

At your convenience, we ask that you complete the enclosed **New Buyer Packet** and return it to us so that we are sure to have the correct closing information on file prior to your purchase. There is a $75.00 cost associated with processing these documents (*check made payable to AR Choice Management*). This fee will be added to the estoppel fee/invoice and collected at closing. In addition, there is a $100 application fee for processing a background check (*check made payable to South Passage Association, Inc.*) If there is any information that you feel is missing from this packet, please contact us, as we aim to provide concise information for all your association needs.

Once we receive the Warranty Deed from the closing agent/title company, we will update the association records to reflect your ownership information. This will prompt our office to send you a Welcome Packet with additional information after closing.

We look forward to meeting you!

Sincerely,

Abe Abramczyk

Abe Abramczyk
Community Association Manager
AR Choice Management, Inc.

South Passage Association

Application for Purchase

NOTE: This application must be accompanied by a **copy of the Real Estate Sales Contract** and a **processing fee of $100.00, inclusive of a background check.** Please make check payable to: *South Passage Association, Inc.* **This application must be received thirty (30) days before closing. The Association has thirty days to complete the approval process.**

Date: _____

I hereby submit the following information for consideration by the Board of Directors and allow my name, unit number, email address and phone to be listed in the Association directory:

Unit No._____ Current Owner's Name:_____

Name of Applicant:_____Date of Birth:_____

Email Address: _____ Cell Phone: _____

Present Business or Former Occupation:_____

Applicant's Birthplace:_____
City State

Name of Co-Applicant_____Date of Birth:_____

Email Address: _____ Cell Phone: _____

Present Business or Former Occupation:_____

Applicant's Birthplace:_____
City State

Present or Summer Residential Address:_____

_____ Telephone:_____
City State Zip

Intent of Ownership: ___ full time ____ part-time _____ investment

Emergency Contact Person _____ Cell Phone:_____

Emergency Contact Person's email address _____

Number of Children under 21:_____ Ages:_____

Pets (Y or N): _____ Total #:_____ Type: _____ Weight (if dog): _____

APPLICATION FOR PURCHASE

Club Affiliations (past and present):

1._____

Name City State Telephone

2._____

Name City State Telephone

Current or Most Recent Homeowners or Condominium Association Membership:

1._____

Association Name Name of Person on Board Telephone

2._____

Association Name Name of Person on Board Telephone

Personal References: (other than relatives)

1._____

Name Street City/State/Zip Telephone

2._____

Name Street City/State/Zip Telephone

Business References:

1._____

Name Street City/State/Zip Telephone

2._____

Name Street City/State/Zip Telephone

YOU ARE HEREBY AUTHORIZED TO CONTACT ANY OF THE ABOVE FOR THE PURPOSE OF ACTING ON THE APPLICATION.AND I GIVE MY FULL AUTHORIZATION TO OBTAIN MY CRIMINAL HISTORY RECORD

_____ _____

Applicant's Signature Co-Applicant's Signature

Rev 10/15/2017

APPLICATION FOR PURCHASE
ACKNOWLEDGMENT OF RECEIPT AND COMPLIANCE AGREEMENT
SOUTH PASSAGE ASSOCIATION, INC.

I have read, understand and agree to abide by the terms and provisions of the Declaration of Condominium establishing *South Passage,* the Articles of Incorporation and the By-Laws of *South Passage Association, Inc.,*and the Rules and Regulations **as amended from time to time** and adopted pursuant to these documents.

Please initial the following rules, thereby indicating that you understand and agree to abide by these rules (specific details for each are found in attached documents):

___ Pickup trucks are not permitted to be parked overnight and campers, trailers, trucks, motorized boats, and motor homes shall not be parked on Association grounds.

___ No motorcycles, mini-bikes, all terrain vehicles, or golf carts are permitted on the Association grounds at any time.

___ Cars should be parked facing in.

___ Only one dog and only dogs under 50 pounds are permitted, if permission is granted by the board.

___ Boats may not exceed 12 feet of height above the water line nor be longer than 41 overall feet and docks may only be used by the owner.

___ In consideration of your neighbors during the "season" major remodeling work may be scheduled only between April 15 and December 15.

___ All rentals of a Unit must be a minimum of two months and require board approval.

___ Hurricane shutters must be closed 48 hours prior to a named storm. The property manager, without incurring any liability, is authorized to close the shutters at a cost of $300.

Please sign below as acknowledgment of receipt and agreement to comply with the policies set forth in the documents described above.

_____ _____ _____

Unit # Applicant's Signature Co-Applicant's Signature

For Association Use Only

Application received on the _____day of _____, 20___

Date of Interview:_____ Date Approved:_____

Names of Interviewers: _____

Approved by the Board of Directors:_____

Signature Title

South Passage Association

Pet Application

Paste Picture of

Pet Here

Unit # _____ Unit Owner Name _____

Telephone _____ Email Address _____

Description of Animal:

Age of Pet _____ Weight _____

Breed _____ Sex _____ Name _____

I/We have read and understand the Rules and Regulations and the Declaration of Condominium of South Passage Association, Inc. and agree to abide by the covenants therein, including keeping the pet under control while outside the unit, cleaning up after the pet, not taking the pet in the pool area or in the clubhouse, and making sure that the pet is not a nuisance to other residents. We understand that if the pet is a nuisance that the board may withdraw permission for the animal to be on the grounds of South Passage and that the board may vote to have the animal removed with three days notice.

_____ _____

Unit Owner/Lessee Signature Date

Association Use Only – Below

Date received _____ Date of Action _____

_____ Approved _____ Not Approved

By_____ Title_____

By:_____ Title_____

South Passage Association

Acknowledgement of Receipt of Documents

Electronic copies of the following documents have been provided to myself, the Buyer, prior to closing. I understand that a hard copy set of the documents is available from the management company, A.R. Choice, for a fee of $150.

- Declaration
- Articles of Incorporation
- Bylaws
- Rules and Regulations
- FAQ
- Current Budget
- Most Current Independent Auditor's Report

Furthermore, I understand that any additional documentation must be requested within 3 days of reciept of the provided documents.

Buyer Signature_____ Date_____

Buyer Signature_____ Date_____

South Passage Association

Consent to Receive South Passage Notices Via Electronic Transmission

In order for the Association to send via email, notices that would otherwise require regular postal mailing, the Association must receive and keep in the records this written consent form. Therefore, the board requests that you sign and date this document and send it via regular mail, certified mail, other commercial delivery service, fax message, email attachment, or hand delivery to:

South Passage Association, Inc.
c/o A.R. Choice Management, Inc.
100 Vista Royale Blvd, Vero Beach, FL 32962
pam@archoice.com

I/we, _____, owner(s) of _____ consent to receive via electronic transmission all and any documents, notices, or invoices that the board of association may elect to send to me, or is otherwise required to send to me as an owner.

The email address(es) to use for those notices is/are:

_____ @ _____

_____ @ _____

I/we agree to notify the Association if at any time there is a change in my/our email address, but such notification of a new address shall not constitute a revocation in the electronic consent.

I/we understand that I/we may revoke this consent at any time by delivering in the same manner as this consent my/our written and signed instruction to revoke consent. I/we also understand that should the board of association experience two consecutive unsuccessful attempts to send any notice, that such experience constitutes an automatic revocation of my/our consent.

_____ _____
Signature Date

_____ _____
Signature Date