



PROPERTY TRANSFER APPLICATION

CENTURY VILLAGE EAST

DEERFIELD BEACH, FLORIDA

For every sale, rental, or other type of transfer of an interest in a CVE condo, whether done privately or with a realtor, this application must be submitted and approved by the applicant's building association. (In what follows the word "applicant" includes applicants, if more than one, and the word "purchaser" includes a tenant.) Every individual seeking to reside in Century Village East must submit a separate application (e.g., two applications per couple).

The application provides applicant background material, including criminal and financial information. A background investigation, which may take up to 30 days, will be initiated by the management company of the building association, who will charge a fee per application. This completed application should be dropped off or mailed to the building association's management company. In addition to this form, the completed application must include:

- A copy of a form of photo identification
- A copy of the sale, rental, or other type of transfer agreement
- Resident Emergency Information form

Submission of an application shall be taken as consent by the applicant for the management company to obtain a consumer credit report and conduct a background investigation. A resident renewing an existing annual lease will be issued a new ID without the need to reapply upon request with a signed letter by the Building Association President.

After application processing, the building association may require a supplemental application and an interview with applicant. The building will be provided with three copies of a Certificate of Approval Form to be completed by the building President.

All three copies of the Certificate of Approval Form are to be completed, signed, and sealed by the building President. Signing of the forms this way is an indication that the building association has approved the sale, rental, or other type of transfer.

One copy of the Certificate of Approval Form is to be retained by the building President and recorded on the Public Records. When the two remaining copies are returned to the CenClub ID Office in person or mailed via a provided envelope, a CVE ID may be issued to the applicant.

APPLICANT QUESTIONNAIRE

BUILDING: [REDACTED]

UNIT NUMBER: [REDACTED]

NOTE: THE FOLLOWING QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. NO INFORMATION SHOULD BE WITHHELD. APPROVAL OF THE PURCHASE/RENTAL/OCCUPANCY WILL BE DETERMINED IN PART ON THE BASIS OF YOUR REPLIES TO THE QUESTIONS. ANY FALSIFICATION, DECEPTION, OR WITHHOLDING OF PERTINENT INFORMATION, OR MISLEADING ANSWERS, WILL JUSTIFY DISAPPROVAL.

1. If any of the prospective owner(s) and/or occupant(s) own any other real property in Century Village East, Deerfield Beach, please list the applicable address(es) below.

BUILDING	UNIT
(1) [REDACTED]	[REDACTED]
(2) [REDACTED]	[REDACTED]
(3) [REDACTED]	[REDACTED]

2. If any of the units listed above are rented or leased by a tenant or tenants, please circle all that apply. (1) (2) (3)

3. Please indicate your annual household income in USD: \$ [REDACTED]

4. By signing this application, I agree to abide by the rules and regulations of the building association, CVE Master Management Company, Inc., CenClub Recreation Management, Inc.

5. If purchasing a unit, then I agree to abide by the following:

- a. Any applicable Building Association management agreement and any applicable CVE Master Management Company, Inc. agreement
- b. The recorded Declaration of Condominium and Bylaws and any amendments thereto
- c. Membership in CenClub Recreation Management, Inc.

PLEASE INCLUDE:

- A COPY OF A FORM OF PHOTO IDENTIFICATION

- A COPY OF THE SALE, RENTAL, OR OTHER TYPE OF PROPERTY TRANSFER AGREEMENT.

6. Do you have a service animal or emotional support animal? ☒ YES (additional form required)
☐ NO

Applicant's Initials:

[REDACTED]

REQUIRED APPLICANT INFORMATION

BUILDING: UNIT NUMBER:

NAME OF PURCHASER / RENTER / OCCUPANT:

SSN:

DATE OF BIRTH (MM/DD/YYYY): / /

UNIT OCCUPANCY (SELECT ONE): SEASONAL ☐ ANNUAL ☐

CURRENT ADDRESS:

CITY: STATE: ZIP:

EMAIL(S):

PRIMARY PHONE: MOBILE PHONE:

NAME(S) AND AGE(S) OF ALL OCCUPANT(S):

(1) AGE:

(2) AGE:

(3) AGE:

Have you or any of the above occupants ever been convicted of a felony? YES ☐ NO ☐

If yes, please identify convicted occupant(s) and describe details of conviction(s):

Have you or any of the above occupants ever served time in prison? YES ☐ NO ☐

If yes, please identify occupant(s) involved and describe details of offense(s):

Please list (if any) occupants who are currently on parole:

Please list (if any) occupants who are currently on probation:

Applicant's Initials:

BUILDING:

UNIT NUMBER:

By submitting this Application, I verify that I have read and accept the above Terms and Conditions, that the statements I provided are true and correct, and I agree to be screened after payment of the application fee.

NOTARIZATION

ACKNOWLEDGMENT BY INDIVIDUAL:

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me this day of of 20 by , who is personally known to me or who has produced as identification.

APPLICANT SIGNATURE

NOTARY NAME

SERIAL NUMBER

SEAL

Endorsement to be certified by Building Association's service management company ONLY:

 CRIMINAL AND FINANCIAL BACKGROUND CHECK WAS PERFORMED BY SERVICE MANAGEMENT COMPANY

NAME OF SERVICE MANAGEMENT COMPANY:

Print Name

Signature

Date



RESIDENT EMERGENCY INFORMATION

CENTURY VILLAGE EAST

DEERFIELD BEACH, FLORIDA

A copy of this form will be issued to your building president, as well as being retained in the CenClub database. This information will be kept confidential and will be used only to assist you during emergency situations. A separate form is required for each resident.

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

/ /

Century Village Address:

Building:

Letter:

Number:

Emergency Contacts:

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

Please check all that apply:

☐ Hearing Impaired

☐ Diabetic

☐ Visually Impaired

☐ Do you require the use of a mobility device (walker, wheelchair, scooter, etc.)?

Please describe other important medical information below:

Do you require a service animal or emotional support animal?

Yes:

No:

If yes, please describe the specific action(s) the service animal or emotional support animal is trained to provide:

Except for service animals and support animals, no dogs or other animals are allowed on Recreation Property. Service and support animals are subject to exclusion or removal per Florida Statutes Section 413.08. Service and support animals that are specifically trained to aid disabled persons are welcome. By registering the information of the service or support animal, an appropriate symbol will be displayed on your CVE I.D., and the animal will be issued an I.D.

Print Name:

Signature:

Date:

Purchase / Rental / Occupant Application

complete all questions. If any questions is not answered or left blank, this application may be returned, no processed, and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Purchase/ Rental Unit

Property Address _____

Purchase ☐ Lease ☐ Rent Amount _____

Monthly

Close Date / Move in Date _____

Application Information

First Name _____ Middle _____ Last _____

Social Security Number _____ Date of

Birth(____ / ____ / ____)

Driver's License Number _____ State Issued _____

Passport Number _____ Country _____

Telephone Number _____ E-mail _____

Full Time Resident Yes ☐ No ☐

Co-Applicant Information

First Name _____ Middle _____ Last Name _____

Social Security Number _____ Date of Birth(____ / ____ / ____)

Drive's License Number _____ State Issued _____

Passport Number _____ Country _____

Telephone Number _____ E-mail _____

Full Time Resident Yes ☐ No ☐

Current Resident

Address _____

City _____ State/Zip _____ Country _____

How long at this address _____ Own ☐ Rent ☐

Landlord's Name _____ Telephone Number _____

Employment History

Applicant's Employer Name _____ How
Long _____

Address _____ State/Zip _____

Occupation/Position _____

Telephone Number _____ Salary Including Commissions _____

Co-Applicant's Employment Name _____ How
Long _____

Address _____ State/Zip _____

Occupation/Position _____

Telephone Number _____ Salary Including Commission _____

Financial History

Bank Name _____ Address _____

City _____ State/Zip _____ Country _____

Telephone Number _____ Contact Name _____

Have you or co-applicant ever filed for bankruptcy? ☐ Yes ☐ No If so, When _____

Have you or the co-applicant ever been evicted from any tenancy? Yes ☐ No ☐
If so, please explain _____

Monthly Income _____

Other Income _____

CENTURY VILLAGE EAST **APPLICATION PROCEDURE**

Once the application is completed, the applicants' representative must return the application to East Coast along with one (1) \$100.00 U.S. funds checks, made payable to EAST COAST MAINTENANCE & MANAGEMENT for an investigation fee.

Upon receipt of application, East Coast will verify that the application is complete and not until then will East Coast start the process. Please include a copy of the lease or the sale contract.

East coast will perform a criminal/financial background check and submit it to the prospective board member of the building. The Board will contact the buyer/lessee and schedule an interview if required.

PLEASE ALLOW 30 DAYS for the application investigation process to be completed if the application is incomplete, it will be return to the submitted.

Please submit a copy of your Purchase & Sale Agreement or Lease, also a copy of your Driver's license with the application.

