

**HARBOR HOUSE WEST
SALE/PURCHASE PACKAGE
NOTICE TO OWNERS**

NO OWNER MAY SELL A UNIT WITHOUT OBTAINING PRIOR WRITTEN APPROVAL OF THE BOARD OF DIRECTORS.

A PRE-APPROVAL INTERVIEW MAY BE REQUIRED. ALL PURCHASERS ARE REQUIRED TO MEET WITH A BOARD MEMBER TO ENSURE THEY UNDERSTAND THE RULES & REGULATIONS EITHER BEFORE OR IMMEDIATELY AFTER THEY MOVE IN.

YOU SHOULD REFER TO OUR GOVERNING DOCUMENTS FOR POLICIES AND GUIDELINES FOR SALE TRANSACTIONS.

YOU MUST PROVIDE YOUR PROSPECTIVE PURCHASER WITH A COPY OF THE ASSOCIATION'S GOVERNING DOCUMENTS AND RULES & REGULATIONS.

YOU MUST PROVIDE YOUR PROSPECTIVE PURCHASER WITH INFORMATION RELATED TO THE FIRE SPRINKLER RETROFITTING OPT-OUT.

REQUIRED DISCLOSURES ARE THE RESPONSIBILITY OF THE SELLER.

ALL COMPLETED APPLICATIONS AND FORMS, AND ALL NECESSARY PAYMENTS TO HARBOR HOUSE WEST MUST BE SUBMITTED AT LEAST FIFTEEN DAYS PRIOR TO MOVE IN.

THE ASSOCIATION MAINTAINS A WEBSITE WHICH CONTAINS INFORMATION WHICH MAY BE USEFUL TO THE SELLER AND PURCHASER. www.harborhousewest.com

**HARBOR HOUSE WEST
SALE/PURCHASE PACKAGE
CHECK LIST**

PLEASE PROVIDE THE FOLLOWING FEES AND DOCUMENTS TO THE ASSOCIATION'S PRESIDENT OR MANAGER.

FEES REQUIRED WITH THE APPLICATION:

\$25.00 APPLICATION FEE PER APPLICANT (one fee for couples)
\$75.00 BACKGROUND CHECK FEE (per applicant)
\$250.00 ESTOPPEL FEE (payable when requested)

SIGNED DOCUMENTS REQUIRED AT TIME OF APPLICATION:

SALE/PURCHASE APPLICATION (including acknowledgement of receipt of Rules & Regulations & Fire Sprinkler Retrofitting Opt-Out Info)
RESIDENT & EMERGENCY CONTACT INFORMATION
CONSENT TO ELECTRONIC NOTICE
VOTER DESIGNATION FORM
BACKGROUND CHECK FORMS (including copy of driver's license)

KEY TO THE UNIT (if not previously provided)

INTERNAL USE ONLY:

Above fees and completed/signed documents received by
_____(President or Association Manager)
_____(Date)

Application Approved/Disapproved (circle one) by
_____(Board Member)
_____(Date)

**HARBOR HOUSE WEST, INC.
226 GOLDEN GATE POINT
SARASOTA, FLORIDA 34236**

SALE/PURCHASE APPLICATION

MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO PURCHASE

UNIT _____ 226 HARBOR HOUSE WEST, SARASOTA, FL 34236

APPLICANT _____

APPLICANT _____

CURRENT ADDRESS
STREET _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

NAME ON PROPERTY TITLE _____

ANTICIPATED CLOSING DATE _____

3 REFERENCES

NAME _____ PHONE _____

RELATIONSHIP _____

NAME _____ PHONE _____

RELATIONSHIP _____

NAME _____ PHONE _____

RELATIONSHIP _____

APPLICANT #1

CELL PHONE _____

E-MAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____

HOW LONG _____

BUSINESS PHONE _____

APPLICANT #2

CELL PHONE _____

E-MAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____

HOW LONG _____

BUSINESS PHONE _____

PETS ARE RESTRICTED BY TYPE (CAT OR DOG), BY SIZE (35 LBS/2 PETS OR 75 LBS/1 PET). IF YOU HAVE A PET(S) THAT WILL RESIDE AT HHW PLEASE PROVIDE THE FOLLOWING DESCRIPTION:

TYPE_____

BREED_____

WEIGHT_____

AUTOMOBILE TO BE PARKED IN DESIGNATED PARKING SPOT:

YEAR_____

MAKE_____MODEL_____

STATE/TAG_____

NOTE: SPOUSES MAY FILL OUT ONE APPLICATION. ALL OTHER APPLICANTS MUST FILL OUR SEPARATE APPLICATIONS.

