# Lido Surf and Sand Condominiums



#### To Buyers:

Lido Surf & Sand is a residential family condominium. To make living at Lido Surf & Sand a mutually satisfying experience, the Board of Directors based on the Declaration of Condominium and the Association By-Laws, has established rules and regulations. These rules are enforceable since they form a part of the owner's original condominium contract. A copy of the current Rules and Regulations is attached.

Each proposed adult occupant, other than a parent and dependent child (which is considered one applicant) must complete the attached application and authorization forms in their entirety. If any question is not answered or left blank, the application will be returned, not processed and not approved.

- 1. Attach a copy of the sales contract to this application.
- 2. Attach a non-refundable processing fee of \$100.00 payable to Lido Surf & Sand Owners Association, Inc. Acceptance of the processing fee does not constitute approval of this transaction.
- 3. Submit the completed application at least 30 days prior to the closing date. If this application is accepted, a copy of the recorded deed must be provided to the Association within 30 days after closing.
- 4. The seller must provide the prospective purchaser with a copy of the association Documents and Rules and Regulations. If you need to purchase them from the Association, the cost is \$25.00.
- 5. Applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
- 6. Lessees or guests are not permitted pets of any kind. Owners are permitted one pet under 25 pounds per condo.
- 7. Use of this condo is for single-family residence only. No corporation, company, partnership or trust may purchase a condo.
- 8. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. are permitted.
- Only one assigned parking space is available per condo, with the exception of specified penthouse condos.
- 10. Moving of furniture is not permitted on Sundays or holidays. Hours for moving are from 8:00a.m. to 5:00p.m., Monday through Saturday. Elevators must be padded for moving.
- 11. Residents must wear a cover-up when walking through the building. Bare feet are not permitted.

I agree to abide by all of the restrictions contained in the association Documents, Rules and Regulations and any restrictions that are or may in the future be imposed by Lido Surf & Sand Owners Association, Inc. In making this application, I am aware that the decision of the Lido Surf & Sand Owners Association, Inc. will be final and no reason will be given for any action taken by the Board of Directions. I agree to be governed by the determination of the Board of Directors.

| Buyer:  |             |  |                |
|---------|-------------|--|----------------|
| UNIT #: |             |  |                |
| PRINT:  | SIGNATURE _ |  | <br>Management |
| PRINT:  | SIGNATURE _ |  |                |
| DATE    |             |  |                |

# LIDO SURF & SAND OWNERS' ASSOCIATION, INC.

1100 BEN FRANKLIN DRIVE, SARASOTA, FL 34236 Phone: (941) 388-1100 Fax: (941) 388-1036

Email: admin@lidosurfandsand.com

## APPLICATION FOR RESALE

A non-refundable fee of \$100 must accompany this application.

| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Application Date:                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Furnished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Application Date:Planned Closing Date:                                                                                                                 |
| Unfurnished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Planned Occupancy Date:                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| <b>OWNERS' ASSOCIATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on and Rules and Regulations of LIDO SURF & SAND , INC., the undersigned owner of UNIT# Association's Board of Directors to sell said unit as follows: |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| Name(s) of Owner(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
| Address of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        |
| Phone Contact of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |
| Thomas of the contract of the |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| Name(s) of Buyer(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
| Address of Buyer(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| Phone Contact of Buyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |
| Intended Use of Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Owner Occupy Full TimeRent Full Time                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Owner Occupy Part TimeRent Part Time                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | None occupy Part TimeNone Part Time                                                                                                                    |
| Occupation/Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| Previous Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |
| Children of Buyers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
| Jillaron or bayoror                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |

## LIDO SURF & SAND OWNERS' ASSOCIATION, INC.

1100 BEN FRANKLIN DRIVE, SARASOTA, FL 34236

Phone: (941) 388-1100 Fax: (941) 388-1036 Email: admin@lidosurfandsand.com

## **APPLICATION FOR RESALE**

| Purc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hase Price:                                                                 |                                                                                                       |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| **BUYER acknowledges that (he/she/they) (has, have) been furnished copies of and (has/had) read and understand the Declaration of Condominium applicable to the unit being purchased, as well as the LIDO SURF & SAND OWNERS' ASSOCIATION, INC. Rules and Regulations and BUYER undertakes to comply with requirements (including without limitation, the prohibition of any pet larger when fully grown than 25 pounds in weight and the requirements of prior written board approval of any pet.) |                                                                             |                                                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YER acknowledges (he/she/they) wi<br>esentative before approval is provided | II have a personal interview with a Board<br>I by the Board.                                          |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                                       |  |  |  |  |  |  |  |
| Signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ature of Owner                                                              | Signature of Buyer                                                                                    |  |  |  |  |  |  |  |
| Signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ature of Owner                                                              | Signature of Buyer                                                                                    |  |  |  |  |  |  |  |
| LIDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>SURF &amp; SAND OWNERS' ASSOCIATI</b>                                    | INDS OF THE BOARD OF DIRECTORS OF ION, INC. CONDOMINIUM ASSOCIATION, BEFORE ANTICIPATED CLOSING DATE. |  |  |  |  |  |  |  |
| PLEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SE RETURN THIS COMPLETED FOR                                                | M TO:                                                                                                 |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LIDO SURF & SAND OWNERS' ASS                                                | SOCIATION, INC. Condominium Association,                                                              |  |  |  |  |  |  |  |
| Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1100 Ben Franklin Drive, Ste. 201                                           |                                                                                                       |  |  |  |  |  |  |  |

