LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC. APPLICATION PACKAGE FOR LEASE/SALE/TRANSFER

CHECKLIST (REVISED 10/2/2024)

ITEN	PROVIDED	
1.	APPLICATION TO LEASE /SALE /TRANSFER	
2.	APPLICATION FEE \$100.00 PER COUPLE (NON-REFUNDABLE)	
3.	APPLICANT INFORMATION SHEET	
3a.	AUTHORIZATON FORM SIGNED	
4.	PROJECTED MOVE-IN OR CLOSING SCHEDULE:	
	DATE:	

5.. COPY OF LEASE/PURCHASE /TRANSFER AGREEMENT: ____

6. LEASE APPROVAL FORM, (APPLICABLE FOR LEASES ONLY)

ADDRESS	LANDLORD	TENANT
LEASE AMOUNT	BEGINNING DATE	EXPIRATION DATE

EVERY FORM IN THIS PACKAGE SHOULD BE FULLY COMPLETED. ALL INFORMATION SHOULD BE PROVIDED TO EXPEDITE THE APPROVAL PROCESS.

NO PACKAGE WILL BE CONSIDERED FOR APPROVAL UNTIL SUCH TIME AS ALL FORMS ARE FULLY COMPLETED, AND ALL FORMS AND REQUIRED DOCUMENTS ARE PROVIDED TO THE ASSOCIATION. FAILURE TO PROVIDE A COMPLETE PACKAGE WILL DELAY CONSIDERATION OF APPLICATION. THE COMPLETION OF THIS PACKAGE IS YOUR RESPONSIBILITY. PLEASE RETURN TO THE ASSOCIATION OFFICE AS SOON AS POSSIBLE.

THE COMPLETED PACKAGE SHOULD BE MAILED TO LAGO MAR COLONYPROTECTIVE ASSOCIATION, INC., C/O HACKER & ROMANO, CPA, 3300 N 29THAVE, STE 102, HOLLYWOOD, FL 33020PHONE 954-922-2207

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC. INFORMATION FOR PROSPECTIVE APPLICANTS

TENANTS:

UNIFORM LEASE ADDENDUM

APPLICATION FEE:

PURCHASERS/TRANSFEREES:

CONDOMINIUM UNIT PURCHASERS

APPLICATION FEE:

HOME PURCHASERS

If approval is granted by the Association, approval shall be conditioned upon the execution of a Uniform Lease Addendum.

\$100.00 per couple payable to Lago Mar Colony. (Non-refundable, made payable to Lago Mar Colony Protective Association, Inc.) No application for approval shall be deemed complete without the application fee.

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Estoppel letter request to: Hacker and Romano CPA's, 3300 N 29th Ave. Ste. 102, Hollywood, FL 33020 954-922-2207 Fee is **\$299.00 made payable to Lago Mar Colony.**

Information on Lago Mar Country Club Membership to: Lago Mar Country Club, c/o General Manager 500 NW 127th Ave. Plantation FL 33325 954-472-7044

East Lodge:

Estoppel letter request to: Elena Moreland, 400 NW 127th Ave. Unit #1 Plantation, FL 33325 954-383-6469 **Fee is \$299.00 made payable to East Lodge Condominium Assn.**

West Lodge:

Estoppel letter request to: Choice Property Management Group, Inc., 6175 NW 153rd St. Suite 403, Miami Lakes, FL 33014 305-362-9827 **Fee is \$299.00**

Information on Lago Mar Country Club Membership to: Lago Mar Country Club, c/o General Manager 500 NW 127th Ave. Plantation FL 33325 954-472-7044

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

CONFIDENTIAL RESIDENT INFORMATION SHEET – NEW OWNERS

Address:		Unit No.:				
New Owners' Name:	New (o-Owners' Name:				
New Owners' Date of Birth	New C	o-Owners' Date of Bi	irth			
Social Security No.:	Soc	ial Security No.:				
Email Address:	Em	Email Address:				
Total Number of people who will reside in Residence: *Note: Anyone 18 years or older must have Social Security number provided List all other occupants:						
Name:	Relationship	Date of Birth	SSN			
Name:	Relationship	Date of Birth	SSN			
Name:	Relationship	Date of Birth	SSN			
Name:						
Primary or Secondary Residen	ice:					
Current Address:						
New Owners' Telephone Num New Owners' Business Teleph Business Fax: Business Email Addr	hone: Mr					
Employer Name:						
Business Address:						
Emergency Contact:						
For Association mailing purpo	oses, please state add	lress mail is to be sent	a to:			
Name of Seller:						
Name of Realtor or Attorney h	-	1:				
Does New Owner have Interes	st in Membership to	Lago Mar Country Cl	ub? Yes; No			
Does New Owner give the Lag transmit electronic notices to y		ective Association HO	A written consent to Yes; No			
Please refer to the Lago Mar C http://www.lagomarcolony.com			Covenants.			