Applicant(s) represents that all of the above information and statements on all pages of this application for are true, accurate and complete.

I/we have read and understand this entire application.

I/we acknowledge that I/we have received a copy of, read and understand the Condominium Governing Documents and Rules and Regulations of Harbor House West, Inc. and I/we will abide by same, as well as new Rules and Regulations that may be adopted in the future. I/we have received a copy of, read and understand the information related to the vote to forego fire sprinkler system retrofitting. The most recent versions of the documents are available on the Association's website (www.harborhousewest.com); paper copies will be provided upon request.

I/we understand that the Board of Directors may conduct an interview in person or by phone prior to approval of this application.

I/we understand that occupancy cannot be gained until the Harbor House Board of Directors approves this application IN WRITING.

AUTHORIZATION OF RELEASE OF INFORMATION: I/we hereby authorizes an investigative consumer report including, but not limited to, residential history (rental and/or mortgage), employment history, credit history, court records, criminal background checks and credit records. I/we consent to you making further inquiries concerning this application particularly the references given.

Applicant(s) acknowledge(s) that failure to provide correct and true information constitutes a criminal offense in the state of Florida.

The application fee and background check fees are non-refundable.
All parties must sign this application before it can be processed.

SIGNATURE & DATE _____

SIGNATURE & DATE _____

HARBOR HOUSE WEST
RESIDENT CONTACT INFORMATION

Name(s) _____

Unit Number _____

Mailing Address _____

City, State, Zip _____

Home Telephone _____

Cell Phone _____

Email Address _____

Cell Phone _____

Email Address _____

Emergency Contact Information:

Contact Name & Relationship _____

Address _____

City, State, Zip _____

Home Telephone _____

Cell Phone _____

Email Address _____

The Association is/is not (circle one) authorized to share the information above (excluding emergency contact information) with residents and owners of Harbor House West.

Sign & Date _____

Sign & Date _____

**HARBOR HOUSE WEST
CONSENT TO ELECTRONIC NOTICE**

AT THE JANUARY 14, 2017, MEMBERS ANNUAL MEETING, A MAJORITY OF THE UNIT OWNERS PASSED A BY-LAW AMENDMENT WHICH STATED THAT NOTICE OF MEETINGS OF THE BOARD OF DIRECTORS, MEMBERSHIP MEETINGS AND COMMITTEE MEETINGS MAY BE GIVEN BY ELECTRONIC TRANSMISSION TO THOSE MEMBERS WHO CONSENT TO RECEIVE NOTICE BY ELECTRONIC TRANSMISSION. THE ELECTRONIC TRANSMISSION MUST CONTAIN AND ATTACHMENTS AND INFORMATION REQUIRED BY LAW. CONSENTING OWNERS MUST PROVIDE A WRITTEN CONSENT WHICH CONTAINS A SPECIFIC E-MAIL ADDRESS FOR PURPOSES OF SUCH ELECTRONIC TRANSMISSION. THE CONSENT SHALL BE VALID UNTIL THE CONSENTING UNIT OWNER PROVIDES A WRITTEN REVOCATION OF SUCH CONSENT.

HOMEOWNERS WHO WISH TO RECEIVE NOTICES VIA ELECTRONIC TRANSMISSION MUST COMPLETE THE FOLLOWING FORM:

I, _____, OWNER OF UNIT _____,
HARBOR HOUSE WEST, INC., 226 GOLDEN GATE POINT, SARASOTA,
FLORIDA, 34236, DO HERE BY AUTHORIZE THE ASSOCIATION TO
PROVIDE ME WITH NOTICES BY E-MAIL AT THE E-MAIL ADDRESS
NOTED BELOW UNTIL SUCH TIME AS I REVOKE SUCH CONSENT IN
WRITING.

