



Welcome to Creciente!

The residents and staff of the Creciente Condominium Association cordially welcome you to the Creciente family! We are glad you chose our association as your beach home. This package provides information to acquaint you with Creciente and includes important forms for you to complete so that we may serve you better.

In addition to the material contained in this document we encourage you to familiarize yourself with the information contained on our website, www.Creciente.com. Our website includes important information for condominium owners, copies of the Association's governing documents, minutes from Board of Directors meetings and related committee meetings and our monthly newsletter.

Basic TV cable and internet is provided by the condo association. Channel 195 is a split screen of our security cameras and Channel 196 is a rollerboard of condo information and events that take place at Creciente throughout the year. You are encouraged to join us for events that are posted on the TV and/or on bulletin boards located in each building. Sign-up sheets, when appropriate, are available in the mail rooms.

Creciente is governed by a board of directors elected by its residents and relies on a system of committees composed of volunteer owners that assist the Board in establishing direction and in the execution of its duties. Owners are encouraged to sign up for any committees that are of interest.

Our office hours are 8 am – 1 pm Monday through Friday May 1 to December 31 and 8 am – 3 pm beginning January 1 through April 31. A suggestion box is located outside the office door in the event you have a question or wish to share your thoughts with us. Please also feel free to email the manager at manager@creciente.com with any concerns you may have.

We look forward to getting to know you!

Cheryl Thompson, Board President

CRECIENTE CONDOMINIUM ASSOCIATION, INC.

7150 ESTERO BLVD., FORT MYERS BEACH FLORIDA 33931

PHONE: (239) 463-9604 FAX: (239) 463-4071

2020 MEMBERSHIP APPLICATION

TO: BOARD OF DIRECTORS

DATE: _____

UNIT # _____

I (WE) HEREBY APPLY FOR MEMBERSHIP IN CRECIENTE CONDOMINIUM ASSOCIATION, INC. I (WE) HAVE ATTACHED THE FOLLOWING:

- (1) AN EXECUTED COPY OF THE "CONTRACT FOR SALE AND PURCHASE AGREEMENT"
- (2) TWO LETTERS OF RECOMMENDATION
- (3) DRIVER'S LICENSE/ID COPIES & SOCIAL SECURITY CARD(S) COPIES
- (4) \$100 TRANSFER FEE

I (WE) HAVE RECEIVED AND REVIEWED THE GOVERNING DOCUMENTS (DECLARATION, BY LAWS, RULES & REGULATIONS), ANNUAL FINANCIAL REPORT AND THE FREQUENTLY ASKED QUESTIONS OF CRECIENTE CONDOMINIUM ASSOCIATION, INC., AND AGREE TO COMPLY WITH THE PROVISIONS OF THE SAME.

I (WE) AGREE TO FURNISH THE ASSOCIATION WITH A COPY OF THE RECORDED WARRANTY DEED AND UNDERSTAND THAT MEMBERSHIP BECOMES EFFECTIVE UPON RECORDATION.

I (WE) ALSO UNDERSTAND THAT ALL MAINTENANCE FEES AND/OR SPECIAL ASSESSMENTS MUST BE PAID IN FULL PRIOR TO CLOSING.

NAME(S) _____

PHONE # () _____ FAX # _____ CELL # () _____

WORK # () _____ E-MAIL _____

ADDRESS _____

BUSINESS / PROFESSION _____ NAME OF COMPANY _____

BUSINESS ADDRESS _____

IF RETIRED, PLEASE STATE FORMER BUSINESS OR PROFESSION: _____

MARITAL STATUS: MARRIED () SINGLE () OTHER () NAME OF SPOUSE _____

CHILDREN NAME(S) AND THEIR AGE(S):

NAME	AGE	NAME	AGE
------	-----	------	-----

NAME	AGE	NAME	AGE
------	-----	------	-----

PET: ONLY ONE PET ALLOWED YES () NO () DOG () CAT () BIRD ()

NAME(S) UNDER WHICH TITLE WILL BE TAKEN: _____

IF PURCHASE IS BEING FINANCED, PLEASE LIST NAME AND ADDRESS OF THE FIRST MORTGAGE HOLDER:

APPLICANT SIGNATURE

APPLICANT SIGNATURE



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Website: www.Creciente.com E-Mail: manager@creciente.com

EMERGENCY CONTACT INFORMATION FORM

(This information will be held confidential for office use only.)

Unit #:

First and Last Name:

Away Address:

Away City, State, Zip

Local Phone:

Away Phone:

Cell Phone(s):

Email(s):

Additional Phones:

Additional Phones:

Emergency Contact # 1:

Address:

Phones:

Emergency Contact #2:

Address:

Phones:

Additional Information:



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Unit # _____

E-Mail Notification of Official Notices

Creciente requires one (1) written authorization to be on file for all owners requesting to receive any official notices via E-Mail. Completing this form authorizes the Association to send these notices directly to you through the Electronic mailing system.

I _____ owner of unit # _____ hereby authorize the Creciente Condominium Association to send any and all official notices and periodic news releases to me via E-Mail. I further recognize that it is my responsibility to update the Association with any change of email and mailing address.

My current e-mail address is: _____

Signature: _____ Date: _____

Please complete, sign and return this form by E-mail, U.S. mail or fax to:

Creciente Condominium
Attn: Association Office
7150 Estero Boulevard
Fort Myers Beach, Florida 33931
Fax: (239) 463-4071

Office Use Only: _____ Mgr _____ Bookkeeper



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PET REGISTRATION FORM

Owner Name _____

Unit # _____

Pet Information:

Pet Name: _____

Type: _____

Breed: _____

Pounds at Adult Age: _____

Color: _____

Year of Birth: _____

SEX (circle one) M F

COPY of Rabies Vaccine Provided? (circle one) Yes No

Rabies Vaccine Expiration Date: _____

Creciente Declaration:

10.2 **Pets.** The owner of each unit may keep no more than one (1) pet of a normal domesticated household type (such as a cat or dog) in the unit. Dogs and cats must be leashed or carried at all times while outside of the unit. The ability to keep pets is a privilege, not a right, and the Board of Directors may order and enforce the removal of any pet which becomes a reasonable source of annoyance to other residents. The owner is responsible for cleaning up after his pet. No pets of any kind are permitted in leased units. No reptiles, rodents, poultry, amphibians, swine or livestock may be kept in the Condominium, but tropical fish or caged birds in reasonable numbers are permitted. Guests and tenants are not allowed to keep any pets.

Creciente Rules and Regulations:

12. Only Creciente owners may have their pet on Creciente Condominium property. Friends and guests/tenants may not have pets. Pets not belonging to an owner and not registered with the Manager's Office are not permitted on Condominium property. All owners' pets must be registered in the Manager's Office. Registration will require filling out a "Pet Registration Form" along with a photo of the pet. The Office will take a picture of your pet in the office if you do not have a photo. Pets are not allowed in the pool, courtyard or garage deck areas. Walk all pets on the grassy areas to the north and east of the tennis court. If you wish to walk your pet to the beach, please use the north side of the North Building or the south side of the South Building to reach the fence gates leading to the beach.

***Registration will not be accepted unless the pet owner produces
a proof of recent rabies vaccination and a photo.***

Owners Signature

Date



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VEHICLE REGISTRATION

UNIT # _____

Please complete the following:

Name: _____

Phone # _____

Auto Make _____ Model: _____

Color _____ State _____ Year _____

License Plate # _____

Assigned Parking Sticker # _____

Place parking sticker in the front vehicle window on the driver's side.

Also, if you plan to have a Bicycle(s) on property, please provide the following:

Make of Bicycle: _____

Color of Bicycle: _____

Please read and sign:

Vehicle owner or driver hereby acknowledges that the Association and Management assumes no liability for theft and/or damage to vehicles parked on premises.

Owner Signature

Date



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KEY AUTHORIZATION

I (We) _____ Unit # _____

Hereby authorized the Administration Office of Creciente Condominium Association
to give our key to the following individuals / companies:

Date Added	Name of Person Or Company	Date Removed	Date Added	Name of Person Or Company	Date Removed

Unit Owner Signature

Date of Signature

AUTOMATIC DEBIT SERVICE

Your bank for a
Complete Lockbox Association Services System

**SIGN UP FOR THE AUTOMATIC DEBIT SERVICE FOR YOUR ASSOCIATION ASSESSMENT FEES
IT'S EASY AND CONVENIENT**

- Your U.S. bank checking or savings account will be debited for your assessment fees based on the day you select and the payment frequency determined by your association. If the debit day you select is on a weekend or federal holiday, your payment will be debited the following business day. Your bank statement will reflect "Assoc Pymt" when a debit has been processed to your account.
- Stonegate Bank requires 5 days to setup your enrollment. If your enrollment form is received after the debit day and month you select, your account will be debited on the debit day of the next scheduled payment.
- If you have multiple assessments for your association, you must complete a separate enrollment form for each payment you wish to have automatically debited.
- Simply mail the completed Automatic Debit Enrollment form and a voided check to:
STONEGATE BANK
PO BOX 30061
TAMPA, FL 33630-3061
- Stonegate Bank will notify you in writing of your first debit date. Please continue to make your payment until you are notified.
- If you wish to change your bank account information or cancel your automatic debit, you must notify Stonegate Bank in writing at least 5 days prior to the next debit. You may submit your requests in writing to the PO box shown above.

IMPORTANT REMINDERS

If you are using an electronic means to make your association payment and sell your unit, please be sure you cancel your electronic payment to prevent future debits to your bank account.

All questions regarding your association or payments should be directed to your management company or association.

STONEGATE BANK AUTOMATIC DEBIT ENROLLMENT

Association Name:			
Unit ID:		Payment Type: <input type="checkbox"/> Maint <input type="checkbox"/> Spec Assmt <input type="checkbox"/> Other	
Name:		Phone:	
Address:			
City:		State:	Zip:
Bank Name:		City:	
City:		State:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank RTG #:	Bank Account #:	
Start Month:	Debit Day (Check One): <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th		

I hereby authorize Stonegate Bank to initiate debit entries to my checking or savings account from the U.S. bank listed above for my association payments. By signing this document, I acknowledge the following: The debit will occur based on the payment frequency provided by the association or management company and on the day indicated above. If the debit day falls on a weekend or federal holiday, my payment will be debited the following business day. If this occurs, my payment could be considered late and the association may assess a late fee. If I wish to cancel my automatic debit or change my bank account information, I must notify Stonegate Bank in writing at least 5 days prior to the next debit. The management company or association is authorized to change amounts, change account information, or cancel this debit.

Signature:

Date:

For Bank Use Only:

Assoc UID:

DocPAN:

REMEMBER TO ATTACH A VOIDED CHECK