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

APPLICATION FOR APPROVAL OF LEASE (PLEASE COMPLETE FULLY AND ACCURATELY)

RE:

Address:

Unit No.:_____

Date:

To: Board of Directors

I/We agree to provide to the Tenant a copy of Lago Mar Colony Protective Association, Inc., Amended and Restated Declaration, By-Laws, Articles of Incorporation and Rules & Regulations, as amended as of the date set forth above, prior to the occupancy of the Residence by the Tenant.

I/We acknowledge that we are bound by said Amended and Restated Declaration, Articles of Incorporation, By-Laws, and the Rules & Regulation of the Association.

THE ASSOCIATION AND IT'S AGENT ARE HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REOUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR TENANT (S) AND/OR THEIR GUESTS, WITH PROVISION(S) OF THE AMENDED AND RESTATED DECLARATION OF PROTECTIVE COVENANTS FOR LAGO MAR COLONY PROTECTIVE ASSOCIATION, IT'S EXHIBITS, CHAPTER 720, FLORIDA STATUTES, AND RULES & REGULATIONS OF THE ASSOCIATION, ALL AS MAY BE AMENDED FROM TIME TO TIME. IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE TENANT(S) AND/OR THEIR GUEST(S), THE ASSOCIATION HAS THE RIGHT, BUT NOT THE OBLIGATION TO TERMINATE THE LEASE. LANDLORD AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEYS' FEES AND COSTS INCURRED AS LANDLORD'S AGENT IN AN ENFORCEMENT ACTION OR LEASE TERMINATION ACTION ALL AS SPECIFICALLY PROVIDED WITHIN THE LEASE ADDENDUM.

In order to facilitate the consideration of my/our Application for the lease of the above Residence, I/We have caused the proposed tenant to complete the attached Application. I/We am/are aware and agree that any falsification or misrepresentation of the facts in the attached application may result in the automatic rejection of the Application to Lease. I/We consent to further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a copy of the Lease or other documents which truly and accurately set forth the terms of the offer that I/We wish to accept.

Landlord

Date

Landlord

Date

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

CONFIDENTIAL RESIDENT INFORMATION SHEET- TENANTS

Address:		Unit No:				
Owner/Landlord's Name:						
Tenant/Resident Name:	C	o-Tenant/Resident Nar	ne:			
Tenant/Resident Date of Birt	h C	o-Tenant/Resident Date	e of Birth			
Social Security No.:		Social Security No.:				
Email Address:		_Email Address:				
Total Number of people who will reside in Residence: *Note: Anyone 18 years or older must have Social Security number provided List all other occupants:						
Name:	Relationship	Date of Birth	SSN			
Name:						
Name:						
Name:						
Current Address:						
Telephone Numbers: Mr		Mrs				
Business Telephone: Mr						
Business Fax:						
Business Email Address:						
Employer Name:						
Business Address:						
Emergency Contact:						
Name of Realtor or Attorney Phone		nsaction:				

Authorization Form New Owners and Tenants

I/We hereby authorize the release of information to a "Screening Service" of the Association's choosing, and any and all information requested with regard to verification of credit history, character, criminal record history and employment verification to such a service. I/We further authorize the release and sharing of information contained herein and any resulting background reports by and between the Lago Mar Colony Protective Association, Inc. and a Lago Mar Colony condominium association if I/We are applying to purchase or reside in one of the Lago Mar Colony condominiums. This information is to be used for my/our Application for Occupancy, and will otherwise be kept confidential, except when the Association is conducting background checks, or if required to disclose the information by applicable law, or by any court of competent jurisdiction.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release in compliance with the above. The Association will not intentionally release the information except as provided above, but I/We agree to hold the Association, its agents, and all of its past, current and future Board members harmless from and against any and all claims, liabilities, damages, costs and expenses whatsoever, which in any way directly or indirectly relate to claims or causes of action related to the inadvertent disclosure of such information.

I/we further state the Application for Approval and Authorization Forms were signed by me/us and were not originated with the fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature(s).

I/We certify under the penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)	(Applicant's Name Printed)	Date	
(Co-Applicant/Spouse Signature)	(Co-Applicant/Spouse's Name Printed)	Date	

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD TO CONFIRM IDENTITY, AS WELL AS THE NAME, ADDRESS AND TELEPHONE NUMBER FOR THREE (3) PERSONAL REFERENCES FOR EACH APPLICANT.

PERSONAL REFERENCES: