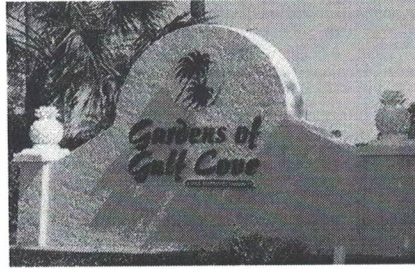


Gardens of Gulf Cove Property Owners Association, Inc.

~ A Deed Restricted Community ~



CHECKLIST FOR BUYERS, RENTERS AND ADDITIONAL OCCUPANTS:

All forms can be submitted in person, email, via U.S. Mail or after hours we have provided locked drop boxes at both offices. It is important to fill forms out completely to avoid any delay.

1. **Homeowners, Renters and Additional Occupants**: Fill out the Background Application (revision 11-19-15) for each adult over the age of eighteen (18) intending to reside at your property or one (1) form for each married couple.

2. **Homeowners, Renters and Additional Occupants** Provide a copy of a valid driver's license, legally accepted ID (if no driver's license) or passport (non-US citizen) with the application for each adult.

3. **Homeowners, Renters and Additional Occupants** Add to the application a check, money order or credit card (small % fee for credit card use).

\$75.00 each person over the age of 18 (background/credit check)

\$75.00 for a married couple (background/credit check)

\$150.00 for the application fee.

Renters and Additional Occupants *The property owner will have to determine who is going to be responsible for these fees. Please note these fees are subject to change without notice.*

4. **Homeowners, Renters and Additional Occupants** The Association Manager will review the background/credit checks report. If there are complications with any report additional review may be necessary with the Board of Directors and/or Attorney. Upon approval of the background/credit check, each applicant will be notified by the Manager or Office Manager.

5. **Renters, Additional Occupants** Property Owner is responsible to fill out the Property Owner Registration & Assignment of Rights listing you as occupants and a copy of your lease to release temporary ownership over to you for use facilities. **Homeowners** Within 30 days of taking possession register with the association office which includes executing your Property Owner Registration, Disclosure Summary and submitting your Warranty Deed at this time we will issue to you an information packet.

Homeowners, Renters and Additional Occupants After all steps are completed visit the Recreation Center for your facility pass(es).

**Additional information on this process and other important rules can be found in the Gardens of Gulf Cove Bylaws and Declaration of Covenants and Restrictions. These documents are available at www.thegardensofgulfcove.com and at the facility offices. Your cooperation with these requirements are appreciated. Thank you and congratulations for deciding to make our community your home.

6464 Coniston Street, Port Charlotte FL 33981 ~ office: 941-697-4443 ~ fax: 941-698-9274

gardensofgulfcove@gmail.com ~ www.thegardensofgulfcove.com

Gardens of Gulf Cove Property Owners Association, Inc.

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PROPERTY OWNER REGISTRATION & ASSIGNMENT OF RIGHTS

Please fill out completely and print clearly!

Property Owner's Name(s): _____

Gardens Address: _____ Phone #: _____

E-Mail Address: _____ Phone #: _____

Mailing Address: _____

Seasonal Phone #: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Tenant/Guest occupied: yes / no (please use other side for additional occupants)

• Occupant #1 (please print): _____ M/V Tag: _____

• Occupant #2 (please print): _____ M/V Tag: _____

Total Number of occupants: _____ **Duration of occupancy (dates from – to)** _____ **Occupant's Phone #** _____

Additional occupants:

Name & relation to responsible occupant(s) (please print) _____
Date of birth

Name & relation to responsible occupant(s) (please print) _____
Date of birth

Name & relation to responsible occupant(s) (please print) _____
Date of birth

Name & relation to responsible occupant(s) (please print) _____
Date of birth

All property owners, residents & guests are required to register with the Gardens of Gulf Cove Property Owners' Association office. In accordance with Florida Statute 720, it is the responsibility of each Property Owner to update this information with the Association business office **as often as circumstances change.**

PLEASE PROVIDE TRUST DOCUMENTATION FOR ANY PROPERTY DEEDED AS A TRUST.

Thank you in advance for your co-operation!

In keeping with the Bylaws, the Covenants & Restrictions, and the Rules & Regulations of the Gardens of Gulf Cove and insurance regulations, please fill out this form completely and return it our offices prior to guest/tenant check-in. This information is required to insure only residents and their authorized guests are using the amenities. If the Association office does not have current information on file, your guest/tenant will not be permitted use of the amenities.

SIGNATURE OF PROPERTY OWNER

DATE

RENTAL AGENT'S NAME & PHONE # (please print clearly)

RENTAL AGENT'S EMAIL (please print clearly)

It is the responsibility of the property owner to update new contact and/or occupant information as it occurs.
Please note, resident & guest ID's are non-transferable! ID's cannot be "shared".

**2017 and 2018 Disclosure Summary for
Gardens of Gulf Cove Property Owner' Association Inc.
A Florida Not for Profit Corporation**

1. Gardens of Gulf Cove is a mandatory membership property owners association. As a purchaser in Gardens of Gulf Cove, you will be obligated to be a member of the Property Owners Association.
2. There are restrictive covenants recorded in the official records of Charlotte County. These covenants govern the use and occupancy of properties within the association. In addition to the recorded covenants, the board of directors have adopted reasonable rules for the use of the common elements.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. For the budget year 2017 / 18 the annual assessment is \$332.75. You will also be obligated to pay special assessments imposed by the association upon notification by the board of directors.
4. Your failure to pay these special or regular assessments to the association when due could result in a lien on your property.
5. The association is governed by the laws of the State of Florida, the County of Charlotte and the United States.
6. The restrictive covenants may be modified or restated from time to time by the affirmative vote of the membership as outlined in the covenants and by-laws.
7. The statements contained in this disclosure are only summary in nature. As a prospective purchaser in this community, you should refer to the covenants and governing documents before purchasing property.

Date: _____
_____ Purchaser

_____ Purchaser

Gardens of Gulf Cove Property Owners Association, Inc.

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Background/Credit Application

NOTE: Please print neatly. Information that is not legible will delay the process of this application. Provide a copy of a valid driver's license, legally accepted ID (if no driver's license) or passport (non-US citizen) with application for each adult.

** Non-married applicants or additional occupants residing at residence over the age of 18 need to fill out this form separately. **

Garden's Property Address: _____

Lease Date (s): from: _____ to _____

If purchasing Closing date: _____

Applicants Full Legal Name: _____ **Maiden Name:** _____

Phone #: _____ Email Address: _____

Date of Birth: _____

Driver's License # _____ State _____

Have you ever been evicted? _____ If so, please explain: _____

Have you ever been arrested on misdemeanor or felony? _____ If so, please explain: _____

Present Address: _____ **ZIP CODE** _____ **OWN/RENT** _____

Dates (from - to): _____ **Manager/Landlord:** _____ **Phone:** _____

Reason for leaving: _____

SPOUSE

Spouse Full Legal Name: _____ **Maiden/Alias:** _____

Driver's License # _____ State _____

Date of Birth: _____

Phone #: _____ Email Address: _____

Have you ever been evicted? _____ If so, please explain: _____

Have you ever been arrested on misdemeanor or felony? _____ If so, please explain: _____

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contracted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information.

Applicant's signature _____
Date

Spouse _____
Date

This portion of the form will be disposed of after background is completed.

Applicants Full Legal Name: _____

Social Security #: _____