Once the Board approves the application, the Association seal **must** be applied to all copies of the Certificate of Approval along with the board signature.

East Coast can notarize for your convenience.

Any questions, please contact East Coast at (954)428-7015.

Thank you.

Unit # _____

INTERROGATORIES TO BE ANSWERED BY PROSPECTIVE PURCHASER(S) LESSEE(S)

NOTE: The following questions must be answered truthfully and completely. No information should be withheld. Approval of the purchase/rental will be determined in part on the basis of your replies to the questions. Any falsification, deception, or withholding of pertinent information or misleading answered will justify disapproval.

1. Q: What is / are your full name(s) and present address(es)?

A:

2. Q: Are the foregoing the same person(s) named in the original purchase/rental application? If no, please Explain.

A:

3. Q: Will you be a permanent and full-time resident and occupant of the condo you seek to

Purchase/rent? If no, please explain.

A

4. Q Do you own any other real property (i.e, house condominium, etc.) in Florida or elsewhere? If so, please list the location and state whether you presently reside in any of these location.

A:

5.Q: Do you lease or rent any of these properties to others? Yes____ No____

6.Are you aware that under our amended documents, the rental of units as a business or for the investment is prohibited expect in case of undue hardship or difficulty, and that the units are supposed to be as places of residence? Yes____ No____

7. Are you aware that Article 9.1 Residential Use reads as follows: 'Each unit is hereby to Residential use as a single-family residence by the owner(s) thereof, Their immediate families, guest, and in vestees.'? Yes____No____

8. Are you aware of the restrictions contained in the Amendments, etc., requiring occupancy by at least one(1) person fifty-five(55) years or older voluntarily vacate the unit: occupancy under the age of fifty-five(55) years residing in the unit will not be permitted to remain? Yes____No____

9. Are you aware that Article 12.1 (b) Lease reads as follows: "No unit owner may dispose of an Unit or any interest in an unit by lease or allow the occupancy thereof without approval of the lessee or occupancy by the association. No lease may be for less than three-months consecutive period, But only one (1) such lease may be made within any 12-month consecutive period, nor shall any transient accommodations be provided. Leasing of units as a regular practice for business, investment, speculative or such purpose is prohibited." Yes____ No____

10. Do you agree that, if approved, you will obey and comply our condominium documents, including the declaration of condominium, the by-laws, and the articles of incorporation, as amended, which require, regulate and control the use of and conduct in the condominium property? Yes____ No____

11. Are you aware that, in view of the foregoing amendments, many, if not most, of our associations have been prohibiting leasing or renting of units, and have refused approval of any purchaser who intends to use the unit for such purposes, except in special situations to avoid undue hardship or difficulty? Yes____ No____

12. If you plan to have anyone occupy your condo in your absence, are you aware of resolutions adopted by most board of directors, which require the consent of the board, except in the case of specified, close family members? Yes____ No____

13. Q: Do you have any children? If so, set forth their names, ages, and addresses.

A.

14. Are you aware that our documents prohibit the permanent residence of any children under the age of eighteen(18) years in a unit, through they may vist for no more than two(2) consecutive weeks, with a

total of not more than thirty(30) days in a year? Yes____ No____

15. Q: How many persons will reside in the unit permanently? Three(3) adults may reside in a one-bedroom unit and four(4) adults in a two-bedroom unit.

A.

16. Are you aware of the fact that the approval, if given, is based upon reliance of the truth of the statements made herein, with respect to the occupancy and purposed use of the unit? Yes____ No____

17. Are you aware of the fact that if the unit you intend to purchase is to be occupied by a parent(s) or other relative(s), you must sign and affidavit that you waive the right to obtain an Id card or auto decal for as long as the unit is still occupied? Yes____ No____

Interrogatories to be signed by prospective PURCHASE(s) / LESSEE(s)

Date _____ Purchase's/Lessee's Signature _____

Witness: _____ Purchase's/Lessee's Signature _____

State of _____

Country of _____

On this ____ day of _____, 20____, before me personally appeared _____

_____ To me known to me to be the individual(s)
described herein and who executed the foregoing questionnaire and duly acknowledged to me
that the answers gives were true and they forth acknowledged that they executed the same.

