



# Harbor Management Services, Inc.

P.O. Box 924176, Homestead, FL 33092-4176  
(305) 246-5867 Fax (305) 245-8020

PURCHASE OR LEASE

**RE: EXECUTIVE BAY CLUB CONDOMINIUM APPLICATION (Revised 6/18/2020)**

Dear Applicant,

In accordance with the Association, any prospective applicant of any residence located within the community is required to complete the application package prior to taking occupancy.

In an effort to update our records and conform to the new resident approval process, the Association requests that you include all the information requested below, do not turn in incomplete applications.

- Application package (4 pages)
- Copy of Lease / Purchase Agreement
- Copy of State ID and Social Security for every tenant or unit owner over the age of 18.
- One hundred (\$100.00) dollar application fee per married couple or applicant 18 years of age and older.
- Additional applicants fee is \$50.00 per person 18 years of age and older.
- Completed Communication form.

**If you are, a prospective owner/tenant this approval process is mandatory, failure to obtain prior approval will result in legal action to enforce rules and regulations.**

Application should be delivered to the Harbor Management offices at:

15600 SW 288 Street #406. Homestead, FL 33033. Or via email to [cbc@harbormanagement.us](mailto:cbc@harbormanagement.us)

For Board of Directors,  
Harbor Management Services, Inc.

**DO NOT WRITE FOR MANAGEMENT USE ONLY**

Paid: \_\_\_\_\_ Posted: \_\_\_\_\_ *Tops* \_\_\_\_\_ *Logs* \_\_\_\_\_ Initials: \_\_\_\_\_

TNT Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

H/O Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ # of TNT \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION

PERSONAL INFORMATION

1) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Drivers License #: \_\_\_\_\_ Social Security # \_\_\_\_\_
Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

2) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Drivers License #: \_\_\_\_\_ Social Security # \_\_\_\_\_
Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

List Other Occupant(s) For additional occupants attach a separate sheet of paper with the required information.

Table with 2 columns of occupant information. Each column has 3 rows (1-3 and 4-6) with headers: Name, Age, Relationship, SS#.

RESIDENT HISTORY

Present Address: \_\_\_\_\_
Address City State Zip Code

Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_

Prior Address: \_\_\_\_\_
Address City State Zip Code

Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_

EMPLOYMENT

1) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year [ ] Per Month [ ]

2) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year [ ] Per Month [ ]

AUTOMOBILE INFORMATION: See Association's documents pertaining to vehicle regulations.

1) Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

2) Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3) Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

4) Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ANIMAL REGISTRATION: See Association's documents pertaining to pet regulations

Pet: cat, dog, breed, etc. 1) \_\_\_\_\_ 2) \_\_\_\_\_

**OWNER(S) INFORMATION**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Address City State Zip Code*

Property Address: \_\_\_\_\_ Community: \_\_\_\_\_

**HOMEOWNER INSURANCE INFORMATION**

Homeowners Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Windstorm Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES** Give below names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize Harbor Management Services, Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Harbor Management Services, Inc., and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

This Application: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Designated Board Member*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Designated Board Member*

**Executive Bay Club Condominium Association, Inc.**

Authorization for Release of Banking, Residence  
Employment, Credit and Police Information.

**DESIGNATED PARTY: Executive Bay Club Condominium Association Inc.**  
**AND HARBOR MANAGEMENT SERVICES, INC.**

I \_\_\_\_\_ hereby authorize the release of the information to the above designated party and their Attorneys or Representatives concerning my banking, credit, residence, employment, and or criminal background in reference with my/our application for residency.

I hereby waive any privileges I may have with the respect to said information in reference to its release to the aforesaid parties.

Photocopies of this authorization may be made to facilitate multiple inquires. In the event you 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.

