

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

General Proxy

Know All People By These Present, that the undersigned hereby appoints the Secretary of the Association or

(Print name of person, other than yourself, who will attend meeting)

as attorney and agent with the power of substitution for and in the name, place and stead of the undersigned, vote as proxy at the Meeting of the Hillside Homeowners Association of Clay County, Inc to be held _____ at the Middleburg-Clay Hill Public Library, located at 2245 Aster Street, Middleburg Florida or any adjournments thereof. The undersigned will not be available for the designated meeting. This shall be a general proxy for any matter which may properly come before the meeting.

Dated this _____ day of _____,

If more than one person owns the home/lot, all owners must sign.

Signature of Owner

Signature of Owner

Address: _____

Substitution of Proxy

(Original Proxy holder is to complete this portion only if the original Proxy holder is unable to attend)

The undersigned, appointed as proxy above, does hereby designate:

_____ to substitute for me in the proxy set forth above.

Dated this _____ day of _____,

Proxy: _____
(Signature)

Proxies Must Be Signed to be Valid. Please return a signed proxy in the event you are unable to attend the meeting. In no event shall this proxy be valid for a longer than 90 days after the date of the meeting for which it was given.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of §607.0501 or §617.0501 of the Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC.

2. The name and address of the registered agent and office is:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Date: _____

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

ASSOCIATION DUES NOTICE

TO:

Lot No:

Parcel No:

Amount Due: \$ 220.00

Date Due: February 15, 20 _____

Date Paid: _____ Check No. _____ Amount Paid: _____

* PLEASE NOTE: If you're going to pay your Association Dues/Fee utilizing a "BILL PAYER" Service by any Bank or Financial Institution, please ensure that your payment is scheduled and received by the Association Treasurer **BEFORE** the **DUE DATE** to avoid a Late Payment Fee. Thank You.

RECENT ACCOUNT HISTORY	DATE	AMOUNT
BEGINNING BALANCE	01-01-20 _____	\$ 0.00
HOA Dues for 20	01-15-20 _____	\$ 220.00
CURRENT BALANCE		\$ 220.00

PLEASE PAY \$ 220.00 BEFORE FEBRUARY 15, 20 THANK YOU

QUESTIONS CONCERNING YOUR ACCOUNT - CONTACT THE TREASURER

*** NEED A PAYMENT PLAN THAT WILL FIT YOUR BUDGET? CONSIDER ENROLLING INTO THE "PAY AHEAD" PROGRAM ***
MORE INFORMATION ABOUT THIS PROGRAM IS AVAILABLE IN THE BY-LAWS OR BY CONTACTING A BOARD MEMBER.

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

----- C-u-t o-n t-h-i-s l-i-n-e -----

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Please make your check payable to: **HILLSIDE HOA**

AND Mail to: HILLSIDE HOA
ASSOCIATION TREASURER
PO BOX 1107
MIDDLEBURG, FL 32050-1107

Lot No: «Nickname» Owners Name: «Surname» Legal Address: «Home Address, Street»

(Treasurer's Record) Pay Ahead: \$0.00 Amount Due: \$220.00

DATE REC _____ AMT REC _____ DATE POSTED _____

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

ASSOCIATION DUES NOTICE

TO:

Lot No: _____ Parcel No: _____

Amount Due: \$ 198.00 Date Due: _____

Date Paid: _____ Check No. _____ Amount Paid: _____

*** HAVE YOU CONSIDERED ENROLLING IN THE "DUES AHEAD" PROGRAM??
FOR MORE INFORMATION, CONTACT A BOARD MEMBER

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Please make your check payable to: **HILLSIDE H.O.A.**

AND Mail to: HILLSIDE HOA
C/O ASSOCIATION TREASURER
PO BOX 1107
MIDDLEBURG, FL 32050-1107

Lot No _____ Name _____ Address _____

(Treasurer's Record)

DATE REC _____ AMT REC _____ DATE POSTED _____

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

FINAL ASSOCIATION DUES NOTICE

TO:

Lot No:

Parcel No:

Amount Due: \$ 220.00

Date Due: UPON RECEIPT

Date Paid: _____ Check No. _____ Amount Paid: _____

* PLEASE NOTE: If you're going to pay your Association Dues/Fee utilizing a "BILL PAYER" Service by any Bank or Financial Institution, please ensure that your payment is scheduled and received by the Association Treasurer BEFORE the DUE DATE to avoid a Late Payment Fee. Thank You.