## BACKGROUND INFORMATION

| Nam             |        |          | (First)  |          |         |                                         |                                         |                                         | (Mic     | idle)                                   |             |        |                                                         | (        | Last)   |         |        |                  |                                | (Ma                   | aiden)         | <u>)                                    </u> |                     |                                                      |
|-----------------|--------|----------|----------|----------|---------|-----------------------------------------|-----------------------------------------|-----------------------------------------|----------|-----------------------------------------|-------------|--------|---------------------------------------------------------|----------|---------|---------|--------|------------------|--------------------------------|-----------------------|----------------|----------------------------------------------|---------------------|------------------------------------------------------|
| Nan             | 16:    |          | (Fil St) |          |         |                                         | T                                       | 1                                       |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          | ν.       |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| Soc             | ial Se | curit    | y Nun    | nber     | L       |                                         |                                         |                                         |          |                                         | Dat         | e of I | 3irth:                                                  | (00/0    | 0/000   | 0)      |        |                  |                                | <b>Jacob 2</b> -10110 |                | ,                                            |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| Driv            | ers'   | _icen    | se Nu    | mbe      | ri      |                                         |                                         |                                         | ·<br>    |                                         | ,           |        |                                                         |          | T       | 1       |        | (Stat            | 9)                             | T                     | 1              |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| Cur             | rent / | Addre    | ss:      |          | ·       | ·                                       | (S                                      | treet)                                  |          |                                         | (Cit        | ()     | т—                                                      | т        | T       | - (3    | State/ | Zip)             |                                | T                     | T              | T                                            | Т                   |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        | -                                                       |          | -       |         |        | -                |                                | -                     | +              | -                                            | -                   |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       | 1              |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         | <u> </u> | Ļ       |         |        | L                | 24-4-1                         |                       |                |                                              |                     |                                                      |
| Rec             | ent E  | mplo     | ymer     | t:       | (       | Emplo                                   | yer N                                   | ame)                                    |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | T           | T      | T                                                       | (Cit     | y)      | T       | T      | 1                | State)                         | T                     | T              | T                                            | T                   |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                | 1                                            |                     |                                                      |
|                 |        |          |          |          |         | <u></u>                                 |                                         |                                         | Contac   | y Dhe                                   | ne N        | umbe   | )<br>)                                                  |          | 1       |         | 1      |                  | L,,,,,,,,,,,,                  |                       |                |                                              | 1                   |                                                      |
|                 | T      | (Con     | tact N   | ame)     | T       | T                                       |                                         |                                         | Officer  | A FIRE                                  | 716 14      | T T    | Ť                                                       | T        | T       | Ī       | T      | T                |                                |                       | T              | T                                            | T                   |                                                      |
|                 |        |          |          | ,        |         |                                         |                                         |                                         |          |                                         |             |        | 1                                                       |          |         |         | -      |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        | (Title   | 1        | <u> </u> |         |                                         |                                         | L                                       |          |                                         | (Sa         | lary)  |                                                         |          | (\$     | Start I | Date 0 | 0/00)            |                                | ·                     | (Er            | nd Dat                                       | e)                  |                                                      |
|                 | -      | 7 1 1200 | £        | -        |         |                                         |                                         |                                         |          |                                         |             |        |                                                         | ]        |         |         |        |                  |                                | -                     |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| ls t            | nis yo | ur our   | rent e   | mploy    | yer?    | Yes                                     | ON                                      | io .                                    | 1        | If                                      | so, m       | ay we  | cont                                                    | act the  | em?     | Yes     | O N    | 0                |                                |                       |                |                                              |                     |                                                      |
| Edi             | catio  | en:      | T -      | (Instit  | ution/  | Scho                                    | ol Na                                   | me)                                     | Т        | T                                       | T           | T      | T                                                       | T        | T       | T       | T      | T                |                                | Г                     | T              | T                                            | T                   |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                | 1                     |                |                                              |                     |                                                      |
|                 |        | (City    | 1        | L        |         |                                         |                                         |                                         |          |                                         |             | 1      |                                                         |          | (St     | ate)    | A      | (G               | adua                           | tion E                | )ate)          |                                              |                     | <del>dansana araa araa araa araa araa araa ara</del> |
| -               | T      | T        | 1        |          | T       | T                                       | Ī                                       |                                         |          |                                         |             |        |                                                         |          |         |         | -      |                  |                                |                       |                | 1                                            |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| (H              | ighes  | t Deg    | ree O    | btaine   | ed)     |                                         |                                         | ,<br>,                                  | 40000000 | ,                                       | <del></del> | ·      | 7                                                       | T        | (Majo   | 7       | т      |                  | т—                             | T                     | T              | т—                                           | Т                   | T                                                    |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         | <u></u>  | <u></u> | 1       |        |                  | <u></u>                        |                       |                |                                              |                     |                                                      |
| Pro             | fessi  | onal     | Licen    | se:      | 7       |                                         | T                                       | T                                       | (T)      | pe/N                                    | umbe        | 7      | T                                                       | (Stat    | te)     | T       | 1      | Year             | }                              | Т                     | T              | 1                                            | T                   | T                                                    |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          | <u></u> |                                         | <u></u>                                 |                                         | 1        |                                         |             |        |                                                         | 1        |         |         |        |                  |                                |                       |                |                                              | 1                   |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
|                 |        |          |          |          |         |                                         |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |
| Ac              | count  | : Lic    | lo Si    | urf a    | nd S    | and                                     |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        | For              | Inter                          | nal U                 | se O           | nly:                                         |                     |                                                      |
|                 |        | TL/S     |          |          |         |                                         |                                         | *************************************** |          | <del></del>                             | T           | o T    | Cou                                                     | nty C    | rimin   | al      |        |                  |                                |                       | , was a second |                                              | ungaranjapunicai an | To                                                   |
|                 |        |          |          |          |         |                                         | <b></b>                                 | ······································  |          |                                         | -           |        |                                                         |          |         |         | 7yre   | <del>O-O-C</del> |                                |                       | <del></del>    | <u> </u>                                     | <del></del>         | 10                                                   |
|                 |        | ecur     |          |          |         | *************************************** |                                         |                                         |          | <del></del>                             |             |        | County Criminal for 7yrs  International Criminal Search |          |         |         |        |                  |                                | +-                    |                |                                              |                     |                                                      |
| Na              | tiona  | Crin     | ninal    | Data     | base    | 1                                       |                                         |                                         |          |                                         |             |        |                                                         |          |         |         |        | arch             | ****************************** | U                     |                |                                              |                     |                                                      |
| Str             | ate C  | rimin    | al Da    | tabas    | se      | <del></del>                             | *************************************** |                                         |          |                                         |             |        | Moto                                                    | or Ve    | hicle   | Reco    | ord    |                  |                                |                       |                |                                              |                     | 0                                                    |
| Sexual Offender |        |          |          |          |         | _                                       | 0                                       | Employment Credit                       |          |                                         |             |        |                                                         |          |         |         |        |                  |                                |                       |                |                                              |                     |                                                      |

