MANORS OF INVERRARY
4174 INVERRARY DRIVE
LAUDERHILL, FLORIDA 33319
OFFICE 561-274-3031 FAX 561-274-3065

BLDG. NO. 11 APT. NO. _____

APPLICATION FOR PURCHASE OR LEASE

1. **A 10% DOWN DEPOSIT IS REQUIRED AT TIME OF CONTRACT OR PRE-PAY ONE YEAR'S MAINTENANCE.**
2. **YEARLY INCOME REQUIRED IS $40,000.00 FOR A SINGLE PERSON AND $50,000.00 FOR A MARRIED COUPLE. LAST TWO (2) YEARS TAX FORMS REQUIRED AS PROOF.**
3. THE ASSOCIATION WILL USE A TWO-TIER SYSTEM FOR CREDIT SCORES. UP TO ONE YEARS ADVANCE QUARTERLY MAINTENANCE MAY BE REQUIRED, DEPENDING ON CREDIT REPORT.
   IF CREDIT SCORE IS: 650 OR LOWER, 1-YEAR ADVANCE MAINTENANCE;
   IF CREDIT SCORE IS: 651-750, 6-MONTHS ADVANCE MAINTENANCE;
   IF CREDIT SCORE IS: 751-850, NO ADVANCE MAINTENANCE IS REQUIRED.
4. THE PROPOSED PURCHASER OR LESSEE MUST COMPLETE THE APPLICATION IN DETAIL.
5. IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED.
6. ATTACH A COPY THE SALES CONTRACT OR COMPLETED LEASE.
7. ATTACH A **NON-REFUNDABLE PROCESSING FEE OF $100.00** TO THE APPLICATION, MADE PAYABLE TO THE ASSOCIATION. [**NOTE: THERE IS A YEARLY LEASE RENEWAL PROCEDURE. LEASES MUST BE RENEWED AT LEAST 30 DAYS BEFORE THE EXPIRATION DATE.]**
8. THE COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE AT LEAST **THIRTY (30) DAYS PRIOR TO THE EXPECTED CLOSING OR LEASE DATE.**
9. ALL APPLICANTS MUST MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW PRIOR TO FINAL APPROVAL.
10. **NO PETS ALLOWED AT ANY TIME.**
11. PROVIDE A COPY OF THE VEHICLE REGISTRATION(S) AND A COPY OF THE DRIVER'S LICENSE FOR EACH APPLICANT
12. NO COMMERCIAL VEHICLES, PICK-UP TRUCKS, TRAILERS, RV'S, CAMPERS, MOTORCYCLES, MOPEDS OR SCOOTERS ARE PERMITTED ON CONDOMINIUM PREMISES.
13. OCCUPANCY REGULATIONS:
    ONE (1) BEDROOM APARTMENTS - THREE (3) OCCUPANTS.
    TWO (2) BEDROOM APARTMENTS - FOUR (4) OCCUPANTS.
14. MANAGEMENT OFFICE MUST BE NOTIFIED AND GIVEN A CLOSING STATEMENT PRIOR TO MOVE-IN.
15. PLEASE SEND YOUR APPLICATION TO POINTE MANAGEMENT GROUP AT: 1100 SW 10 TH STREET, SUITE B, DELRAY BEACH, FL 33444.

FOR LEASES

16. UNIT OWNERS MAY NOT, DURING THE FIRST TWO (2) YEARS OF OWNERSHIP LEASE THE APARTMENT. ONLY ONE (1) RENTAL IN A TWELVE MONTH PERIOD.
17. **NO LEASE WILL BE ACCEPTED IF OWNER ID DELINQUENT.**
18. A CERTIFICATE OF USE, AS REQUIRED BY THE CITY OF LAUDERHILL FOR ALL LANDLORDS
19. PROOF OF INSURANCE FOR THE INTERIOR OF THE UNIT AS RECOMMENDED BY THE STATE OF FLORIDA TO PROTECT OTHER UNITS, COMMON ELEMENTS AND INTERIOR CONTENTS.
20. **READ CAREFULLY TO BE SURE YOUR MEET ALL REQUIREMENTS BEFORE SIGNING AND SUBMITTING YOUR APPLICATION**

NOTE: NO OTHER PERSON MAY OCCUPY THE UNIT WITHOUT WRITTEN PERMISSION FROM THE OWNER AND FULL APPLICATION SUBMITTED TO THE CONDOMINIUM ASSOCIATION.