RECENT ACCOUNT HISTORY	DATE	AMOUNT
BEGINNING BALANCE	01-01-20	\$ 0.00
HOA Dues for 20	01-15-20	\$ 220.00
CURRENT BALANCE		\$ 220.00

PLEASE PAY \$ 220.00 UPON RECEIPT. THANK YOU

QUESTIONS CONCERNING YOUR ACCOUNT - CONTACT THE TREASURER

*** NEED A PAYMENT PLAN THAT WILL FIT YOUR BUDGET? CONSIDER ENROLLING INTO THE "PAY AHEAD" PROGRAM ***
MORE INFORMATION ABOUT THIS PROGRAM IS AVAILABLE IN THE BY-LAWS OR BY CONTACTING A BOARD MEMBER.

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

-----Cut on this line-----

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Please make your check payable to: **HILLSIDE HOA**

AND Mail to:
HILLSIDE HOA
ASSOCIATION TREASURER
PO BOX 1107
MIDDLEBURG, FL 32050-1107

Lot No: «Nickname» Owners Name: «Surname» Legal Address: «Home Address, Street»

(Treasurer's Record) Pay Ahead: \$0.00 Amount Due: \$220.00

DATE REC _____ AMT REC _____ DATE POSTED _____

Hillside

Homeowners Association of Clay County, Inc.
Post Office Box 1107, Middleburg, Florida 32050-1107

FINAL ASSOCIATION DUES NOTICE

TO:

Lot No: _____ Parcel No: _____

Amount Due: \$ 198.00 Date Due: _____

Date Paid: _____ Check No. _____ Amount Paid: _____

This is a Final Notice, after the above due date a lien shall be placed on your property. Homeowner(s) shall become liable for the lien, attorney fees & recording fees. Authority to collect Association Dues is contained in §720.301(7), §720.301(9)(b)2 of the Florida Statutes; Hillside Homeowners Association of Clay County, Inc. Declaration, Articles of Incorporation Page 2, Article 4, Line 3 & 8; Covenants & Restrictions of Hillside Page 6, Line 27. In addition, your voting rights shall be suspend for nonpayment of Association Dues after 90 days per §720.305(3) of the Florida Statutes.

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

FINAL ASSOCIATION DUES NOTICE

Please make your check payable to: **HILLSIDE H.O.A.**

AND Mail to: HILLSIDE HOA
C/O ASSOCIATION TREASURER
PO BOX 1107
MIDDLEBURG, FL 32050-1107

Lot No _____ Name _____ Address _____

(Treasurer's Record)

DATE REC _____ AMT REC _____ DATE POSTED _____

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

DUES AHEAD PLAN

RESOLVE: That a plan be developed to help our residents achieve a positive Association Dues balance by prepaying a portion of or all of a fiscal years assessment.

PURPOSE: To establish procedures and guidelines for the Associations "Dues Ahead" Plan.

BACKGROUND: According to the Articles of Incorporation, residents are sent an Association Dues Notice before December 15th, that the annual fee is due. Annual fees are due no later than February 15th of the calendar year to which they apply. Christmas and New Years can absorb lots of income, straining household budgets to the maximum limit. To help reduce the strain, homeowners would be allowed to pre-pay a portion of or all of the fiscal year fee during the current calendar year.

QUALIFICATION: Homeowners can only participate in this plan, if their current annual dues are up-to-date.

ENROLLMENT: Homeowners can obtain an application from the Treasurer. A check for a portion of or the entire amount must be submitted with the completed application.

ENROLLMENT TERM: Renews automatically, unless the homeowner(s) elects termination. Accounts that remain inactive for longer than two (2) year will self-close and require reapplying. If you terminate, you must wait a full year before reapplying and any money accumulated in your account shall be applied to the next fiscal years fee. No money shall be returned or distributed.

REFUNDS: Account will be prorated in the event the owners(s) decide to sell there home. A refund check shall be issued and sent to the address of the owner(s) choosing. It is the responsibility of the homeowner(s) to notify the Association Treasurer, if a refunds is due.

AMOUNT: Initial check amount can be nothing less than \$20.00 and nothing greater than \$180.00. After your account has been established, check amounts can be nothing less than \$15.00 and nothing more that \$540.00. All check amounts shall be rounded to the nearest tenth of a dollar, no uneven amounts will be accepted.

RETURNED CHECK(s): If the Homeowner(s) personal check is returned to the associations business account for insufficient funds, closed accounts, stop check, etc. You shall be disenrolled, account closed and immediately assessed a \$25.00 return check fee for each check returned. This fee is due immediately upon notification of a returned check(s). If you choose to discuss this situation with the Board, submit your request in writing to the Association Secretary. A hearing shall be scheduled within ten (10) business days from the date your letter is received.

Dues Ahead Plan 2

☐ Listen: If you anticipate a return check, please notify the Association Treasurer. Closure action shall be suspended so the homeowner(s) can correct to situation. Any bank fees assess to the association shall be paid by the homeowner(s).