<sup>&</sup>quot;Pass thru fees may apply and vary by state.

## BACKGROUND INFORMATION

| Name:       | (First)               |                   | (Middle)    |          |         | (       | Last)     |           |         |       |       | (Mai  | den)     |            |   |                                         |
|-------------|-----------------------|-------------------|-------------|----------|---------|---------|-----------|-----------|---------|-------|-------|-------|----------|------------|---|-----------------------------------------|
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
| Social S    | ecurity Number        |                   |             | Date of  | Birth:  | (00/00  | 0/000     | 0)        |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             | <u> </u>              |                   | L           |          |         |         |           |           |         | State | )     |       |          |            |   |                                         |
| Drivers'    | License Number:       |                   |             |          | T       |         |           |           | ,       |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
| Current     | Address:              | (Street)          |             | (City)   |         |         | ·         | (\$       | state/Z | ip)   |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            | _ |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         | 1011    |           |           |         | /6    | · ·   |       |          |            |   |                                         |
| Recent      | Employment:           | (Employer Name)   |             |          | T       | (Cit    | <u>y)</u> |           |         | (3    | tate) |       | T        | T          | Т |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             | (Contact Name)        | (0                | ontact Phon | e Numb   | er)     |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       | <u> </u> | Detail     |   |                                         |
|             | (Title)               |                   |             | (Salary) |         | 1       | (\$       | Start C   | ate 00  | )/00) |       |       | (End     | Date)      | Т |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
| In Main con | our current employe   | r2 C Vac C No     | If s        | o, may w | ve cont | oct the | em?       | Yes       | □ No    |       |       |       |          |            |   | *************************************** |
| Education   | on: (Institut         | ion/ School Name) |             |          | 1       | T       | T         | T         |         |       |       |       | Т        |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             | (City)                |                   |             |          |         |         | (Sta      | ate)      |         | (Gra  | aduat | on D  | ate)     |            |   |                                         |
|             | (City)                |                   |             |          |         | T       | 1         | ,         | - [     |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
| (Highe:     | st Degree Obtained    |                   | <u></u>     |          |         | 1       | (Majo     | <u>r)</u> |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   | /T (h)      |          |         | (Stat   |           |           |         | Year) |       |       |          |            |   |                                         |
| Profess     | ional License:        |                   | (Type/Nur   | nper)    | T       | Otal    |           |           |         | Tear) |       |       | П        | T          | T |                                         |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             |                       |                   |             |          |         |         |           |           | L4      |       |       |       |          |            |   | *************************************** |
|             |                       |                   |             |          |         |         |           |           |         |       |       |       |          |            |   |                                         |
|             | t: Lido Surf and      | d Sand            |             |          |         |         |           |           |         | Forl  | ntern | al Us | e Only   | <i>r</i> : |   |                                         |
|             |                       | u Janu            |             | T        |         | -h. C.  | elma lm e | - I       |         |       |       |       |          |            |   | 0                                       |
|             | ATL/SXO/OFAC          |                   |             | U        |         | nty Cr  |           |           |         |       |       |       |          |            |   |                                         |
|             | Security Verification |                   |             | D        |         | nty Ci  |           |           | -       |       |       |       |          |            |   | 0                                       |
| Nationa     | al Criminal Databa    | ase               |             | 0        |         |         |           |           | al Sea  | arch  |       |       |          |            |   | 0                                       |
| State C     | riminal Database      |                   |             | O        | Moto    | r Vel   | nicle     | Reco      | rd      |       |       |       |          |            |   | 0                                       |
| -           | Offender              |                   |             | 0        | Emp     | loym    | ent C     | redit     |         |       |       |       |          |            |   | 0                                       |
| Sexual      | Offender              |                   |             |          |         |         |           |           |         |       |       |       |          |            |   | 1                                       |

