

1300 NW 17th Ave. Suite 270 Delray Beach, FL 33445 (561)637-3402 Office (561)637-3407 Fax

Instructions for Resale Application – PIEDMONT A ASSOCIATION, INC.

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.
- 2) TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED. (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.
- 3) EACH PAGE MUST BE *PROPERLY* COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.
- 5) A \$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE IS REQUIRED ON ALL RESALES. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE: PIEDMONT A ASSOCIATION, INC.
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE**, **SIGNED**, **AND PART OF THIS APPLICATION**.
- 8) IF YOU ARE PURCHASING THIS PROPERTY FOR INVESTMENT PURPOSES ONLY, OR ARE UNDER THE AGE OF 55; **YOU MUST** FILL OUT PAGE 11 COMPLETELY BEFORE SENDING THIS APPLICATION PACKET IN.
- 9) PIEDMONT A ASSOCIATION IS A **NO PET COMMUNITY**.
- 10) NO NEW OWNER MAY LEASE HIS/HER UNIT DURINGTHE INITIAL EIGHTEEN (18) MONTHS OF OWNERSHIP. NO EXCEPTIONS WILL BE MADE.

ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.

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Delray Beach, FL. 33445

Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

SOCIATION: 1 TEDIVI	ONT A AGE	SOCIATION, INC.	UNIT #:
me of current Owner's	S:		
rrent Owner's Address	:		
y/ State/ Zip:			
rent Owner's Phone N	lumber:	Current Owner's Cel	l Number:
me of Applicant:			Age:
-Applicant:		SS#:	Age:
plicant's Address:			
y/ State / Zip:			
plicant's Phone:		Applicant's cell p	hone:
Mail Address:			
hicle Information:			
ke:	Model:	Year:	Plate #
ke:	Model:	Year:	Plate #
PLEAS	SE LIST ALL OC	CUPANT(S) WHO WILL RESIDE AT UNIT	IF APPROVED
Name		Relationship to Purchaser	Date of Birth

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Purchaser(s) Agreement

In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.

1)	Agree that if the application is approved, to abide by Association By-Laws, Association Declaration, any and that may be imposed in future.	
2)	Piedmont A Association, Inc. is a NO PET COMMUNITY	<u>-</u>
3)	Understand that no new owner may lease his/her unit of ownership.	t during the initial eighteen (18) months
4)	Agree that the unit may not be occupied in my abse Board.	nce without the prior knowledge of the
5)	PURCHASER(S), acknowledge receipt of a copy of the understand that the unit may not be sold or leased w	
6)	It is the buyer's responsibility to obtain Condominium may be purchased from Wilson Management for \$100	·
7)	Buyer has enclosed a check in the amount of \$150.00 payable to PIEDMONT A Association as provided for be Condominium Documents.	
8)	Understand that if any check paid by the Owner(s), cany approval granted will be voided.	and/or Purchaser(s), is returned unpaid,
	A popula quetta Ciqua estrura	Dete
	Applicant's Signature	Date

Date

Applicant's Signature

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Age Verification Questionnaire

Association: PIEDMONT A ASSOCIATION, INC.			Unit:	
Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.				
OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP
Signature(s) of Owner(s)		Date: _		
Signature		Signatu	re	
Printed Name		Printed	Printed Name	
Signature		Signatu	re	

Printed Name

Printed Name

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Request for Personal Reference

Association:	PIEDMONT A ASSOCIATION	ON, INC.	Unit:
Dear Sir/Madam:			
purchase an apartn	has listed you a nent in the above referenced Cond	ns a character reference dominium Association.	in an application to
	cation process, we respectfully receptive. Please respond by providing		
date. The Associa	mediately could result in unnecess ition requires a minimum of thirty e actual move in and/or closing da	(30) days to properly	
Thank you in adva confidential.	ance for your valuable assistance	e, and we assure you	that your reply will be kep
CHARACTER:			
NTEGRITY:			
OTHER COMMENTS:			
Signature		Date	
Printed Name		Phone/Cell Number	r

Address

City, State, Zip Code

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Request for Personal Reference

Association:	PIEDMONT A ASSOCIATION	, INC	Unit:
Dear Sir/Madam:			
		character reference in a	an application to
purchase an apa	ortment in the above referenced Condon	ninium Association.	
	pplication process, we respectfully request ntegrity. Please respond by providing e.		
date. The Asso	immediately could result in unnecessary ciation requires a minimum of thirty (3 the actual move in and/or closing date.		
Thank you in acconfidential.	dvance for your valuable assistance, a	and we assure you tha	at your reply will be kep
CHARACTER:			
INTEGRITY:			
OTHER COMMENT	S:		
Signature		Date	
Printed Name		Phone/Cell Number	
Address		City, State, Zip Code	

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Request for Personal Reference