ACKNOWLEDGMENT: Make application to the Treasurer, he/she shall set-up an account and deposit your funds. Obtain a receipt from the Association Treasurer. If required, a letter from the Association Treasurer will be provided to the homeowner(s) acknowledging acceptance or rejection into the plan. The rejection letter shall state the reason(s) why your application was turned down. Please allow ten (10) business days to process your application form.

ACCOUNTS: If a written request is received, enrolled homeowners shall receive an itemized periodic statement. Any unpaid Association Dues must be paid in-full by December 15th of the calendar year to which they apply.

ACCOUNT LIMITS: Nothing greater than three years, however if dues were to increase the homeowner shall be responsible for paying the adjusted amount owed. A notification letter shall be sent to enrolled homeowner(s), if an adjustment is made.

ATTESTATION: All monies collected for the "Dues Ahead" Plan shall be deposited into the Homeowners Association' Business account. No portion of the money collected shall be used until the 1st day of the new fiscal year. The Treasurer, upon request shall make "Dues Ahead" account information available to enrolled homeowners ONLY.

AUDITING: Yearly audits shall be conducted by the treasurer or assistant treasurer, and one or more Board members. A Special Audit may be conducted at anytime.

PLAN AMENDMENTS/REVIEW: The "Dues Ahead" Plan shall be reviewed annually and/or amended when necessary, which ever occurs first.

RESOLUTION: Upon motion duly made, seconded, and unanimously carried, it was

RESOLVED, that the written document dated March 8, 2002 pertaining to the Associations "Dues Ahead" Plan be, and the same hereby is in all respects, approved for and on behalf of the Corporation: and further

RESOLVED, that a copy of such written document be annexed to the minutes of this meeting.

RESOLVED that the following officers of the Corporation be, and they hereby are, authorized to execute and deliver any and all instruments in connection with this document.

approved and executed this 13th day of September, in the year 2003

Jeffrey F. Tucker, Director

Ozro L. May, Secretary

Rodney D. Breher, President

Distribution: Association Files, By-Laws, Board Members, Residents, Welcoming/Hospitality Committee and History Records.

HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC.
DUES AHEAD APPLICATION

Section One - Homeowner(s) Fill Out

Date: _____

1. Homeowners Name(s):
 (AS SHOWN ON DEED) _____

2. Address & Phone No. _____

3. Homeowner(s) Signature: _____

Section Two - Treasurer Fills Out

4. Date Received: _____
5. Amount Received: _____
6. Verification

a. Enrollment Form Received?	Yes	No
b. Names match Warranty Deed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Correct Address?	<input type="checkbox"/>	<input type="checkbox"/>
d. Dues Current?	<input type="checkbox"/>	<input type="checkbox"/>
e. Form Signed by Homeowner(s)	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer shall return to above Homeowner(s) if a, b, c, d or e is marked "NO" with a reason letter.

7. Date Enrollment: _____
8. Dues Ahead - Year(s): ☐ One ☐ Two ☐ Three
9. Treasurer's: _____
 Signature: _____

Make Check Payable to: HILLSIDE HOA
 (Your check your receipt, unless you request a written receipt)

Mail Your Completed Enrollment Form and Check to: **HILLSIDE HOMEOWNERS ASSOCIATION**
 C/O Association Treasurer
 Post Office Box 1107
 Middleburg, Florida 32050-1107

Copies to: ☐ Secretary ☐ Treasurer ☐ Association Files ☐ Homeowners

CLAIM OF LIEN

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned notary public, personally appeared _____, who first being duly sworn, deposes and states that he/she is the authorized agent and has the authorization from the Board of Directors of, HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC., ("Association"/"Lienor"), a Florida not-for-profit corporation, whose address is P.O. Box 1107, Middleburg, Florida 32050-1107; to record this claim of lien as provided in the By-Laws and Declaration of Covenants and Restrictions, for Hillside Homeowners Association, as recorded in the public records of Clay County, Florida, together with all subsequent amendments thereto. Lienor is entitled receive payment from the owners of property within the Hillside Homeowners Association.

_____, or the successor (s) in title ("Owner") own property subject to such payments, more particularly described as: Lot _____, HILLSIDE, as per plat thereof, recorded in Plat Book 32, pages 70 through 73 of the public records of Clay County, Florida.