My commission Expires: _____

Notary Public Signature

(SEAL)

EAST COAST MAINTENANCE / REF # _____

RESIDENTIAL SCREENING REQUEST

APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

JOINT APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

APPLICANT SS NO: _____ - _____ - _____ JOINT APPLICANT SS NO. _____ - _____ - _____

APPLICANT D.O.B.: _____ / _____ / _____ JOINT APPLICANT D.O.B.: _____ / _____ / _____

CURRENT ADDRESS _____

IF LESS THAN 2 YEARS
PREVIOUS ADDRESS: _____

PHONE NUMBER: () _____ - _____ () _____ - _____ () _____ - _____
(HOME) (CELL) (WORK)

Each individual must provide two(2) forms of identification. One must be a picture ID.

(Signature)

(Date)

(Signature)

(Date)

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including your information concerning character, employment history, general reputation, personal character, criminal record, education, qualifications, motor vehicle records, mode of living credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or investigative consumer report may be obtained any time during the application process or during your residence. Upon timely written request of the management, and with 5 days of the request, the name, address and phone number of reporting agency and the nature and the nature and scope of the investigate consumer report will be disclosed to you. Before any adverse action is taken, based in the whole or provided with a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you furnish Ameri Check USA with any and all background information in their possession regarding you, in order that your residence qualification may be evaluated. You also agree that a fax copy or photocopy of this authorization with you signature be accepted with the same authority as the original.

READ, ACKNOWLEDGE AND AUTHORIZED

Owner/Renter:

_____ Print Name

_____ Signature

_____ Date

Co-Owner/Co-Renter:

_____ Print Name

_____ Signature

_____ Date

Unit Owner Personal Data Sheet

In the event of emergency (either medical or to your apartment) and to carry out business, your building association officials require the following information in order to effectuate the necessary actions to take care of the problem. Please fill in all relevant fields below and return from immediately to the president. Thank you.

Please Print Clearly:

1. Unit Owners(Name on Deed): _____ Unit #: _____

Out of Town Address: Street _____ City _____

State _____ Zip _____

Local Phone:() - _____

Out of Town Home Phone:() - _____

Cell Phone: () - _____

Email: _____

2. Mailing address for All association and fee Mailings:

Street: _____ City: _____

State: _____ Zip: _____

3. Holder(s) of Duplicate Unit Keys (include relatives, cleaning services, aids, etc.)

Name: _____ Relationship: _____

Address: _____ Phone:() - _____

Name: _____ Relationship: _____

Address: _____ Phone:() - _____

Name: _____ Relationship: _____

Address: _____ Phone:() - _____

4.Next of Kin or other persons to be notified in event of emergency:

Name: _____ Relationship: _____ Email: _____

Phone:() - _____

Address: Street _____ City _____

State _____ Zip _____

Name: _____ Relationship: _____ Email: _____

Phone:() - _____

Address: Street _____ City _____

State _____ Zip _____

5. When you are away, you are responsible for having your unit checked & cared for at least once a month.

Condo Sitter Name: _____ Email: _____

Phone:() - _____

Cell Phone: () - _____

6. Condo Insurance Required by Law: (A certificate of proof may be required.)

Company: _____

Policy #: _____ Local Phone: () - _____

7.Service Company (ECM, Century, etc.): _____

Contact # _____

**CENTURY VILLAGE EAST
DEERFIELD BEACH, FLORIDA 33442
A COMMUNITY OF HOUSING FOR OLDER PERSONS**

_____ Condominium Association, Inc.

CENSUS FORM

(To be executed by each occupant(s) and owner(s) named in the Recorded Deed)

Full Name: _____
Print(Last Name) (First Name) (Middle Name)

DESIGNATION: () Owner () Occupant () Renter / Lessee

Unit Number: _____ Age: _____ D.O.B: _____

Date of Occupancy: _____

REFERENCE PROOF OF AGE: Attach photocopy of a Birth Certificate, voter Registrations, or Drivers/Operators License in this space below.

Signature: _____

Date: _____

VOTING MEMBER CERTIFICATE

Each condo is entitled to one vote. Since many of the units are owned by a corporation or more than one individual, it is necessary to designate which individual is the voting member. If your unit is owned by more than one person, designate the voting member below (to apply to the present and future votes) and then ALL unit owners should sign the form.

Condo Building: _____ Unit Number: _____

Designated Voting Member: _____

Signed by First Owner: _____

Signed by Second Owner: _____

Date: _____

Please return you completed form to:

**ECMM
410 South Military Trail
Deerfield Beach, FL 33442**

eastcoastmain@ecmm.us

EAST COAST MAINTENANCE & MANAGEMENT

410 S. MILITARY TRAIL

DEERFIELD BEACH, FL 33442

954-428-7015 eastcoastmain@ecmm.us

ELECTRONIC TRANSMISSION OF NOTICES

East Coast would like to send meeting notices via electronic transmission (email). On accordance with State Law 61B-23.0029 the owner of record on each condo must give consent in writing by signing this form. Please mail this signed form to East Coast at the above address or email the signed form to eastcoastmain@ecmm.us.