<sup>\*</sup>Pass thru fees may apply and vary by state.

## Lido Surf and Sand Buyer Information Form

This information will be maintained in Lido Surf and Sand Owners Association internal records and will not be released to unauthorized recipients without your approval. Information is required so that the Association can track and monitor purchasers, to insure that any purchases conform with Association rules, and to communicate with the Unit owner or agent as necessary.

Buyer acknowledges reading and understanding the Lido Surf and Sand Rules and Regulations, and that the Rules and Regulations document has been made a condition of the buyer's contract. Buyer also specifically acknowledges that pets of any kind may not be brought onto Lido Surf and Sand property by, or on behalf of, buyers lessees, or guests.

| Buyer acknowledges receipt of                                                                        | copy of the Buyer Information Packet.                                                                                        |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Buyer's Signature                                                                                    | Date                                                                                                                         |
| Unit # Has Buyers                                                                                    | Application fee been paid?                                                                                                   |
| Title  How you want to be addressed in mailings: Ex your mail to be addressed in the form of 'John a | amples: Mr., Mrs., Mr. & Mrs., Ms., Dr., Drs, Dr & Mrs., etc. If you prefer and Mary Jones' with no title, leave this blank. |
| Last Name The last name of the principal re                                                          | First Name                                                                                                                   |
| Assigned Parking Space – This                                                                        | is the same as your unit #                                                                                                   |
| Unit Phone                                                                                           | Alternate PhoneCell phone, work phone, etc. – specify                                                                        |
| Email                                                                                                |                                                                                                                              |
| Purchase Amount                                                                                      | Closing Date                                                                                                                 |
| All Residing Full Names                                                                              |                                                                                                                              |
| Sales Agent                                                                                          |                                                                                                                              |
| Agent name, organization, phone #                                                                    |                                                                                                                              |
| Emergency Contact                                                                                    |                                                                                                                              |
|                                                                                                      |                                                                                                                              |
| Name, relationsl                                                                                     | ip, address, phone                                                                                                           |

Page 1 of 2

## Lido Surf and Sand Owners Association, Inc.

| Buyer Vehicle and Parking Space Information |                                                                                                                        |  |  |  |  |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Unit #                                      | Vehicle Make                                                                                                           |  |  |  |  |  |
| Vehicle Model                               | Vehicle Color                                                                                                          |  |  |  |  |  |
| License Tag*                                | State where tag was issued*                                                                                            |  |  |  |  |  |
| Office Use:                                 |                                                                                                                        |  |  |  |  |  |
| Parking Space #:                            |                                                                                                                        |  |  |  |  |  |
|                                             | nt License Tag and State for each of your vehicle<br>ce unidentified vehicles found in the parking<br>owner's expense. |  |  |  |  |  |
| Unit #                                      | Vehicle Make                                                                                                           |  |  |  |  |  |
| Vehicle Model                               | Vehicle Color                                                                                                          |  |  |  |  |  |
| License Tag*                                | State where tag was issued*                                                                                            |  |  |  |  |  |
| Office Use:                                 |                                                                                                                        |  |  |  |  |  |
| Parking Space #:                            |                                                                                                                        |  |  |  |  |  |