ASSOCIATION DUES AND/OR SPECIAL ASSESSMENTS OF \$ _____ PLUS THE COMBINED FEES, INTEREST AND LEGAL FEES FOR CALENDAR YEAR(S) _____ IN THE TOTAL SUM OF \$ _____

This CLAIM OF LIEN shall also secure all unpaid assessments, interest, collection and administrative fees, associated paralegal cost and attorney's fees, and if brought to trial, incurred court costs by the Association which are due and which may accrue subsequent to the date of this Claim of Lien. Said Owner by taking title to said property is subject to the Declaration which authorize the Association to lien the aforesaid property, and to foreclose the lien, if this claim is not satisfied and/or prior to entry of a final judgment of foreclosure.

The current owner(s) of which is (are):

(WITH A LAST KNOWN ADDRESS: _____)

HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC..

BY: _____

(Its Agent)

Sworn to and subscribed before me this _____ day of _____,

_____ by _____ Its Agent for
HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC., a Florida not-for-profit corporation, on behalf of the corporation.

☐ Type ID Produced _____

☐ Personally known to me & did (did not) take an oath.

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES:

Prepared By, Record & Return to:
Hillside HOA Secretary
PO Box 1107
Middleburg, FL 32050-1107

ATTACHMENT (7)

RELEASE OF CLAIM OF LIEN

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned notary public, personally appeared _____, who first being duly sworn, deposes and states that he/she is the authorized agent and has the authorization from the Board of Directors of, HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC., ("Association"/Lienor"), a Florida not-for-profit corporation, whose address is P.O. Box 1107, Middleburg, Florida 32050-1107; says that the Claim of Lien against _____, recorded on _____ in the Public Records in and for Clay County, in Official Records Book _____, page _____, applying to the property described as:

Lot _____, HILLSIDE, as per plat thereof, recorded in Plat Book 32; pages 70 through 73, of the public records of Clay County, Florida.

Said Claim of Lien is hereby SATISFIED and DISCHARGED.

HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC.

BY: _____
(Its Agent)

STATE OF FLORIDA
COUNTY OF CLAY

Sworn to and subscribed before me this _____ day of _____, by _____ Its Agent for HILLSIDE HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC., a Florida not-for-profit corporation, on behalf of the corporation.

- ☐ Type ID Produced _____
- ☐ Personally known to me & did (did not) take an oath.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

Prepared By, Record & Return to:
Hillside HOA Secretary
PO Box 1107
Middleburg, FL 32050-1107

From:

(Property Owner(s)) _____

(Property Address) _____

Middleburg, FL 32068 _____

Phone No.: _____

Date: _____

To: Hillside Homeowners Association
ARC – Chairperson
Post Office Box 1107
Middleburg, FL 32050-1107

Re: Application for an Outbuilding on Lot No.: _____

To the ARC Chairperson,

We, the Property Owner(s) desire to (build / construct) or (improve / alter) an out-building with the understanding that the following restrictions apply:

(This information is required by Hillside's Governing Documents)

1. This request is for? ☐ New Out-Building ☐ Alteration to Out-Building
2. If constructing a new out-building, kindly provide the following:
 - A. Length _____ Width _____
 - B. Total Square Footage _____ (600 SqFt - Maximum allowed)
 - C. Height of Side Walls _____ (8 Ft Sides - Maximum allowed)
 - D. Roof Pitch _____ (5/12 Pitch Roof - Maximum Allowed)
 - E. Overall Building Height _____ (12 Ft Height – Maximum Allowed)
 - F. No Dirt Floors are allowed:

The Floor is made of: ☐ Wood ☐ Concrete

3. Types of Construction Material allowed by governing documents: (check all that apply)

<input type="checkbox"/> Good Wood / Stick	<input type="checkbox"/> Cement Board / Stick	<input type="checkbox"/> Brick / Block
<input type="checkbox"/> Stick / Brick	<input type="checkbox"/> Stick / Block	<input type="checkbox"/> Stick / Brick / Block

(Please continue filling out the remaining information on the back of this form)

From:

(Property Owner(s))

4. Kindly attach the following information / data to this request for consideration by the Architectural Review Committee and the Hillside Board of Directors:

A. Is a copy of the Survey / Plot Plan attached to this request? Check ☐

B. Is the Location Identified / Marked on the Survey/Plot Plan? ☐

C. Number of Feet from all four (4) Lot Lines

Front: _____

Back: _____

Left: _____

Right: _____

D. Is a copy of the Drawing & Specification Sheet attached? ☐

E. Provide Sample of Roof Shingle ☐
(Must Match the House)

Name of Roof Shingle Color: _____

F. Provide Exterior Wall & Trim Color Sample(s) ☐
(Must Match the House)

Name of Colors: _____

5. Will the out-building have any of the following:

Electricity? ☐ Yes ☐ No ☐ Unsure

Fresh Water? ☐ Yes ☐ No ☐ Unsure

Sink and/or Toilet? ☐ Yes ☐ No ☐ Unsure

Waste Water Disposal? ☐ Yes ☐ No ☐ Unsure

6. Property Owner(s) using Contractors? ☐ Yes ☐ No ☐ Unsure
If yes, provided the following:

(a) Contractor's Name: _____

(b) Phone Numbers: _____

(c) License No.: _____

(d) Bonded & Insurance: _____

(e) Agent & Policy No.: _____

(Please continue filling out the remaining information on the back of this form)

From:

(Property Owner(s))

By signing this application the property owner(s) acknowledge and agree to the following terms:

Initials /

a.