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse/Co Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse/Co Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Executive Bay Club, Inc.  
Communication Authorization Form**

- I authorize Executive Bay Club/Harbor Management to publish my email address in a directory to be provided to Executive Bay Club residents only:  
 YES  NO

Authorized Email address: \_\_\_\_\_

- I authorize Executive Bay Club/Harbor Management to publish my telephone number in a Directory to be provided to Executive Bay Club residents only:  
 YES  NO

Authorized Telephone number: \_\_\_\_\_

- I authorize Executive Bay Club/Harbor Management to provide correspondence regarding my individual unit via email:  
 YES  NO

Authorized Email address: \_\_\_\_\_

- I request that my information other than what is required by Florida law to be kept private.  
 YES  NO

Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**



<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## DOCKAGE/MOORING AGREEMENT

This Agreement shall be effective from the date signed by the Owner in connection with dockage/mooring of a vessel in the facilities operated by Executive Bay Club Condominium Association, Inc. ("Association"). For an in consideration of the privilege of docking or mooring a vessel at the facilities operated by the Association, Owner agrees as follows:

1. Dockage/mooring privileges extend to the following vessel:

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Vessel Owned By:

Name: \_\_\_\_\_

Unit No.: \_\_\_\_\_

2. Owner acknowledges the dockage/mooring rules and regulations, which are made a part hereof as Exhibit "A" and agrees to comply therewith and agrees to be bound thereby, including but not limited to the obligation to indemnify the Association. Owner acknowledges that the rules and regulations to which Owner is bound may be modified from time to time by the Board of Directors and Owner shall be responsible for complying with such amended rules and regulations, which shall be considered part of this Agreement, five (5) days from the mailing or delivery of such amended rules to the unit address.

3. Owner acknowledges that the violation of the rules and regulations shall render the vessel as being unauthorized and subject to towing pursuant to Section 715.07 Florida Statutes.

4. Owner acknowledges that, in addition to towing, the Association has the right to impose fines and to seek legal action for the enforcement of this Agreement and the rules and regulations, each such remedy being exclusive of any other remedy.

5. Owner agrees that, should enforcement of this Agreement or the rules and regulations become necessary, such action shall be brought in a court or competent jurisdiction in Monroe County and the prevailing party in any such action shall be entitled to collect their reasonable attorneys' fees and costs from the non-prevailing party.

6. If Owner is a long-term renter, then this Agreement must also be signed by the owner of the unit involved in the long-term rental and the unit owner agrees that

the unit owner shall be jointly and severally liable with the long-term renter in connection with the Agreements contained herein and the obligations contained in the rules and regulations.

Done this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**Owner**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

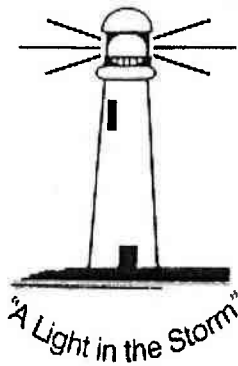
**The Executive Bay Club  
Condominium Association, Inc.**

By: \_\_\_\_\_  
Print Name/Title: \_\_\_\_\_

**Unit Owner (if Owner is a long-term renter)**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_



# Harbor Management Services, Inc.

P.O. Box 924176, Homestead, FL 33092-4176  
 (305) 246-5867 Fax (305) 245-8020

**Executive Bay Club**  
**OWNERS INFORMATION SHEET**  
 PLEASE PRINT LEGIBLY

DATE: \_\_\_\_\_

OWNER NAME(S):	
HOA ACCOUNT NUMBER:	
PROPERTY ADDRESS:	

MAILING ADDRESS:	
------------------	--

PRIMARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
SECONDARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
THIRD PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS(ES)*:		

EMERGENCY CONTACT NAME:	
RELATIONSHIP:	
EMERGENCY CONTACT PHONE#:	
EMERGENCY CONTACT ADDRESS(ES)*:	

**TENANT INFORMATION**

Term of Lease: Beginning Month/Year: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

TENANT NAME(S):	
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PRIMARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
SECONDARY PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
THIRD PHONE #:	(    )	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL ADDRESS(ES)*:		

*\*In providing an email address you are giving Harbor Management Services, Inc and its employees the authorization to communicate with you and/or your tenant through electronic mail. Email addresses will not be shared with other owners and/or any other party.*

Please take time to complete and return this by email at [frontdesk@harbormanagement.us](mailto:frontdesk@harbormanagement.us).

# BOAT INFORMATION CHECKLIST

Dock agreement \_\_\_\_\_

(completed by owner and signed)

Current Insurance Policy \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Owner Registration \_\_\_\_\_

Received Rules & Regs \_\_\_\_\_

Permit # \_\_\_\_\_

**All the above MUST BE OBTAINED BEFORE THE  
VESSEL IS ALLOWED ON THE PROPERTY**