# Rules & Regulations – Owners

## December, 2018

| Inde | <u>x</u>             |                                            | <u>Page</u> |  |  |  |  |  |  |
|------|----------------------|--------------------------------------------|-------------|--|--|--|--|--|--|
| 1.   | Intro                | duction                                    | 3           |  |  |  |  |  |  |
| 2.   | Emergency Procedures |                                            |             |  |  |  |  |  |  |
| 3.   | Owne                 | er Action Before and After Arrival         | 4           |  |  |  |  |  |  |
|      | •                    | Before Arrival                             | 4           |  |  |  |  |  |  |
|      | •                    | On Arrival                                 | 4           |  |  |  |  |  |  |
|      | •                    | Fob Entry System                           | 4           |  |  |  |  |  |  |
|      | •                    | Fobs Permanently Switched On               | 4           |  |  |  |  |  |  |
|      | •                    | Fobs Switched On for Specific Time Periods | 5           |  |  |  |  |  |  |
|      | •                    | Lost Fobs                                  | 5           |  |  |  |  |  |  |
| 4.   | Comr                 | non Areas                                  | 5           |  |  |  |  |  |  |
|      | •                    | Smoking                                    | 5           |  |  |  |  |  |  |
|      | •                    | Personal Attire                            | 5           |  |  |  |  |  |  |
|      | •                    | Building Surveillance                      | 5           |  |  |  |  |  |  |
|      | •                    | Lights                                     | 5           |  |  |  |  |  |  |
|      | •                    | Shopping & Luggage Carts                   | 6           |  |  |  |  |  |  |
|      | •                    | Parking                                    | 6           |  |  |  |  |  |  |
|      | •                    | Laundry Rooms                              | 6           |  |  |  |  |  |  |
|      | •                    | Recycling Waste, Garbage & Trash           | 7           |  |  |  |  |  |  |
|      | •                    | Elevators                                  | 7           |  |  |  |  |  |  |
|      | •                    | Swimming Pool                              | 7           |  |  |  |  |  |  |
|      | •                    | Spa                                        | 8           |  |  |  |  |  |  |
|      | •                    | Pool Deck                                  | 8           |  |  |  |  |  |  |
|      | •                    | Recreational Facilities                    | 9           |  |  |  |  |  |  |
|      |                      | ○ Social Room                              | 9           |  |  |  |  |  |  |
|      |                      | ○ Library                                  | 9           |  |  |  |  |  |  |
|      |                      | ○ Sauna                                    | 9           |  |  |  |  |  |  |
|      |                      | <ul> <li>Fitness Center</li> </ul>         | 9           |  |  |  |  |  |  |
|      |                      | ⊙ Grills                                   | 9           |  |  |  |  |  |  |
|      |                      | ○ Portico                                  | 9           |  |  |  |  |  |  |
|      | •                    | Entry Phones                               | 9           |  |  |  |  |  |  |
|      |                      | Residence Exterior                         | 10          |  |  |  |  |  |  |

| ln | de  | <u>K</u>                                    | <u>Page</u> |
|----|-----|---------------------------------------------|-------------|
|    |     | <ul> <li>Noise</li> </ul>                   | 10          |
|    |     | <ul> <li>Plantings &amp; Grounds</li> </ul> | 10          |
|    |     | <ul> <li>Bulletin Boards</li> </ul>         | 10          |
|    |     | <ul> <li>Bicycles</li> </ul>                | 10          |
|    |     | Storage Areas                               | 10          |
|    | 5.  | Unit Alterations                            | 11          |
|    | 6.  | Selling a Unit                              | 11          |
|    | 7.  | Leasing a Unit                              | 11          |
|    | 8.  | Children                                    | 12          |
|    | 9.  | Dogs and Cats                               | 12          |
|    | 10. | . Owner Absence                             | 12          |
|    | 11. | . Hurricane Preparedness                    | 13          |
|    |     | Being Prepared                              | 13          |
|    |     | <ul> <li>Securing Your Residence</li> </ul> | 13          |
|    |     | Securing the Building                       | 14          |

## 1. Introduction

These Rules and Regulations are in addition to the responsibilities contained in the Declaration of Condominium, Bylaws and Articles of Incorporation. They have the same legal standing as the responsibilities in the condominium documents. In particular they cover the responsibility to:

- inform the office before you, your guests or renters arrive at the property
- ensure guests and renters understand they need to register with the office on arrival
- ensure you, your guests and renters understand emergency procedures
- implement the key entry fob rules on both use and distribution
- obtain Board approval in advance for any unit alterations, renting or selling the unit
- follow the rules in respect of the use of common facilities such as the pool, spa, fitness center, social room, garages, entry lobbies and laundry rooms

Failure to follow these rules and regulations, or any other responsibilities contained in the condominium documents, may result in either fines or withdrawal of the use of common facilities.

## 2. Emergency Procedures

#### **Emergency Telephone Numbers**

| <ul> <li>FIRE EMERGENCY</li> </ul>          | 911                                       |
|---------------------------------------------|-------------------------------------------|
| <ul> <li>RESCUE SERVICE</li> </ul>          | 955-5771                                  |
| <ul> <li>MEDICAL &amp; AMBULANCE</li> </ul> | 911                                       |
| POLICE EMERGENCY                            | 911                                       |
| <ul> <li>SERVICE ONLY</li> </ul>            | 941-955-7171                              |
| <ul> <li>MANAGEMENT OFFICE</li> </ul>       | 941-388-1100                              |
| AFTER HOURS                                 | 941-388-1100 (you will be directed to our |
|                                             | management company)                       |

#### Fire

- Acquaint yourself now with all stairwell doors marked EXIT, particularly on your floor, and location of FIRE ALARM PULL STATIONS.
- Locate the nearest fire alarm and note how to activate it.
- The sprinkler system, smoke detectors, and fire alarm system are directly connected to the Fire Department Station at St. Armands.