_____ _____

SIGNATURE PRINT NAME

STATEMENT OF ACKNOWLEDGMENT

I/WE, _____

HAVE READ ALL REQUIREMENTS AND BY SIGNING BELOW CONFIRM THAT I/WE MEET THE QUALIFICATIONS AND STANDARD AS SET FORTH IN THE ABOVE NUMBERED POINTS 1 -20.

_____ _____

SIGNATURE SIGNATURE

_____ _____

PRINT NAME PRINT NAME

_____ _____

DATE DATE

STAMP DATE RECEIVED

PLEASE PRINT OR TYPE

DATE:_____ CLOSING DATE:_____

OWNER'S NAME:_____ TELEPHONE #:_____

PRESENT ADDRESS:_____ ZIP: _____

NAME OF REALTOR: _____ TELEPHONE#: _____

NAME OF PROSPECTIVE PURCHASER (AS TITLE WILL APPEAR)

a._____ b._____

OTHER PERSONS WHO WILL OCCUPY THE APARTMENT WITH YOU:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. IN MAKING THE FOREGOING APPLICATION, I REPRESENT TO THE BOARD OF DIRECTORS THAT THE PURPOSE THE PURCHASE OR LEASE OF AN APARTMENT AT MANORS OF INVERRARY IS AS FOLLOWS:

PLEASE CHECK ONE

PERMANENT RESIDENCE _____ SEASONAL RESIDENCE _____ OTHER_____

B. I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO MAY USE THE APARTMENT WHICH I SEEK TO PURCHASE OR LEASE THAT I WILL ABIDE BY ALL THE RESTRICTIONS, CONDOMINIUM DOCUMENTS, AND RESTRICTIONS CONTAINED IN THE BY-LAWS, RULES AND REGULATIONS, CONDOMINIUM DOCUMENTS, AND RESTRICTIONS WHICH ARE OR MAY IN THE FUTURE BE IMPOSED BY MANORS OF INVERRARY.

C. I HAVE RECEIVED A COPY OF ALL CONDOMINIUM DOCUMENTS AND RULES AND REGULATIONS: YES_____ NO_____

D. AFTER APPLICATION IS ACCEPTED, I MUST PROVIDE A COPY OF THE CLOSING STATEMENT AND A COPY OF THE RECORDED DEED WITHIN TEN (10) DAYS AFTER CLOSING.

E. I UNDERSTAND THAT THE ACCEPTANCE FOR PURCHASE OR LEASE OF AN APARTMENT AT THE MANORS OF INVERRARY IS CONDITIONED UPON TRUTH AND ACCURACY OF THIS APPLICATION AND APPROVAL OF THE BOARD OF DIRECTORS. OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED. ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN THE AUTOMATIC REJECTION OF THE APPLICATION.

F. I UNDERSTAND THAT THE BOARD OF DIRECTORS OF THE MANORS OF INVERRARY MAY CAUSE TO BE INSTITUTED SUCH AN INVESTIGATION OF MY BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I SPECIFICALLY AUTHORIZE THE BOARD OF DIRECTORS OR THEIR AGENT TO MAKE SUCH INVESTIGATION AND AGREE THAT THE INFORMATION CONTAINED IN THIS AND THE ATTACHED APPLICATION MAY BE USED IN SUCH INVESTIGATION, AND THAT THE BOARD OF DIRECTORS AND THE ASSOCIATION SHALL BE HELD HARMLESS FROM ANY ACTION.