E-MAIL
ADDRESS _____

SIGNATURE _____

PRINT
NAME _____

DATE _____

**CERTIFICATE APPOINTING VOTING
MEMBER**

To the Secretary of **Harbor House West, Inc.** (the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit No. _____,

Harbor House West, A Condominium, have designated

(Name of Voting Member)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and Bylaws of the Association.

This Certificate is made pursuant to the Declaration and the Bylaws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Date: _____

Signatures for Individual Unit Owner(s):

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature for Corporate Owners:

Name of Corporation: _____

By: _____

Title: _____

Print Name: _____

Attest: _____

Secretary

The following examples illustrate the proper use of this Certificate:

- (i) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Member. NOT A THIRD PERSON.
- (ii) Unit owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating the person entitled to vote, signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- (iii) Unit owned by a married couple. Voting Certificate required designating one of the spouses as the Voting Member. NOT A THIRD PERSON.

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Member, not a third person. Please be advised that if you previously filed a Certificate Appointing Voting Member with the Secretary of the Association, you do not need to file another Certificate unless you want to change the designation of your Voting Member.



PURCHASER SCREENING RELEASE FORM

NOTICE TO APPLICANT REGARDING BACKGROUND INVESTIGATION

Notice is hereby given that _____ ("Requestor") intends to instruct ALLSTAR BACKGROUNDS, a Consumer Reporting Agency, as defined by the Fair Credit Reporting Act ("FCRA"), to obtain information about you in the course of Requestor's consideration of your application for tenancy. Thus you may be the subject of a "consumer report," or possibly an "investigative consumer report," defined by the FCRA as a background report that includes information about one's character, general reputation, personal characteristics and mode of living, and that might involve personal interviews with sources such as neighbors, friends or associates. Reports may include your Credit Report and reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain a tenant, as permitted by law. The scope of this notice and authorization is all-encompassing, allowing Requestor and its agent to obtain from any outside organization all types of consumer reports and investigative consumer reports now and throughout the course of your tenancy, to the extent permitted by law.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of a "NOTICE REGARDING BACKGROUND INVESTIGATION" and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian, to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor's behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS's files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.

By checking this box, _____ I indicate that I would like to receive a copy of any Investigative Consumer Report about me, if one is obtained by Requestor.

Your Email Address: _____

Signature: _____

Date: _____

PLEASE PRINT

First Middle Last
(As it appears on your Driver's License)

Date of Birth (MM/DD/YYYY) (For identification purposes only)

Maiden Name/Any AKAs Social Security Number

Driver's License Number State of Issue

PLEASE PROVIDE 7 YEAR'S ADDRESS HISTORY

Current Address City State Zip Years/Months

Name of Current Landlord Phone Fax

Previous Address City State Zip Years/Months

Previous Address City State Zip Years/Months

PLEASE PROVIDE CURRENT EMPLOYER INFORMATION

Current Employer Address City State Zip

Start Date _____

Applicant: Return this completed, signed "**RELEASE**" page to Requestor.

(FOR OFFICE USE ONLY)

Requestor: Please **UPLOAD** this signed "**RELEASE**" to ALLSTAR BACKGROUNDS or FAX to ALLSTAR BACKGROUNDS at **888-502-1299**

Purchaser Screen Package: _____

HARBOR HOUSE WEST, INC.

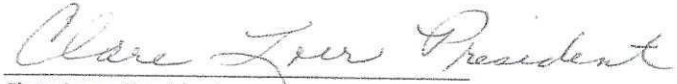
**WRITTEN NOTICE OF
VOTE TO FOREGO FIRE SPRINKLER SYSTEM RETROFITTING**

This Notice is being sent to each Unit Owner in Harbor House West, Inc., to notify each Owner that the Association has received the affirmative vote of a majority of all Voting Interests in the Association to forego retrofitting of the Common Elements, Association Property and Units with a fire sprinkler system, as permitted by Section 718.112 (2) (I), Florida Statutes (2016).

A copy of this Notice must be provided by the Unit Owner to any new Owner prior to closing and furnished to any tenant or lessee, prior to entering into a rental agreement.

Dated: 12-14-2016, 2016.

BY ORDER OF THE BOARD OF DIRECTORS


Clare Loer, President

ACTIVE: 9217205_1

Additional information including the Association's Governing Documents and Rules & Regulations can be found on the website. A paper copy will be provided if requested.

www.harborhousewest.com