- In the event of fire, activate the fire alarm and then dial 911 and say:
  - 'This is an emergency, I want to report a fire at Lido Surf And Sand, 1100 Ben Franklin Drive, in apartment \_\_\_\_\_\_, On the \_\_\_\_\_\_floor, [or other specific location]'
- Then, proceed to your nearest EXIT stairwell and carefully descend to the ground floor and leave the building.
- DO NOT USE ELEVATORS since they will be needed by the fire fighters and you could be trapped in the elevator if the fire spreads rapidly and/or there is a power failure.
- NOTE: Only the center elevator is powered by the standby generator, in case of power failure. In the event of a severe electrical or wind storm, use only the <u>center</u> elevator to avoid being trapped by a power failure.

#### 3. Owner Action Before and After Arrival

#### **Before Arrival**

- Owners You must advise the office of the dates that you will be in residence
- Guests and Renters You must advise the office of the dates and the names of any guests or renters arriving with your approval

#### On Arrival

- Owners Confirm with the office that you are in residence
- Guests and Renters Register with the office, collect a copy of the Rules and Regulations and collect a parking permit

#### **Fob Entry System**

- Entry to the building uses an electronic fob system
- The fob software records the date, time and location of each use of a fob

#### **Fobs Permanently Switched On**

- All owners are issued with a maximum number of permanently activated fobs which are for personal owner use only.
  - o Two per unit where there are one or two legal owners of a unit
  - A number equal to the number of legal owners where there are more than two owners of a unit

#### **Fobs Switched On For Specific Time Periods**

- Inform the office of the names and dates and serial numbers of the fobs to be activated for guests or renters
- These fobs will be activated before the arrival of the guests/renters and de-activated after the date of leaving

#### **Lost Fobs**

- Inform the office if a fob is lost so that it may be de-activated to protect the security of the building
- Replacement fobs are available for purchase from the office at a cost of \$50

## 4. Common Areas

#### **Smoking**

- Smoking is not permitted in any interior common area which includes the atriums in the 1100 and 1104 buildings
- Smoking is permitted in all exterior areas except the pool deck and surrounding areas where it is permitted on the beach side of the pool deck only after 5:00 pm and before 10:00 am each day

#### **Personal Attire**

- Footwear and cover ups must be worn at all times in common areas including the garage
- A towel is not adequate coverage

#### **Building Surveillance**

- The exterior of the property and the garages are equipped with cameras for the purpose of identifying behavior not consistent with these Rules and Regulations or provisions of the condominium documents
- Any incidents of bad behavior reported to the office by owners, renters or guests will be followed up by the Association

#### Lights

 Please turn off lights to conserve energy when leaving laundry rooms, personal storage areas, the social room, the library, washrooms, the sauna and fitness center

#### **Shopping and Luggage Carts**

- These are available in the designated areas near the elevators on the first and second floor garages
- They should be returned to these areas immediately after use
- They must not be used by vendors/contractors for carrying work tools, equipment or trash

#### **Parking**

- All parking spaces in the garages are assigned to a specific unit and are for owner, guest and renter use
- All owner, renter and guest vehicles must display a parking permit available from the office
- All overnight vehicles in the north parking lot that are not displaying a parking permit are liable to be towed at owners' expense
- All vendor and contractor vehicles are to be parked in the exterior north parking driveway in areas designated by the Maintenance Manager and further rules for contractors are contained in the 'Contractors and Owner Unit Alteration Rules' copies of which are available from the Management Office
- Six of the undercover parking bays below the 1104 building are not assigned and may be used on a first come, first served basis for a maximum of 3 continuous days
- In accordance with the provisions of the Declaration of Condominium overnight parking
  of trailers, campers, trucks, boats, motor homes, motor bikes, motor scooters and
  commercial type cars, trucks and vans is not permitted
- Vehicles may only be washed at the north west corner of the parking lot using the water hose provided.
- Vehicles must observe a 10 mph speed limit on the property
- No vehicle may be parked in the same location on the north parking driveway for more than 7 continuous days
- The owner of any vehicle that causes damage to the paver surface of the north parking driveway will be charged with the cost of repair and/or cleaning
- Failure to follow any of the rules above may result in the car being towed by the Association's contractor at the cost of the vehicle owner

#### **Laundry Rooms**

- They are located near the 1102 elevators on floors 3 through 8
- No tints, dyes or chlorine bleach to be used

- Remove shells, sand and other foreign matter before washing.
- Clean washer tub tops and dryer screens after use
- Remove laundry promptly from washers and dryers
- Turn lights out and close hallway doors when leaving laundry rooms
- Notify the office of any problems with equipment
- Set a timer to ensure that the machine is emptied immediately after use to enable other residents to use

#### Recycling Waste, Garbage and Trash

- Paper, cardboard, plastic, metal and glass waste should be deposited in the re-cycling bins located near the elevator lobbies in the garages on the first and second floors
- All other waste should be deposited in plastic bags down the trash chutes next to the 1102 elevators on floors 3 through 8
- Heavy and large items should be deposited in the large trash bins located outside the door in the center of the garage on the first floor