APPLICANT (S) MOST BANKS, FINANCIAL INSTITUTIONS, MORTGAGE COMPANIES AND EMPLOYEES REQUIRE YOUR SIGNATURE AND NAME PRINTED. MAKE SURE THIS AUTHORIZATION FORM IS COMPLETE AS INDICATED.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND EMPLOYMENT INFORMATION.

I HAVE NAMED YOU AS A REFERENCE ON MY APPLICATION FOR RESIDENCY.

YOU ARE HEREBY AUTHORIZED TO RELEASE AND GIVE TO THE BELOW MENTIONED PARTY (S) OR THEIR ATTORNEY OR REPRESENTATIVE, ANY AND ALL INFORMATION THEY REQUEST CONCERNING MY BANKING, CREDIT, RESIDENCE AND EMPLOYMENT IN REFERENCE WITH MY/OUR APPLICATION MADE FOR RESIDENCY.

DESIGNATED PARTY

I HEREBY WAIVE ANY PRIVILEGES I MAY HAVE WITH RESPECT TO THE SAID INFORMATION IN REFERENCE TO ITS RELEASE TO THE AFORESAID PARTY (S).

PHOTOCOPIES OF THIS AUTHORIZATION MAY BE MADE TO FACILITATE MULTIPLE INQUIRIES. IN THE EVENT YOU DO NOT RECEIVE A PHOTOCOPY OF THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE REQUESTED INFORMATION SHOULD BE RELEASED TO FACILITATE MY/OUR APPLICATION FOR RESIDENCY.

_____ _____

(APPLICANT SIGNATURE) (APPLICANT'S NAME PRINTED)

_____ _____

(SPOUSE'S SIGNATURE) (SPOUSES NAME PRINTED)

_____

DATE

APPLICATION FOR OCCUPANCY

****ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY TO BE PROCESSED.****

_____ **MANORS XI** _____

DATE UNIT#

CHECK ONE: LEASE ☐ PURCHASE ☐ RENEWAL LEASE ☐

DATE OF OCCUPANCY _____

NAME_____ SPOUSES NAME_____

SOCIAL SECURITY #_____ DATE OF BIRTH_____

DAYTIME PHONE:_____ MOBILE PHONE _____

SINGLE ☐ MARRIED ☐ OTHER ☐

NAMES AND AGES OF CHILDREN OCCUPYING _____

_____

IN CASE OF EMERGENCY NOTIFY_____

PLEASE PRINT **PART I – RESIDENT HISTORY**

A. PRESENT ADDRESS_____PHONE_____

APT. OR CONDO NAME_____PHONE_____

TERM OF RESIDENCY_____

LANDLORD OR MORTGAGE_____

ADDRESS_____

B. PREVIOUS ADDRESS_____PHONE_____

APT. OR CONDO NAME_____PHONE_____

TERM OF RESIDENCY_____

LANDLORD OR MORTGAGE_____

ADDRESS_____

PART II – BANK HISTORY

A. BANK
REFERENCE_____PHONE_____

HOW LONG_____ACCOUNT #_____☐CK ☐SV

B. BANK
REFERENCE_____PHONE_____

HOW LONG_____ACCOUNT #_____☐CK ☐SV

PART III – EMPLOYMENT

A. EMPLOYED BY_____ PHONE_____

HOW LONG_____ DEPT. / POSITION _____

ADDRESS_____

MONTHLY INCOME_____

SPOUSE'SEMPLOYMENT_____ PHONE_____

HOW LONG_____ DEPT. / POSITION _____

ADDRESS_____

MONTHLY INCOME_____

PART IV – CHARACTER REFERENCES

1. NAME_____ PHONE_____

ADDRESS_____

2. NAME_____ PHONE_____

ADDRESS_____

3. NAME_____ PHONE_____

ADDRESS_____

NUMBER OF CARS (TO BE PARKED)_____DRIVER'S LIC. #_____ST_____

MAKE_____MODEL_____YEAR_____PLATE#_____ST_____

MAKE_____MODEL_____YEAR_____PLATE#_____ST_____

IN MAKING THE FOREGOING APPLICATION, I AM AWARE THE DECISION OF THE MANORS OF INVERRARY WILL BE FINAL AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS.

