

REALTOR RULES

1. MUST REGISTER WITH SECURITY UPON ARRIVAL.
2. MUST BE AUTHORIZED IN WRITING BY OWNER / AGENT TO HAVE ACCESS TO THE APARTMENT; AND MUST HAVE YOUR OWN ENTRY INTO THE APARTMENT.
3. ANY PROSPECTIVE BUYER MUST BE IN THE COMPANY OF AN AUTHORIZED BROKER / AGENT AT ALL TIMES.
4. NO OPEN HOUSES.
5. A MAXIMUM OF 6 PERSONS AT EACH SHOWING IS PERMITTED. (MANAGEMENT MUST APPROVE MORE THAN 6 PERSONS PRIOR TO SCHEDULED VISIT.)
6. THE “NEW OWNER APPLICATION PACKAGE” IS GENERATED WHEN THE ESTOPPEL/CLOSING PROCEDURE IS REQUESTED. BE SURE THE NEW OWNER’S NAME & STREET ADDRESS (no PO Box) IS ON THE ESTOPPEL REQUEST FOR A TIMELY RESPONSE AND TO ENSURE THE NEW OWNER HAS TIME TO COMPLETE THE APPLICATION PACKAGE & RETURN AS SOON AS POSSIBLE BEFORE CLOSING TO:

THE SHORE CLUB CONDOMINIUM ASSOCIATION Office

1901 N Ocean Blvd Fort Lauderdale, FL 33305

RENTAL APPLICATION PACKAGES may be picked up in the Management Office.

Please note: These rules are intended to preserve as much as possible the peace and tranquility of the residents. This should add to your sales presentation if used in the proper context. Thank you for your cooperation.

The Shore Club Condominium Association
1901 N Ocean Boulevard
Fort Lauderdale, FL 33305
954.561.2623

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

- Q: What are my voting rights in The Shore Club Condominium Association?
A: One (1) vote per Condominium by the designated voter representative(s). See article 2-6 of the By-Laws of the Condo Documents. Voting for Directors must be by ballot pursuant to the Condo act of 1991.
- Q: What restrictions exist in the Condominium Documents on my right to use my unit?
A: See article 18* of the Legal description of the Condo Documents. Also see the amended Rules and Regulations at the end of the Condo Documents.
- Q: What restrictions exist in the Condominium Documents on the leasing of my unit?
A: You can only lease once in any 12 months for a minimum of 12 months, see the amendments of 9/14/93, amendment to article 19.1 (B) BK21300PG0405. No unit owner may lease a unit within his/her first twelve (12) months of ownership, see amendment to article 19.1 -BK21300PG0406, of 9/14/93. Also see article 19* of the Legal description of the Condo Documents.
- Q: How much is my Maintenance to the Condominium Association for my unit and when is it due?
A: One Thousand Seven Hundred Ninety Dollars (\$1,790) per quarter, due Jan.1, April 1, July 1, and Oct. 1.
- Q: Do I have to be a member in any other association, if so, what is the name of the Association and what are my voting rights in this association? Also, how much are my assessments?
A: No
- Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?
A: No
- Q: Is the Condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$ 100,000? If so, identify each case.
A: No

Note: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS INCLUDING THE RULES AND REGULATIONS AND THE "GUIDE FOR BETTER LIVING".

~ADVISORY~

Please be advised, that for security reasons, when the sale or lease of a unit is executed all access devices will be de-programmed. It is the seller's responsibility to transfer all keys (including mailbox), access devices (including garage clickers, key fobs, medico keys) to the new owner(s).

It will be necessary for the new owner(s) or lessee(s) to contact the office in order to get these devices reactivated in their name(s). Also, please make sure that the office has the new telephone number for your unit and has a copy of your unit key for emergency purposes, should you change the locks.

If the new owner or lessee does not obtain the existing access devices from the previous owner, please be advised that there is a \$45.00 charge for garage clickers, \$100.00 charge for first medico key replacement, \$200 for second replacement, \$300 for third replacement, and a \$75.00 charge for key fobs.

Thank you.

The Association Office

THE SHORE CLUB CONDOMINIUM ASSOCIATION

MOVE -IN/MOVE -OUT AND DELIVERY POLICY

All Move-ins, Move-outs, and deliveries must be scheduled with the Management Office. Please call the Management Office at (954) 561-2623 ex: 202 to schedule.

Notice for Move-ins and Move-outs must be given at least seven (7) days prior, in order to properly schedule a reservation for the designated elevator for service. Any other deliveries must be scheduled not less than 24 hours in advance.