#### Elevators

- Do not keep elevator doors open longer than necessary
- Children must not play in elevators nor tamper with the controls
- When using for furniture or large sharp objects, the wall and floor covers must be used and the office must approve any exclusive use of an elevator
- In case of fire, do not use elevators since they will be needed by fire fighters and a firerelated power failure could trap you between floors – WALK DOWN
- In the event of high winds or an electrical storm, use the center elevator......it is the only one powered by the standby generator

### **Swimming Pool**

- Hours are 8:00 am to dusk
- Swim at own risk- no lifeguard on duty
- Children under 10 years of age must be accompanied by an adult
- Children under 3 years of age must wear a swim diaper
- No food, beverages or animals in the pool
- Shower before entering
- No diving or jumping into the pool
- Do not swallow pool water
- Do not use pool if you are ill with diarrhea

- Maximum bathing load 27 persons
- Emergency assistance 911 (emergency phone located in garage)
- Noodles and water wing floats only
- No throwing objects, body boards or other floats

#### Spa

- Hours are 8:00 am to dusk
- Swim at own risk- no lifeguard on duty
- Children under 12 years of age must be accompanied by an adult
- Children under 3 years of age must wear a swim diaper
- No food or beverages in the spa
- Shower before entering
- No diving or jumping into the spa
- Do not swallow spa water
- Do not use spa if you are ill
- Maximum bathing load 11 persons
- Maximum use 15 minutes
- Pregnant women, small children, people with health problems, and people using alcohol, narcotics or other drugs must not use the spa

#### Pool Deck

- No glass or eating is permitted on the pool deck
- No pre-reserving loungers and chairs in advance of arrival
- No running or throwing objects
- Loungers, chairs and tables left unused for 60 minutes may be used by others and any possessions left by previous users removed
- Remove sand from footwear before entering the building
- The wearing of wet dripping swimwear is not permitted in the building
- Any personal trash should be deposited in the bins provided
- Close all umbrellas when leaving any table
- A storage area for personal beach furniture is available in the garage immediately on entry from the pool
- Any items left on the floor of the storage area are liable to be removed
- A telephone for emergency use only is located inside the door from the pool to the garage

#### **Recreational Facilities**

#### Social Room

- The room is located on the first floor in the 1100 building and is open from 8:00 am to 11:00 pm for residents use except when Association Meetings and other events with advance notice are taking place
- The room is available to owners for approved private parties on application and payment of a fee to the office and the signing of the terms and conditions of use

#### Library

- The library is located in the social room and is available to all residents
- Donations of books and DVDs are welcome
- o Please return all items borrowed in a timely manner for others to use

#### Sauna

- The saunas are located in the in the pool restrooms
- Use is restricted to adults 16 and over at the users own risk
- No water to be placed in the heating element as it is for dry heat only

#### Fitness Center

- The fitness center is located next to the office on the second floor
- Use is restricted to adults 16 and over at the users own risk

#### Grills

- The grills located on the beach side of the pool deck are for use by residents between the hours of 9:00 am and 9:00 pm
- The gas supply must be turned off when cooking is finished
- The grill cover should be replaced after use when the grill has cooled down

#### Portico Tables

- The tables under the portico adjacent to the Social Room may be used for eating snacks, lunch or dinner and are available on a first come first served basis
- All beverages must be in plastic glasses/containers or cans, no glass is permitted

### **Entry Phones**

- Entry phones are located at each of the three main entrances to the building
- Your telephone will ring when a visitor places a call to you
- To let the visitor in press 9 on your phone, hold it down for five seconds and hang up and the entry lobby door will open
- Do not let anyone into the building unless they are visiting you

#### **Residence Exterior**

- The exterior of a unit, including the residence door, may not be changed in visual appearance
- Any requested addition of storm shutters, glass on lanais or similar exterior changes require approval by the Board of Directors
- For fire safety reasons personal property must not be left in hallways or common areas
- Patio decks and unit open lanais must not be used for storage or use of any electrical appliance
- No charcoal broilers or similar products are permitted for use on patio decks or lanais

#### Noise

• The noise from televisions, radios, dogs barking, etc. must be contained within a unit so that it does not permeate into common areas such as hallways or to other units

#### **Plantings and Grounds**

 No changes may be made to the grounds, plantings or any other common area without approval from the Board of Directors

#### **Bulletin Boards**

- Bulletin boards are located in first floor lobby of each building and in the first and second floor garages next to the elevator entrances
- The bulletin boards are primarily for the use by management for important resident notices such as Board of Directors Meetings
- Owners who wish to use the board for a notice must first obtain approval from the office

#### **Bicycles**

- A bicycle rack is available for use in the first floor garage below the 1104 building
- All bicycles must have ID stickers which are available from the office

#### **Storage Areas**

 Storage units must not be used for the storage of any combustible material such as gasoline, turpentine, oil and oil based paints or for storing foodstuffs or consumable products  All items must be placed within the confines of the caged area and should be no nearer than 18 inches from the ceiling