SIGNATURE OF APPLICANT_____

SIGNATURE OF APPLICANT_____

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____DAY OF_____20_____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

MAINTENANCE ASSESSMENTS

OUR MAINTENANCE ASSESSMENTS ARE **DUE QUARTERLY ON THE FIRST OF THE MONTH** AND **CONSIDERED LATE ON THE 10TH OF SAME MONTH**.

DUE MONTHS ARE:

JANUARY 1ST
APRIL 1ST
JULY 1ST
OCTOBER 1ST

THE MAINTENANCE ASSESSMENT FOR

MANORS BUILDING XI UNIT_____ IS $_____

THE ASSOCIATION DOES NOT COLLECT THIS FIGURE ON A MONTHLY BASIS…THE QUARTERLY FIGURE CHANGES FOR THE YEAR IN JANUARY.

BUYER SIGN _____

PRINT NAME _____

DATE _____

AFFIDAVIT OF TENANT AND LANDLORD

THE AFFIANT HAS REVIEWED THE DECLARATION OF CONDOMINIUM AND THE RULES AND REGULATIONS OF THE MANORS OF INVERRARY BUILDING XI CONDOMINIUM ASSOCIATION. INC. AND HEREBY AGREE TO BE BOUND BY THE CONTENT THEREOF. FURTHER, AFFIANT AFFIRMS THAT HE/SHE/THEY SHALL SHALL PERFORM AND ENFORCE THE TERMS OF THE ***LEASE AND THE ASSOCIATION'S COVENANTS*** BY & BETWEEN AFFIANT AND THE

(LANDLORD)_____

FOR THE LEASE OF BLDG. XI UNIT _____ ATTACHED HERETO AND MADE A PART THEREOF, INCLUDING BUT NOT LIMITED TO THE TERM OF OCCUPANCY SET FORTH THEREIN.

_____
TENANT SIGN

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____

20____.

_____
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES

LANDLORD SIGN_____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____

20____.

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES

THIS FORM IS FOR RENTALS ONLY. NO RENTAL IS ALLOWED FOR THE FIRST TWO YEARS OF OWNERSHIP.

POINTE **M**ANAGEMENT **G**ROUP, INC.
1100 SW 10 STREET SUITE B
DELRAY BEACH, FLORIDA 33444
(561) 274-3031 BOCA / DELRAY
TOLL FREE 1-800-535-6730
FAX (561) 274-3065

MILITARY SERVICE MEMBER

Are you a member of the United States Armed Forces on active duty and or member of the Florida National guard and /or United States Reserve Forces?

Please check appropriate answer below.

_____ YES _____ NO

** PLEASE NOTE THAT IF THIS QUESTION IS LEFT UNANSWERED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE**

POINTE MANAGEMENT GROUP, INC.
1100 SOUTHWEST 10TH STREET, SUITE B
DELRAY BEACH, FLORIDA 33444

CREDIT REPORT/CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

PLEASE PRINT

ALL UNMARRIED APPLICANTS MUST FILL OUT SEPARATE FORMS

APPLICANT: _____

Last First Middle

APPLICANT SOCIAL SECURITY NUMBER: _____-_____-_____

APPLICANT BIRTH DATE: MONTH _____ DAY _____ YEAR _____

SPOUSE: _____

Last First Middle

SPOUSE SOCIAL SECURITY NUMBER: _____-_____-_____

SPOUSE BIRTH DATE: MONTH _____ DAY _____ YEAR _____

PHONE: _____

PRESENT ADDRESS:

_____

Number Street Apt Number

CITY: _____ STATE:_____ ZIP CODE: _____

FORMER ADDRESS:

_____

Number Street Apt Number

CITY: _____ STATE:_____ ZIP CODE: _____

I AUTHORIZE POINTE MANAGEMENT GROUP, INC. TO ORDER MY CREDIT REPORT/BACKGROUND CHECK INFORMATION

APPLICANTS SIGNATURE: _____ DATE: _____

SPOUSES SIGNATURE:_____ DATE: _____

MDU BULK SUBSCRIBER INFORMATION FORM

A CREDIT/DEBIT CARD IN THE APPLICANTS NAME IS REQUIRED WHEN ORDERING DIRECTV SERVICES

Just-Dish-It

SATELLITE SYSTEM OPERATOR

TEL: 954-704-2403 **CONTACT NAME : RICARDO BROWN**

PLEASE COMPLETE THE FORM BELOW AND FAX TO 954-573-6452 OR EMAIL TO INFO@JUSTDISHIT.COM

RESIDENTS FIRST NAME | M.I. | LAST NAME

4174 | INVERRARY DRIVE | UNIT #

SERVICE ADDRESS | STREET NAME

LAUDERHILL | FL | 33319 | BROWARD

CITY | STATE | ZIPCODE | COUNTY

SUBSCRIBER PHONE #(MANDATORY) | SUBSCRIBER BUSINESS PHONE #

BILLING ADDRESS IF DIFFERENT THAN ABOVE ☐ CHECK IF SAME AS ABOVE

ALTERNATE BILLING FIRST NAME | M.I. | LAST NAME

ALTERNATE BILLING SERVICE STREET ADDRESS | STREET NAME | UNIT #

CITY | STATE | ZIPCODE | COUNTY

CONDOMINIUM XI OF THE MANORS OF INVERRARY

TV SERVICE INCLUDES 1 STANDARD DIGITAL RECEIVER(THIS RECEIVER IS NOT A HIGH DEFINITION RECEIVER) AND THE DIRECTV ® ENTERTAINMENT™ PACKAGE (140 CHANNELS PLUS YOUR LOCAL CHANNELS).

FOR ADDITIONAL SERVICES SEE THE PRICING BELOW OR VISIT DIRECTV.COM - ALL PRICING SUBJECT TO CHANGE AT ANY TIME

ACTIVATION FEE OF $ 89.00 REQUIRED AT TIME OF INSTALLATION

A CREDIT CARD IN THE APPLICANTS NAME IS REQUIRED WHEN ORDERING ADDITIONAL DIRECTV SERVICES ABOVE AND BEYOND WHAT THE ASSOCIATION OFFERS

HOW MANY ADDITIONAL OUTLETS?	0	1	2	3	EACH ADDITIONAL STANDARD RECEIVER $ 7.00 X MONTH (CIRCLE)	PREFERRED INSTALLATION DATE/ TIME									
						M	T	W	T	F	AM	PM	9-12	12-3	OTHER

HD SERVICE REQUIRES ONE YEAR AGREEMENT	yes / no	$ 10.00 X MONTH	ONE HD OR DVR RECEIVER INCLUDED WHEN ORDERED AT TIME OF INITIAL INSTALLATION	FIRST ADDITIONAL HD RECEIVER $ 49.00 PLUS TAX
DVR SERVICE REQUIRES ONE YEAR AGREEMENT	yes / no	$ 10.00 X MONTH		ADDITIONAL HD RECEIVERS AFTER 2ND $ 99.00 PLUS TAX
HD-DVR SERVICE REQUIRES ONE YEAR AGREEMENT	yes / no	$ 20.00 X MONTH	ONE HD- DVR RECEIVER INCLUDED WHEN ORDERED AT TIME OF INITIAL INSTALLATION	ADDITIONAL HD-DVR RECEIVERS $ 199.00 PLUS TAX/ FOURTH STD RECEIVER $ 69.00