Association:	PIEDMONT A ASSOCIATIO	N, INC. Unit:	
Dear Sir/Madam:			
purchase an apar	has listed you as rtment in the above referenced Condo	a character reference in an appl minium Association.	ication to
	plication process, we respectfully requ tegrity. Please respond by providing e.		
date. The Assoc	mmediately could result in unnecessa ciation requires a minimum of thirty the actual move in and/or closing date	30) days to properly review, a	
Thank you in ad confidential.	vance for your valuable assistance,	and we assure you that your	reply will be kep
CHARACTER:			
INTEGRITY:			
OTHER COMMENTS	: :		
Signature		Date	
Printed Name		Phone/Cell Number	
Address		City, State, Zip Code	

Address

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Applicant(s) Information Sheet

Applicant's Name:						
Association: PIED	Association: PIEDMONT A ASSOCIATION, INC Unit #					
If you are a season phone number:	al applicant, please provid	e our office with your seas	sonal address and			
Seasonal Address:						
Local Phone:		Seasonal Phone:				
F	PLEASE SPECIFY YOUR	MAILING PREFERENCE:				
Please send all my mail to my local address at all times.						
Please send all my mail to my seasonal address at all times.						
Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.						
EMERGENCY CONTACT INFORMATION:						
Name	Relationship	Phone	Keys: Yes or No			

Please use the last column to indicate which of your emergency contact has your key to your home.

VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners o	f the property located at:
PIEDMONT A ASSOCIATION, INC	
(Association Name)	(Unit #)
Do hereby designate that	
(inser	rt name of designated voter)
is entitled to cast one (1) vote at the mem	bership meetings of Condominium Association. Unless
this certificate is terminated or suspended	d by written notice to the Board of Directors of the
Association.	
Dated this day of	, 20
Applicant's Signature	Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

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If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have notarized.

Date:		
To Whom It May Concern:		
Regarding the purchase of		
Address:		
We, the undersigned, do hereby waive all social rights to this a	partment and will not reside	e in it.
We wish to waive our social rights to:		
Who will reside in the unit and is at least fifty five (55) years old	N. Proof of ago will accomp	any this form
who will reside in the unit and is at least fifty live (55) years old	a. Proof of age will accomp	any this form.
Signature	Signature	
Witnessed my hand and official seal at said County and State t	this day of	, 20
Certificate #:		
My Commission expires:		
Printed Name of Notary Public:		
Signature of Notary:		



RENTAL AND RESALE INFORMATION

ID OFFICE 561-499-3335 Ext. 136 & 135

Monday - Friday 9:00 AM - 4:00 PM

Sat. & Sun. 10:00 AM – 3:00 PM (November - May)

Closed Saturday & Sunday (June – October)

Fees: (All fees subject to change)

Capital Contribution & Processing Fee - Includes one (1) Resident ID Card & one (1) Barcode

\$1,500.00 Applicable to all resales and transfers.

Resident ID \$60.00
 Single Resident ID \$60.00
 Lessee ID \$60.00

• Guest ID \$10.00 (See procedural guide for further details)

• Health Aide ID \$50.00 (Three months)

Barcode \$10.00Saxony RFID Tag \$10.00

Requirements:

Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included**.

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal.
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. Checks payable to: Kings Point Recreation Corp., Inc.
- **Note**: Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease.
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

Kings Point Recreation Area Amenities

The recreation amenities consist of three (3) clubhouses, five (5) outdoor swimming pools, Natatorium, two (2) golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a "NO PET" community. The recreation area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To assure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the ID Office located in the Administration Building.

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

Signature:		Signature:	
_	Seller/ Owner	Oignature.	Buyer/ Tenant

<u>Note</u>: Capital Contribution & Processing Fee of \$1,500.00 payable to Kings Point Recreation Corporation, Inc., the Not For Profit Corporation organized under Florida Statute 617 authorized to manage the Recreation Facilities, must be submitted with application for purchase.

KINGS POINT USER ACCOUNT REGISTRATION

SIGN IN or CREATE AN ACCOUNT at the kingspointdelray.com website

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/Temporary/ Vendor gate access.

- 1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the internet have already activated their accounts.
- 2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.
- 3. Activate your account by going to the kingspointdelray.com website.
 - a. On the "Home Page" click on the "Gate Access/Visitor Management" link in order to sign in or create an account.
 - b. Click on "Create Account" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, click on "Create User" at the bottom of the page. You have now completed your part of the activation process.
 - c. You will be notified when your account has been activated (within 72 hours).
- 4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.
- 5. Populate your account by going to the <u>kingspointdelray.com</u> website and *click on the "Gate Access/Visitor Management"* link.
 - a. Click on "Sign In" and enter your user name and password.
 - b. Click on "Sign Me In" and fill in the data requested. Permanent Visitors do not need a visit date.

 Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
 - c. The "Permanent" list will be updated on an annual basis.
 - d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.
- 6. Do not have a computer? Call the Staff Office at 561-499-3335/561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.
- 7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.