#### 5. Unit Alterations

- Contractors and owners must sign and abide by the Association 'Unit Alteration Rules for Contractors and Owners' before any work commences
- Contractors are required to sign in at the office each day they are on site
- All alterations that require a permit and any alterations to plumbing, electrical installations, walls, ceilings and floors need the prior approval of the Board of Directors
- A full list of the alterations that require approval is available from the office and should be consulted before any work is planned
- Owners who require approval must complete the application forms that are available from the office
- A deposit is required before work commences for any work in excess of one day duration from all contractors and owners to cover any damage to common areas, details of which are in the 'Unit Alteration Rules for Contractors and Owners'
- Working hours are 8:00am to 4:30pm Monday to Friday only
- Protective wall pads must be used by contractors who use elevators and must be removed by the contractor who installed the pads at the end of each working day
- Contractors who set off the buildings fire alarm system for any reason will be required to pay the fire authority call out charge

## 6. Selling a Unit

- The sale of a unit may only be made with the approval of the Board of Directors who will carry out an interview with the prospective buyer
- Application forms for the sale of a unit are available from the office
- An application fee of \$100 must accompany the application form to cover Association costs
- Realtor "open houses" are not permitted
- A fob key entry procedure for realtors is available from the office for owners who are not in residence during the selling process

## 7. Leasing a Unit

 Leasing a unit is the sole responsibility of each owner, the Association does not participate in leases

- An individual unit may be leased twice per calendar year for a minimum period of one month each time
- Lease of a unit may only be made with the approval of the Board of Directors
- Application forms for the lease of a unit are available from the office
- An application fee of \$100 must accompany the application form to cover Association costs
- A copy of the signed lease must be deposited with the office before any lease commences
- Sub leasing and rent sharing are not permitted
- Owners must ensure that renters are provided with a copy of the Renter Rules and Regulations before the lease commences
- Owners are responsible for any violation of the Rules and Regulations by a renter
- Guests of renters are not permitted overnight in the absence of the renter
- Renters are not permitted to have pets

#### 8. Children

- Children must not play, run, make loud noises or be objectionable in their behavior in any common area
- Any damage or violation of the Rules and Regulations by a child will be the responsibility of the unit owner, parent or legal guardian as appropriate
- Children under 10 years of age must be accompanied by an adult in the pool and may not use the spa

## 9. Dogs and Cats

- Owners are permitted a dog or cat which has a weight for the breed of less than 25 pounds
- Dogs and cats must be on a leash when outside the unit
- There is a designated exercise area under the south west driveway ramp to the second floor garage and owners are responsible for clean up
- Dogs or cats are not permitted in the pool area, beach, fitness center, social room or office

## 10. Owner Absence

• Turn off your water (It is a violation of the Declaration to leave the water on after an absence exceeding 10 days)

- Turn off your water heater
- Set the unit AC between 75 and 80 degrees
- Remove all furniture and loose objects from open lanais and decks during Hurricane season

## 11. Hurricane Preparedness

#### **Being Prepared**

- In Florida, the Hurricane Season lasts from early June through November, with most storms occurring in September
- The National Weather Bureau classifies potentially severe weather systems into various categories
  - Gale Warning: winds from 39 54 mph, danger of flooding
  - Storm Warning: winds from 55 73 mph
  - Hurricane Watch: winds exceeding 74 mph; threat to immediate area.
  - Hurricane Warning: expected to strike in 24 hours
- Sarasota officials may recommend evacuation prior to an actual 'Hurricane Warning' and residents should be prepared to leave quickly
- Hurricane brochures issued by Sarasota County are available in the office for local shelter information

#### **Securing Your Residence**

- Remove furniture and loose objects from lanais and decks
- Tape large windows and glass doors diagonally to minimize breakage hazards or close storm shutters
- Reset your refrigerator to the coldest setting and keep it closed
- Stay away from windows and glass doors during the storm
- Keep your radio tuned for Civil Defense instructions
- Owners who plan to be absent during the Hurricane season must prepare their unit and balcony prior to departure
  - Remove all furniture, plants, etc. from open balconies
  - Lock sliding glass doors
  - Close all windows and storm shades tightly
  - Set your thermostat between 75 and 80 degrees
  - Disconnect TV's and other electrical equipment
  - Turn off water at the entry point to the unit
  - Turn off the ice maker in the refrigerator

- Turn off the hot water heater
- O Do not leave flour, sugar, cookies, etc. in your pantry, not even in sealed boxes

#### **Securing the Building**

- In the event of a threat of severe weather, and perhaps even before a 'Hurricane Watch' is issued, all vehicles will be moved to the second floor garage
- Keys for vehicles on the property during hurricane season must be left either in the unit or in the office
- This 'Watch' period should also be utilized to remove all furniture from the pool area for storage in the garage
- This period should also be utilized, time permitting, to make a visual survey of the porches and terraces of the individual apartments to determine whether furniture and other loose items have been left exposed to high winds
- Prior to departing the premises, the Association staff will make sure that all exterior doors are secured, and all three elevators are raised to the 8<sup>th</sup> floor and locked in place