Access to the building by a contractor, vendor, or service person is obtained by first scheduling their arrival with the office, and providing proof of licensure, permits, insurance, etc.

Security will be available to monitor deliveries. All deliveries and workers will be scheduled through the Management Office.

Moving vehicles are permitted to park in designated areas at the west end of the building only and must not obstruct any parking areas.

**ONLY THE DESIGNATED ELEVATOR MAY BE USED FOR MOVE-INS,
MOVE-OUTS, DELIVERIES AND SERVICE.**

All work including cutting, painting, carpentry, etc. must be performed inside the unit or off the premises. The foyers, hallways, stairways, and balconies are not available as a work area.

No disposal of any packing materials is permitted on your floor or down the trash chute. Please call the Management Office for assistance with the disposal of boxes and packing materials.

Management reserves the right to ask moving or delivery personnel to leave the property and/or deny future access to ensure orderly move-ins, move-outs, and deliveries. Please contact the Management Office if you require additional assistance.

Move-in Move-out Application for Rentals and Purchase

Today's date _____

Move IN OUT (circle one) Date(s) _____

Name _____ Unit# _____ Phone _____

Contact (other than resident) _____

Name of Moving Company _____

Approval Date _____ Approved by _____

IMPORTANT INFORMATION:

1. Moves must be scheduled with Management prior to move.
2. Only one move-in or move-out is permitted per day using the same bank of elevators.
3. A \$500.00 refundable security deposit is required.
4. The security deposit and completed form must be received by management at the time of move date approval.
5. Deductions for damage will be made from security deposit.
6. Damages occurring that exceed the deposit are due and payable immediately.
7. Current resident use of elevators takes priority over move-in, move-out or deliveries.

MOVING FEES COLLECTED UPFRONT

Refundable Security Deposit Check# _____ \$500.00

Damage to walls, elevator, floor, etc. Less _____

Balance due to resident from deposit \$ _____

Balance owed by resident (if greater than \$500) \$ _____

Security Deposit balance returned:

Amount \$ _____ Date: _____ Check # _____

THE SHORE CLUB CONDOMINIUM ASSOCIATION

1901 N Ocean Blvd

Ft. Lauderdale, FL 33305

954-561-2623 ex: 202

Fax 954-561-2623

APPLICATION FOR APPROVAL OF PURCHASE OR RENTAL

1. This document and the attached application for occupancy must be completed in detail by the proposed Buyer / Lessee. If there are two or more unrelated people applying, then each person must complete an application for occupancy and both must sign where required on all pages.
2. Maintenance assessments must be current up to the time of rental or purchase.
3. If documents are not complete, they will not be processed and will be returned.

Fax, mail, or deliver items 4-12, along with deposit and fees to the SHORE CLUB Condominium Association Office allowing for fifteen (15) business days to process.

4. Return completed forms to the management office to be processed. If renting or a guest, you must also submit with 2 letters of reference showing an address and telephone number where the writer may be contacted. No relatives.
5. Please attach a non-refundable processing fee of \$100 made payable to The SHORE CLUB Condominium Association. (\$100 each if unrelated)
6. Attach a copy of the executed Sales Contract or Rental Agreement.
7. Attach a copy of photo identification, driver's license or passport preferred.
8. Refundable move-in/ move-out security Deposit of \$500.00 to be left with Association Office. This deposit will be returned to you in full when move out is completed as long as there is no damage to elevator or common elements. Otherwise the deposit will be used to cover the cost of repairs and any remaining balance will be refunded. If damage exceeds \$500.00, you are immediately responsible for additional costs.
9. When all the required documents are in order, the management office will notify the Chair of the committee who in turn will coordinate an appointment time to accommodate applicant's schedule. Occupancy prior to meeting with the committee is prohibited.
10. Rules and Regulations must be read and agreement signed and returned to the Office after meeting with Orientation Committee.
11. Pets are not allowed on the SHORE CLUB property. Attached is a pet affidavit that needs to be filled out, signed and returned.

12. No subleasing at any time. Leases are for a minimum of one year only and must be renewed after one year.
13. All move in & move outs must be scheduled with the management office in order to reserve the elevator. Only one Move in / Move out is scheduled per day.
14. No commercial vehicles, trucks, boats, trailers, motor homes, motorcycles, RV's, etc. permitted on the premises.
15. Please get all keys, key fobs, and garage clickers from previous owners or landlord (see Advisory for replacement key charges).
16. After closing, the management office will need a copy of the closing statement or warranty deed to document change of ownership.
17. Please provide management with your new telephone number upon move in and if you change your locks, please provide a new key for our emergency key lock box.

I/We have read, acknowledge and understand the terms, provisions, conditions and covenants of The SHORE CLUB documents presented to me/us.