Request for an Out-Building shall be made in writing by the property owner(s). A copy of the final survey outlining the exact location, structures, style, materials, and day and evening phone numbers shall be attached and accompany this application request.

 /

b.

No work shall commence until written approval from the Board of Directors has been received by the owner(s). Any construction/alteration commencing before approval of this application is approved not allowed and that, if any are made or done, I / We accept full responsibility for all costs incurred in the removal of disapproved construction/alterations, and for any and all legal fees incurred by the Hillside Homeowners Association, in such action.

 /

c.

The building set back requirements and building restrictions shall be set back a minimum of (10) feet from the rear lot lines and minimum of seven and one-half feet (7 ½) from the side lot lines, however, any setback or building restriction lines (BRL) established on the Plat will supersede the above minimums. Setback or building restrictions lines shall not be encroached.

 /

d.

Approval is contingent upon harmony of external design with existing structures and all work being completed with quality materials and workmanship standards represented by the Association as a whole, and that any construction / alterations deemed substandard by the Association shall be promptly removed at my/our sole expense. Members of the Board or Management may request to inspect changes, both in progress, and upon completion.

 /

e.

This request is subject to restrictions by the Declaration and Bylaws, and the review process provided in the Bylaws. Any variation from the original application must be resubmitted for approval. Any modification to the work approved under this application shall be resubmitted to the ARC; in the absence of which, approval of this application is automatically rescinded. A copy of this request shall be returned to the owners by the Board of Directors annotating approval or disapproval.

 /

f.

I / We understand and agree, that I / We shall be solely liable for any claims, including without limitation, claims for property damage or personal injury, which result from the request. I / We hereby indemnify the Association and the management company, if employed from and against any and all such claims. Moreover, I / We accept full responsibility for all upkeep, repairs, and maintenance of said out-building / alteration,

 /

g.

Please allow 4-6 weeks for your application to be processed by the ARC and Board of Directors. Once your application is received a receipt letter shall be mailed to your home of record. Property owner(s) shall receive a Final approval or disapproval letter from the Board of Directors.

Owner/Applicant Signature

Date: _____

Co-Owner/Applicant Signature of Owner

Date: _____

Please mail this application to:

- or -

Deliver to:

Hillside Homeowners Association
ARC - Chairperson
Post Office Box 1107
Middleburg, FL 32050-1107

An Officer or Director who is currently
on the Board of Directors for Hillside

FOR ASSOCIATION USE ONLY

RECEIVED BY: _____

DATE: _____

DATE APPLICATION FORWARDED TO ARC: _____

(Please continue filling out the remaining information on the back of this form)

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

(Homeowners Name & Address)

Date: _____

Subject: **Receipt Letter**; Request to Build/Construct/Alter/Improve an Out-Building or
Home on Lot _____; Parcel Number: _____

Dear _____,

Your request to build/construct/alter/improve an out-building or home was received on
_____ and will be turned over to the Architectural Review Committee
(ARC) at the next scheduled Board Meeting for compliance and examination of all information and
documents that were submitted.

Consideration by the ARC is based upon compliance with the Florida Statutes, County
Ordinances, Provisions of the Declaration, Covenants & Restrictions and to ensure that construction
plans meet those objectives. The decision is based on and shall include but not limited to:

- a. Building Specifications; Quality of Materials and Workmanship;
- b. Harmony of external design with surrounding structures;
- c. Effects of the improvements on the surrounding areas, with regard to existing homes,
structures, community or common area property;
- d. Out-building elevation and drainage requirements with respect to lot requirements;
- e. If any ARC's design & construction standards are effect;
- f. Other factors, including aesthetic considerations which, in the sole opinion of the
ARC, will affect the desirability or suitability of the construction; and
- g. Does it appeal to the majority of Neighbors

Sincerely,

Association Secretary

Copies to: ☐ ARC Chairperson ☐ President ☐ Association Records

ATTACHMENT (9)

Stillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

ARCHITECTURAL REVIEW COMMITTEE CHECKLIST

Homeowners Name: _____

Physical Address: _____

Lot Number: _____ Parcel Number: _____

1. Date on Homeowners request: _____
2. Date Received by Association: _____
3. Receipt Letter Sent: ☐ No ☐ Yes Date Sent: _____