	UPGRADE TO THE CHOICE™ PACKAGE (150 CHANNELS PLUS YOUR LOCAL CHANNELS) FOR $ 21.99 PER MONTH
	UPGRADE TO THE XTRA™ PACKAGE (205 CHANNELS PLUS YOUR LOCAL CHANNELS) FOR $ 34.99
	UPGRADE TO THE ULTIMATE™ PACKAGE (225 CHANNELS PLUS YOUR LOCAL CHANNELS) FOR $ 46.99 PER MONTH
	AFTER INITIAL INSTALLATION A SERVICE CALL CHARGE OF $ 85.00 WILL APPLY FOR ANY ADDITIONAL REQUEST
	THE ABOVE RESIDENT IS APPROVED TO BE INSTALLED AT THE ABOVE ADDRESS BY PROPERTY MANAGER BELOW

Property Manager Signature _____ **DATE** _____

Welcome to the Manors of Inverrary!

Upon receipt of an approval letter from your respective Association, all persons listed on the approval letter now have the opportunity to obtain an entry Barcode, Manors ID Card and Proximity Card. Below is an overview of the items required in order to obtain these amenities here at the Manors of Inverrary.

Front Gate Entry Barcode

No commercial vehicles allowed

1. A VALID vehicle registration with the approved occupants name listed as the registered driver
2. A valid driver license
3. $5.00 (CASH ONLY)

Manors Club ID Card

REQUIRED for entry to the Tennis Center pool, Lake Center pool & gym
REQUIRED to reserve the Lake Center Pool Deck or the Tennis Center Event Hall
REQUIRED for use of the basketball court

1. A government issued identification (i.e. driver license, state identification card, passport, etc.)
   OR
   A student identification card (if under the age of 18)
2. $5.00 (CASH ONLY)

Proximity Card

REQUIRED for entry to the Tennis Center pool, Lake Center pool & gym
REQUIRED to reserve the Lake Center Pool Deck or the Tennis Center Event Hall

1. A asigned Proximity Card application to be filled out by the Owner with the appropriate sections completed
2. A government issued identification (i.e. driver license, state identification card, passport, etc.)
3. $10.00 for the first issued card (CASH ONLY)
   $25.00 for any additional card issued thereafter (CASH ONLY)

The Manors Club Management Office is open Monday through Friday between the hours of 8:00am and 4:30pm to accommodate your purchase of the above mentioned items.

If you have any questions, please feel free to contact us at (954) 485-2115

Thank you!
Manors Club Management

MANORS CLUB INC., MASTER ASSOCIATION
RECREATIONAL I.D. PASS REGISTRATION FORM

PRINT OWNER NAME(S):_____

Please be certain that you have the Rules attached to this form concerning the issuance of the proximity card.

THIS FORM MUST BE COMPLETED IN FULL BEFORE YOUR APPLICATION IS PROCESSED. IF NAME IS NOT ON OWNER AND TENANT LISTING HELD BY MANAGEMENT COMPANY, FORMS MUST BE SIGNED BY THE PRESIDENT OT DESIGNATED OFFICER OF THE BOARD.

_____ I own this unit and am a resident (Please complete Part B of this form).

_____ I rent this unit to another person(s) and do not live on the premises. **If you select this option, please complete Part A regarding "Waiver Of Rights Of Use Of The Recreational Facilities" and submit with a copy of the lease.**

PART A
WAIVER

I, (We) owner(s) of _____, Lauderhill, Florida 33319 do hereby WAIVE the rights of use of the recreational facilities in favor of my (our) tenants living in my (our) unit. **Owner: Please complete lower portion of form on behalf of tenant.**

Term of Lease from:_____ to:_____

Date:_____ Signature(s):_____

Home Phone no.:_____ Work Phone no.:_____

PART B
NON-WAIVER

I, (We) owner(s) of _____, Lauderhill, Florida 33319 DO NOT WAIVE the rights of use of the recreational facilities and request a proximity card for myself (us).