Sincerely,

East Coast Maintenance & Management

As the owner of record of my condo unit I give consent to receive meeting notices by electronic transmission (email).

Print

Print Condo Address

Signature

Date

Email Address

EC m m - Complete

QUESTION AND ANSWER SHEET

_____ CONDO ASSOCIATION, INC.

DATE: _____

1. What are voting rights in the Condominium Association?

- Unit owners are entitled to one (1) vote for each unit owner, to be cast by the designed voter. Votes are cast for Directors and officers where required by the Documents, to amend Documents, and for such matters that require The unit Owner's vote of approval.

2. What restrictions exist in the Condominium Documents on my right to use my unit?

- Owners shall be over eighteen (18) years of age.
- The Unit Owner(s) must use the unit as a single-family residence or by their immediate families, i.e. spouse, parents, children, grandparents.
- Occupancy shall be at least one (1) person 55 years of age or older.
- No more than three (3) persons shall occupy a one-bedroom unit and no more than four (4) persons shall occupy two bed-room unit.
- No person under the age of eighteen (18) may permanently reside in the unit, but such person(s) may vist for periods not to exceed two (2) consecutive weeks on anyone occasion, and thirty (30) days in any calendar year.
- there shall be no time-sharing.
- no walking pets or animals allowed. No other pets allowed without written concept of the association. No pets or animals that would created a nuisance.
- NO business or commercial use is allowed.

3. What restrictions exit in the Condominium Documents on the leasing of my unit?

- Leasing of units as a regular practice or for business, investment, speculation, or other such purposes is prohibited
- No transient accommodations shall be provided.

4. How much are my assessments to the condominium Association for my unit type and when are they due?

- \$_____ Annual Assessment payable to the ASSOCIATION on January 1st (adjusted annually)
- \$_____ Insurance premium payable to the ASSOCIATION (one Year policy)
- \$_____ Maintenance Assessments payable to EAST COAST on the first of every month

5. Do I have to be a member in any other Association? If so, what is the name of that association, and what are my voting rights in that Association? If so, how much am I obligated to pay?

- NO. However, you are subject to a Service Contract with CVE Master Management, INC under which you are obligated to pay \$_____ By the first of every month for water and sewerage, garbage and refuse disposal, road maintenance, security, lighting, transportation, etc. (adjust annually).

6. Am I required to pay rent or land-use fees for recreational or other commonly used facilities? If so, how much am I obligation to pay?

- Yes, \$_____ Is payable by the first of every month to Bay Management, Inc. This is composed of basic rent adjusted every five (5) years, and the operational rent adjusted annually.

7. Is the Condominium association or other mandatory membership association involved in court cases in which it may face liability in excess of \$100,000.00?

- No

*****THE STATEMENTS CONTAINED HEREIN MAY BE INCOMPLETE IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS FOR COMPLETE SPECIFICS.*****

Recreance Apt. # _____

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST INC

Your Building President is: _____ Apt #: _____ Phone # _____

Your Floor Captain is: _____ Apt #: _____ Phone # _____

PARTIAL LIST OF CVE RULES & REGULATION

- Two (2) Non-refundable \$100.00 US funds checks made payable to (1) the association and (1) to EAST COAST MAINTENANCE & MANAGEMENT for an investigation fee and must be paid by any applicant wishing to purchase or rent a condo unit.
- All applications for purchase or rental must complete either a purchase or a rental application. The unit owner must obtain the application form from the building association president or other association office/director. In the event of a sale, a set of sworn interrogates must be completed.
- A personal appearance/interview by application(s) before the building association: board of directors is required but may be waived.
- The association is required to keep copies of all relevant documents, which will be supplied to the seller/owner of the unit upon payment of the cost of obtaining or reproducing such documents.
- The seller MUST turn over to the buyer a copy of the Condominium Documents and all amendments enacted by the building association attached thereto, also, copies of all rules and regulations of the association must be given to the buyer; in addition, ID and card(s) must be returned to the ID Department.
- Each of the 253 building association is a separate corporate entity; most of these building association have amended their documents and no longer permit rentals. The amendments themselves will reflect other changes.
- No walking pets, or other animals or pets that create a nuisance are permitted. Residents may not cause unreasonable disturbances.
- No boards are permitted, no sub-leasing, or time-sharing is permitted.
- Nothing is to be draped over the catwalk, railing or thrown down from any catwalks for aesthetic and safety reasons.
- All empty/cartons must be collapsed and folded flat before being placed in dumpsters. Nothing is to be placed outside of the dumpsters unless arrangements have been made for the pickup or removal thereof.
- No children under the age of eight-teen(18) years of age are allowed as permanent residents.
- If the Association has adopted the amendments under the fair housing act, at least one of the permanent residents must be 55 years of age or older unless exempted by the association directors.