Buyer/Lessee Signature _____

Buyer/Lessee Signature _____

Lease Term: _____ to _____ OR Closing Date _____

Realtor: _____ Phone: _____

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified. PLEASE USE BLACK INK.

THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

APPLICATION FOR OCCUPANCY

NOTE: All telephone numbers must be able to be reached between 9-5 P.M. Date _____. Please write property address as it should appear on your invoice.

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

(____) Single (____) Married (____) Separated (____) Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____

Charge(s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit – Adults (over age 18) _____

Names and ages of others who will occupy unit _____

Have any of the other occupants been convicted of a crime ____ Explain _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

(PLEASE PRINT FULL ADDRESS, INCLUDING UNIT #, CITY, STATE & ZIP CODE)

A. Present address _____ Phone _____

Apt. or Condo Name _____ Tel. # _____ Dates of Residency: From _____ to _____

Name of Landlord/Mortgage _____ Rent/Mtg. Amount _____ Phone _____

Address _____ Mortgage No. _____

B. Previous address _____

Apt. or Condo Name _____ Tel. # _____ Dates of Residency: From _____ to _____

Name of Landlord/Mortgage _____ Rent/Mtg. Amount _____ Phone _____

Address _____ Mortgage No. _____

C. Previous address _____

Apt. or Condo Name _____ Tel. # _____ Dates of Residency: From _____ to _____

Name of Landlord/Mortgage _____ Rent/Mtg. Amount _____ Phone _____

Address _____ Mortgage No. _____

PART II – EMPLOYMENT REFERENCES

A. Employed by _____ Phone _____

How long _____ Position _____ Approximate Monthly Income _____

Address _____

B. Spouse’s Employment _____ Phone _____

How long _____ Position _____ Approximate Monthly Income _____

Address _____

PART III – BANK REFERENCES

A. Bank Name _____ Acct. # _____ Phone _____ How long _____

Address _____

B. Bank Name _____ Acct. # _____ Phone _____ How long _____

Address _____

PART III – CHARACTER REFERENCES (No Family Members)

1. Name _____ Residence Phone _____ Business Phone _____

Address _____ Cell Phone _____

2. Name _____ Residence Phone _____ Business Phone _____

Address _____ Cell Phone _____

3. Name _____ Residence Phone _____ Business Phone _____

Address _____ Cell Phone _____

4. Name _____ Residence Phone _____ Business Phone _____

Address _____ Cell Phone _____

Number of Cars (Including Company Cars) _____

Driver’s License Number (Primary Applicant) _____ State _____

Driver’s License Number (Secondary Applicant) _____ State _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant’s character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant’s Signature _____ Date _____ Spouse’s Signature _____ Date _____

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below:

*****AUTHORIZATION FORM*****

You are hereby authorized to release information to **Associated Credit Reporting, Inc.** any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally- please enclose a copy of your most recent bank statement and check stub. Thank You!

Receipt of "Guide for Better Living"

State of Florida
County of Broward
City of Fort Lauderdale

Affidavit

_____ and _____ being sworn does depose and say:

That he/she is the prospective Owner / Lessee of unit _____ in the Shore Club Condominium Association, Inc located at _____ N Ocean Boulevard, Fort Lauderdale, FL 33305

That he/she has received a copy of the Shore Club Condominium Association Publication "Guide for Better Living" and has discussed the contents of the publication with the Screening Committee

<input type="checkbox"/> Owner / <input type="checkbox"/> Lessee Printed Name	<input type="checkbox"/> Owner / <input type="checkbox"/> Lessee Signature
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SWORN TO AND SUBSCRIBED BEFORE me this ___ day of _____, 200__ by _____, who is personally know to me or who has produced _____ as identification.

Type/Print Name of Notary: _____
Commission Number: _____
Commission Expires: _____

No Pet Rule

State of Florida
County of Broward
City of Fort Lauderdale

Affidavit

_____ and _____ being sworn does depose and say:

That he/she fully understands that the Shore Club Condominium is a no pet building: that he/she has no pet and will neither acquire nor bring a pet nor cause a pet to be upon the property as long as he/she is an owner/resident or resident of the Shore Club Condominium Association, Inc. located at 1901/1905/1912 N Ocean Boulevard, Fort Lauderdale, Florida 33305.

Owner Printed Name	Owner Signature
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SWORN TO AND SUBSCRIBED BEFORE me this ___ day of _____, 200__ by
_____, who is personally know to me or who has produced
_____ as identification.

Type/Print Name of Notary: _____
Commission Number: _____ Commission Expires: _____