Date:_____ Signature(s):_____

Home Phone no.:_____ Work Phone no.:_____

(Please print all names clearly)

1. _____ ID# _____ DOB _____

2. _____ ID# _____ DOB _____

3. _____ ID# _____ DOB _____

********** FOR OFFICE USE ONLY **********

APPROVED:

BY:_____

DATE:_____

PAYMENT RECEIVED: $_____

MANORS CLUB INC., MASTER ASSOCIATION
RECREATIONAL I.D. PASS REGISTRATION

1. All owners in the Manors Club Inc. are required to complete an application for proximity cards.

    a. Proximity cards are required of all eligible residents for entry into the Lake Center (Clubhouse).

    b. Renters will be issued a proximity card after the owner waives, each year in writing on the application, his/her rights to use the facilities.

    c. If an owner sells or rents his/her unit and moves from the property, his/her card becomes obsolete and he/she must surrender it to the Management Office. New cards to subsequent renters will not be delayed if this requirement is fulfilled.

2. There is a charge of $10 for the first proximity card that's issued to owners. A second or replacement card will issued at a charge of $25 per card.

3. Proximity cards MAY BE updated each year. Cards should NOT be destroyed unless directed by the Board.

4. A proximity card must be presented each time an owner/tenant uses or rents the Clubhouse. Owner/Tenant pass holders must accompany all guests at all times during their use of the facilities. Children under (18) eighteen ears of age must be accompanied by a qualified adult or they will be denied entry.

5. Proximity cards will be confiscated if behavior is not acceptable when using the facilities.

6. Application must be checked and if owner's or tenant's name does not appear on owner/tenant listing then this application must be approved by the Management of your Association (building specific).

7. RETURN COMPLETED APPLICATION TO THE MANAGEMENT COMPANY PROMPTLY!!!!!

INDEMNITY AGREEMENT

The undersigned hereby agrees to hold harmless and indemnify the MANORS CLUB ASSOCIATION, EMPLOYEES AND MEMBERS from any responsibility and liability for any Acts or omissions in the operation of any of the recreational facilities owned or leased by MANORS CLUB INC., for the undersigned, his family, guests, invitees, or friends. Use of said facilities used "AT THEIR OWN RISK".

SIGNATURE OF PROXIMITY CARD HOLDER:_____

PRINT NAME:_____

DATE:_____

LIMITED ACCESS POOL, FITNESS CENTER & SOCIAL ROOM
INDEMNIFICATION/HOLD HAMRLESS RELEASE FORM

WHEREAS, Owner(s) currently reside at Manors Club Inc., and said home is part of the Association and is subject to the Association's Declarations, By-laws, Rules & Regulations and

WHEREAS, under the Association's Declaration, unit owners are responsible for the acts or omissions of their minors, tenants, guests, invitees, or family members present on the property, and

WHEREAS, Association Owner(s) desire to enter and to use facilities including but not limited to the exercise facilities, pool, social rooms and all related facilities thereto (hereinafter referred to as the "Facilities" and

WHEREAS, OWNER(S) HAVE BEEN GIVEN A PROXIMITY CARD TO ENTER AND TO USE THE FACILITIES, AND

WHEREAS, the UNDERSIGNED as Owner(s) for myself, minors, tenants, guests, invitees, or family members present on the property do hereby request permission to enter and to use the Facilities including but not limited to the exercise facilities and social rooms and all related facilities appurtenant thereto (hereinafter referred to as the "Premises", located within MANORS CLUB INC., MASTER ASSOCIATION, State of Florida and to participate in the programs and activities at said Premises at ASSOCIATION, and

WHEREAS, the undersigned as Owner(s) have inspected the Premises and accept the known and inherent risks and dangers involved in using such Premises, and in participating in the programs and activities and that unanticipated and unexpected dangers, as well as anticipated and expected dangers, may rise during such activities, further assume all risks of injury to owner(s), minors, tenants, guests, invitees, or family members present at the property, including death, which may result in connection with the Facilities and activities which may occur.

SIGNATURE OF PROXIMITY CARD HOLDER:_____

PRINT NAME:_____

DATE:_____