Occupancy limit:

- One (1) bedroom apartments maximum of three(3) adults, but only two(2) I.D. Cards.
- Two (2) bedroom apartments maximum of four (4) adults, but only three (3) I.D. Cards. Normally, one (1) or two (2) persons occupy CVE apartments. Any additional persons living in the apartment are required to make a written request to the building association board of directors. The board of directors in turn will write an approval or denial letter affixing their corporate seal thereto, in order to receive both I.D. Cards and auto decals.

Occupancy by other while owners are away is limited to the immediate family (i.e. spouse, parents, children and grandchildren) for a short time only. No other persons are permitted to occupy the Unit in the absence of the owner except written application to, and with the approval of, the association's board of directors.

Permission for occupancy must be obtained from the building association president and/or board of directors, in writing with, with the building association's corporate seal affixed thereto, before admittance to the village via the Main Gate on West Hillsboro will be permitted.

In the event title to the apartment has been placed in the name of a son, daughter, niece, etc. either alone or in conjunction with the parent/relative, such title shall be entitled the son/daughter etc. (who is not a bona fide resident of the apartment) to any I.D. Card(s) or auto decal(s). Such joint owners must sign the required affidavits to that effect.

Those residing within fifty (50) miles of Century Village East, Deerfield Beach, may obtain three (3) month gate pass upon payment of the required minium fee. Others coming from greater distance must obtain a gate pass within the time limits set forth in the condominium documents for the length of their stay.

One (1) set of apartment keys must be left with the board of directors, pursuant to the association documents.

The three (3) mandatory monthly fees are payable to

- 1.) CVE Master Management Company, INC.
- 2.) EAST COAST MAINTENANCE AND MANAGEMENT, INC
- 3.) BAY MANAGEMENT

Payments must be made before the 10th of each month, after which late charges will be assessed. Annual service contracts are offered by East Coast mechanical, Service America Inc. And other on application within each unit (i.e. refrigerator, stove, garbage, disposal, dishwasher, electrical, plumbing, etc.) providing replacement if appliance is not repairable. Replacement is not applicable to window air conditioners.

An annual assessment is made by the building associations to take care of the cost of administration and other required building maintenance. Also, the association maintains reserve funds for emergencies and capital improvements.

Each apartment has a numbered vehicle space. Owners must use the space assigned for his/her apartment and not any guest spaces,

Children are NOT permitted to ride on the Village buses or the Broward County Buses unless accompanied by an adult; they must also be accompanied by an adult when using building elevators.

Purchaser must obtained mailbox key from the seller.

I.D. Card/Guest pass is required for visitors in order to gain entrance into the CVE Clubhouse and a fee must be paid for such Guest Passes. Children under eighteen (18) Years of age are not permitted in the clubhouse under any circumstances.

For guests who will be visiting a resident for only a resident for only several house on a given day, the unit owner must call the CVE Main Gate Security Guardhouse giving the name(s) of the visitor(s), the Unit Owner(s) name(s), Apartment number, and the unit owner(s) I.D. Card number(s).

If your last name begins with the letters A through L call the main gate guard gate house at (954)421-2556

If your last name begins with the letters M through Z call the main gate guard house at (954) 481-9739

The main Clubhouse I.D. Office must obtain proper documentation in order for the Unit Owner(s) to receive valid I.D. Cards and auto decals. This is subject to the surrender of all I.D.'s by the former Owner(s) or Occupant(s).

- Should new owners have any questions or require additional information, they are requested to call the COOCVE office at (954)421-5566 or drop by the office at 350 West Drive, which are shared with CVE Master Management Company, INC. Who provides and manages all community services and shared the office jointly with COOCVE .
- Please be sure to read the enclosure. Three Mandatory Monthly Payments, which concerns your recreation, common area maintenance, and resident services payments.

NOTE: The forgoing constitute only a portion of the rules and regulations set forth in the condominium documents, building association Bylaws, and other pertinent documents.