(Information Required Per the Covenants & Restrictions)

4. Review information - Is it complete? ☐ No ☐ Yes ☐ Partial

- A. Survey/Plot Plan provided? ☐ No ☐ Yes
- B. Was Location noted/selected? ☐ No ☐ Yes
- Any Encroachment Conflicts? ☐ No ☐ Yes ☐ Unsure

No. Feet from all four (4) Lot Lines

Front: _____ Back: _____

Left: _____ Right: _____

- C. Was Specifications provided? ☐ No ☐ Yes
- D. Professionally Drawn or Designed? ☐ No ☐ Yes ☐ Unsure
- E. Was Materials Listed provided? ☐ No ☐ Yes
- F. Roof Shingle Sample provided? ☐ No ☐ Yes

Name of Roof Shingle Color: _____

Does it Match? ☐ No ☐ Yes ☐ Unsure

- G. Exterior Wall Color Sample provided? ☐ No ☐ Yes

Paint & Trim Colors Name: _____

Does it Match? ☐ No ☐ Yes ☐ Unsure

Leading Particulars, Specifications, Materials & Other Factors*(Review / Research / Evaluation by ARC of All Information & Data Available)*

5. This request is for? ☐ New Out-Building ☐ Alteration
- A. Alteration is for? ☐ Home ☐ Out-Building ☐ Unsure
6. Type Foundation: ☐ Monolithic ☐ Block ☐ Reinforced Concrete ☐ - NA -
7. Type Construction: ☐ Unsure ☐ Hardie Board ☐ Wood ☐ Brick / Block
☐ Stick / Brick ☐ Stick / Block ☐ Stick / Brick / Block
8. Plans Reviewed by Clay County Planning/Zoning? ☐ No ☐ Yes ☐ Unsure
9. Compliance Stamp & Signature on Plans? ☐ No ☐ Yes ☐ Unsure
10. If Constructing/Altering an Out-Building, provide the following:
- A. Provide Square Footage? _____ (Maximum of 600 square feet)
- B. Provide the Length _____ Width _____ ☐ Unknown
- C. Height of Side Walls _____ (Maximum of 8' Sidewalls) ☐ Unknown
- D. Floor Composition is? ☐ Wood ☐ Concrete ☐ Unknown
- E. Roof Pitch _____ (Maximum of 5/12 Pitch) ☐ Unknown
- F. Overall Building Height (Walls & Roof) _____ ☐ Unknown
11. Wall Coating: Name of Paint Color: _____
 Name of Trim Color: _____
 Name of Bricks: _____
 Name of Stucco: _____
 Name of Conquino: _____
12. Will the Out-Building or Alteration have:
- | | | | |
|-----------------------|-----------------------------|------------------------------|---------------------------------|
| Electricity? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| Fresh Water? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| Sink and/or Toilet? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| Waste Water Disposal? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
13. Will the Homeowner be using Contractors? ☐ No ☐ Yes ☐ Unsure

ARC CHECKLIST 3

A. If yes, provided the following:

(1) Contractor's Name: _____

(2) Phone Numbers: _____

(3) License No.: _____

14. Will lead Contractor(s) be using any Sub-Contractor(s)?

☐ No

☐ Yes

☐ Unsure

A. If yes, provided the following:

(1) Sub-Contractor's Name: _____

(2) Phone Numbers: _____

(3) License No.: _____

(* If necessary attach additional Contractor and/or Sub-contractor information)

Important Factors Not Identified

15. Will this Out-Building or Alteration cause any Elevation and/or Property Drainage Conflicts?

☐ No

☐ Yes

☐ Unsure

A. If yes or unsure, was the Land Development Engineer at Clay County's Department of Engineering Consulted?

☐ No

☐ Yes

☐ Unsure

B. If the Clay County's Department of Engineering was consulted, provide the Land Development Engineer's:

Name: _____

Phone No. _____

C. Was a Letter of Conclusions and/or Findings provided to the Homeowners?

☐ No

☐ Yes

☐ Unsure

D. Was a copy of this Letter provided to the ARC?

☐ No

☐ Yes

☐ Unsure

16. Will the above cause any Wet Land Conflicts?

☐ No

☐ Yes

☐ Unsure

ARC CHECKLIST 4

- A. If yes or unsure, was the St John's River Water Management Districts, Regulatory Scientist consulted?
- ☐ No ☐ Yes ☐ Unsure

- B. If the St John's River Water Management Districts, Regulatory Scientist was consulted, provide the Regulatory Scientist's:

Name: _____

Phone No. _____

- C. Was a Letter of Conclusions and/or Findings provided to the Homeowners?
- ☐ No ☐ Yes ☐ Unsure

- D. Was a copy of this Letter provided to the ARC?
- ☐ No ☐ Yes ☐ Unsure

Opinion & Conclusion of Review Committee

17. Does the Out-Building and/or Alteration request meet the specifications in the Hillside Declaration and/or Covenants and Restrictions?
- ☐ No ☐ Yes ☐ Unsure
18. Does the Out-Building and/or Alteration request meet the Quality of Materials/Workmanship Standards?
- ☐ No ☐ Yes ☐ Unsure
19. In the ARC's opinion, will this Out-Building and/or Alteration:
- A. provide harmony with surrounding structures, homes, community property, common areas, etc?
- ☐ No ☐ Yes ☐ Unsure
- B. appeal to the majority of neighbors?
- ☐ No ☐ Yes ☐ Unsure
- C. be awkward in the location, making aesthetic affect look undesirable or unsuitable?
- ☐ No ☐ Yes ☐ Unsure
- D. bring appreciative value to surrounding homes and to the community in general or at-large?
- ☐ No ☐ Yes ☐ Unsure

ARC CHECKLIST 5

20. Provide the Names of the Community Members who were Selected & Served for this ARC.

21. Approve this request when it meets all the requirements stipulated in the Hillside Declaration, Covenants & Restrictions.

22. Disapprove this request and forward to the Board of Directors, when it doesn't meet all the requirements stipulated in the Hillside Declaration, Covenants & Restrictions.

23. Reject this request when items are missing or needed, information is not provided, it doesn't meet all the requirements stipulated in the Hillside Declaration, Covenants & Restrictions.

24. Request is: ☐ Approved ☐ Disapproved - Submit to Board of Directors
☐ Rejected, the following items are missing/needed. Please provide and resubmit to ARC:

25. ARC Chairperson's Signature: _____

Date: _____

26. If the ARC is unable to approve this request, please provide a brief statement of justification, what is wrong and why? Submit all information and this Checklist to the Board of Directors.

Board of Directors Review & Decision

27. Date Received by Board of Directors: _____

28. The Architectural Review Committee (ARC) in the performance of its duties has obtained, acquired and contacted the necessary services, advice or opinions in informational forms from Professional Organizations, such as consulting architects, landscape architects, urban designers and inspectors; County Representatives, Managers and Engineers without any limitations or infringements; and further provides this

29. **No Representation Clause.** No approval of plans and specifications and no publication of architectural standards, if any, shall be construed as representing or implying that such plans, specifications or standards will, if followed, result in properly designed improvements. Such approvals and standards shall in no event be construed as representing or guaranteeing that any Out-Building, Alteration and/or other improvement built/constructed in accordance therewith, will be built to applicable building codes or other governmental requirements or in a good and workmanlike manner. Neither Association nor the ARC shall be responsible or liable for any defects in any plans or specifications submitted, revised or approved pursuant to the terms of this Section, nor any defects in construction undertaken pursuant to such plans and specifications.

30. The Secretary for Board of Directors has read to all members present this ARC Checklist :

Number of Board Members present at this Business Meeting: _____

Motion was entered by: _____

Motion to:

☐ APPROVE

☐ DISAPPROVE

Seconded by: _____

Members Vote: FOR: _____ AGAINST: _____ ABSTAINED: _____

31. A motion was duly entered and seconded. The members have voted in favor of

☐ APPROVAL

☐ DISAPPROVAL

32. Recorded in the minutes of this business meeting:

Association Secretary

Date: _____

Association President

Date: _____

☐ Advisement Letter sent to Homeowner

☐ This request shall be retained in Association Records for _____ years.

Hillside

Homeowners Association of Clay County, Inc.
Post Office Box 1107, Middleburg, Florida 32050-1107

(Homeowners Name & Address)

Date: _____

Subject: **Approval Letter;** Request to Build/Construct/Alter/Improve an Out-Building or Home on Lot _____ ; Parcel Number: _____

Dear _____,

Your request for an out-building or alteration is **approved**. The Architectural Review Committee (ARC) has examined all information and documents that were submitted and found them in compliance with the specifications set forth by the Board and approved by the Association Members.

This approval is for the sole purpose of building, constructing, altering, or improving an out-building or home. The ARC has grand-fathered and/or released your Lot from the Hillside Covenants & Restrictions dated April 16, 1999 as recorded in the Clerk of Court for Clay County Book 1787, Pages 0260 through 0266. The Homeowner should have this letter recorded with Clerk of Court.

Additionally, the Homeowner must obtain and comply with any and all permits required by the Plan & Zoning Department for Clay County. If this out-building requires alteration, is damaged/destroyed or dilapidated beyond repair, removed from the property, or you wish to have it replaced, you must reapply and receive another approval from the ARC. Please ensure any and all easements, set-back requirements and building restriction line (B-R-L) are complied with on said Plat prior to commencing work.

Sincerely,

ARC Chairperson

Copies to: ☐ Secretary ☐ President ☐ ARC File

ATTACHMENT (11)

Stillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

Covenants & Restrictions Violation Report

Homeowner(s) / Name(s) of Violators: _____

Address / Location of Violation(s): _____

Description of Violation(s): _____

(Continue on Back of Form)

Covenants & Restrictions Page No: _____ Line No: _____

(Kindly Mail or Deliver to any Board Member this Violation Report)

Print Your Name: _____

Your Address: _____

Sign Your Name: _____

BOARDS CURATIVE ACTION

Date Received _____

Notification Letter () 1st () 2nd () 3rd () Hearing () Legal

Signature of President or Agent _____

Signature of Assigned Director / Committee Member _____

Stillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

Covenants & Restrictions / By-Laws Change Form

Print Your Name: _____

Your Address: _____

Sign Your Name: _____

(Kindly Mail or Deliver to any Board Member this Change Form)

Covenants & Restrictions / By-Laws () Addition () Change () Deletion

Covenants & Restrictions / By-Laws Page No _____ Line No _____

1. Copy as it is written _____

(Continue on Back of Form)

2. Addition / Change it to read as _____

(Continue on Back of Form)

3. Reason for the Addition / Change / Deletion _____

(Continue on Back of Form)

BOARDS / COMMUNITY ACTION

Date Received _____

1. Board Concurrence Add/Change/Delete Required () Yes () No () Unsure

Legal Advisement Necessary () Yes () No

2. Vote by Members in Good Standing FOR _____ AGAINST _____ PCT _____

Signature of President or Agent

Signature of Assigned Director / Committee Member

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

DISCLOSURE SUMMARY FOR HILLSIDE COMMUNITY A REQUISITE PER §689.26 OF THE FLORIDA STATUTES

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF THE HOMEOWNERS ASSOCIATION.
2. THERE HAVE BEEN RECORDED COVENANTS AND RESTRICTIONS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION, YOU WILL BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
4. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY.
5. THERE IS NOT AN OBLIGATION TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION (If such obligation exists, then the amount of the current obligation shall be set forth)
6. THE COVENANTS AND RESTRICTIONS CAN NOT BE AMENDED WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP OR, IF NO MANDATORY ASSOCIATION EXISTS, PARCEL OWNERS.
7. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS & RESTRICTIONS AND THE ASSOCIATION GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
8. THESE DOCUMENTS ARE MATERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY WHERE THE PROPERTY IS LOCATED.
9. THE HOMEOWNER SHALL PROVIDE A COPY OF THIS DISCLOSURE SUMMARY SIGNED BY THE PROSPECTIVE PURCHASER TO THE ASSOCIATIONS' SECRETARY FOR FILE.

PURCHASER: _____ DATE: _____

PURCHASER: _____ DATE: _____

The disclosure must be supplied by the parcel owner if the sale is by an owner that is not the developer. Any contract or agreement for sale shall refer to and incorporate the disclosure summary and shall include, in prominent, language, a statement that the potential buyer should not execute the contract or agreement until they have received and read the disclosure summary required by this section.

Hillside

Homeowners Association of Clay County, Inc.

Post Office Box 1107, Middleburg, Florida 32050-1107

MORTGAGE CERTIFICATE

DATE: _____

1. HILLSIDE SUBDIVISION LOT: _____

LEGAL ADDRESS: _____

2. HILLSIDE HOMEOWNERS ASSOCIATION is providing the following account information:

SELLERS NAME(s): _____

BUYERS NAME(s): _____

PARCEL NUMBER: _____

CURRENT HOA DUES RATE: _____

HOA DUES REMITTED: ANNUALLY

NEXT HOA PAYMENT DUE: _____

HOA SPECIAL ASSESSMENTS: _____

ACTIVE LIENS ON TITLE: _____

ACCOUNT STANDING: _____

ADDRESS TO FORWARD HOA PAYMENT:

HILLSIDE HOA
Attn: Association Treasurer
Post Office Box 1107
Middleburg, FL 32050-1107

2. If applicable, kindly advise the new Homeowners that Hillside is a Deed Restricted Community with Covenants, Restrictions & Easements. Additionally, please forward a copy of the Corporate Warranty Deed to the above address.

3. If I can be of any further assistance in this matter, please contact me at the above address or cell phone/telephone number: _____

Sincerely,