1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Resale Application – TUSCANY CONDOMINIUM ASSOCIATION, INC.

1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.

2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**

3) EACH PAGE MUST BE *PROPERLY* COMPLETED.

4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.

5) A $100.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED ON LL RESALES. THE $100.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE: **TUSCANY CONDOMINIUM ASSOCIATION, INC.** ** WILL BE $150.00 AS OF 7/1/2021**

6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.

7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED, AND PART OF THIS APPLICATION.**

8) IF YOU ARE PURCHASING THIS PROPERTY FOR INVESTMENT PURPOSES ONLY, OR ARE UNDER THE AGE OF 55; **YOU MUST** FILL OUT PAGE 11 COMPLETELY BEFORE SENDING THIS APPLICATION PACKET IN.

ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LO OK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

ASSOCIATION: TUSCANY CONDOMINIUM ASSOCIATION, INC. ***UNIT #:*** _____

Name of current Owner's: _____

Current Owner's Address: _____

City/ State/ Zip: _____

Current Owner's Phone Number: _____ Current Owner's Cell Number: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant's Address: _____

City/ State / Zip: _____

Applicant's Phone: _____ Applicant's cell phone: _____

E-Mail Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Plate # _____

Make: _____ Model: _____ Year: _____ Plate # _____

PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

Name	*Relationship to Purchaser*	*Date of Birth*
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

_____

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

Purchaser(s) Agreement

In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.

- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.

- PURCHASER(S), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the buyer's responsibility to obtain Condominium Documents from current owner. They may be purchased from Wilson Management for $100.00 if necessary.

- Have enclosed a check in the amount of $100.00 payable to **TUSCANY CONDOMINIUM ASSOCIATION** as provided for by Florida Statutes and by the Condominium Documents.

- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Telephone (561)637-3402 Fax (561)637-3407

Age Verification Questionnaire

Association: TUSCANY CONDOMINIUM ASSOCIATION, INC. **Unit:** _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s) Date: _____

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: TUSCANY CONDOMINIUM ASSOCIATION, INC. **Unit:** _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to purchase an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____

Signature Date

_____ _____

Printed Name Phone/Cell Number

_____ _____

Address City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL. 33445

Telephone (561)637-3402 Fax (561)637-3407

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_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____

Signature Date

_____ _____

Printed Name Phone/Cell Number

_____ _____

Address City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
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Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____

Signature Date

_____ _____

Printed Name Phone/Cell Number

_____ _____

Address City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Applicant(s) Information Sheet

Applicant's Name: _____

Association: TUSCANY CONDOMINIUM ASSOCIATION, INC. Unit #_____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: _____

_____

Local Phone: _____ Seasonal Phone: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

TUSCANY CONDOMINIUM ASSOCIATION, INC. _____

(Association Name)

_____

(Unit #)

Do hereby designate that _____

(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this _____ day of _____, 20 _____

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

Lift Questionnaire

Association Name: **TUSCANY CONDOMINIUM ASSOCIATION, INC.**

1. Is there a Lift in the building? Yes **XXX** No _____

2. Is the Lift a Common Element or Limited Common Element?

   COMMON ELEMENT – ALL UNIT OWNERS PAY LIFT ASSESSMENTS

3. Please check with the Association Board to see if the unit you are interested in is a paid participant of the Lift Group. (whether Common or Limited) and whether or not you will have use of the Lift. You may provide the information needed in paragraph below:

_____

_____

_____

I / We, as the purchaser(s), _____ have read the above
printed name(s)

questionnaire and understand all information contained within.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Phone (561)637-3402 Fax (561)637-3407

If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have notarized.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all social rights to this apartment and will not reside in it.

We wish to waive our social rights to:

_____

_____

Who will reside in the unit and is at least fifty five (55) years old. Proof of age will accompany this form.

_____ _____
Signature Signature

Witnessed my hand and official seal at said County and State this _____ day of _____, 20_____.

_____
Certificate #:

_____
My Commission expires:

_____
Printed Name of Notary Public:

_____
Signature of Notary:

DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with TUSCANY CONDOMINIUM ASSOCIATION, INC. , I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: □

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Are you a service member as defined by s. 250.01, Florida Statutes? Yes □□ No □□
The term "service member" is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (_____) _____

Tuscany Condominium Association, Inc. – Building "_____"
Emergency Contact and Mailing Information Form

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur and it is imperative to contact an out of town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____
Name of Owner(s): _____
Local Telephone Number: _____
Alternate Mailing Address: _____
City, State, and Zip: _____

E-mail Address: _____

Alternate Telephone Number: _____
Business Telephone Number: _____
Cell Telephone Number: _____

Vehicle Information: _____ _____ ____ _____
Color Make/Model Year License Plate Number

Do you rent your unit out? Yes: _____ No: _____
Real Estate Agency Name: _____
Renter's Name: _____
Lease Dates: _____
Renter Telephone Number: _____

Does a Board Member have a key to your unit? Yes _____ No _____
If so, which Board Member: _____

In case of emergency, please notify:
Name: _____
Address: _____
City, State, Zip: _____

E-Mail Address: _____

Telephone Number: _____
Cell Phone Number: _____

Date: _____ Submitted By: _____

A. Residents are responsible for the actions of their guests, invitees, contractors, etc.
B. Violating any of the Rules could result in violation letters, fines and/or legal action, as well as denial of lease renewals.

1) **Sales and Rentals:**
   A. All sales/rentals of units must be approved by the Board of Directors.
   B. All unit owners are required to transfer all condominium documents (including amendments) to the new owner(s).
   C. All mailbox keys must be turned over to the tenant and/or new owner.
   D. All ID passes for current owner must be turned into the ID Office in the Administration Building before the tenant or buyer can receive passes. Their phone number is: 561-499-3335.
   E. Owners should turn in their rental renewal application for processing at least thirty (30) days before the lease expires.
   F. If your renter receives three (3) violations within the term of the lease, the lease will not be approved for renewal.
   G. **In Tuscany C, D and G, no new owner may lease his/her unit during the initial twelve (12) months/1 year of ownership. No exceptions will be made. In Tuscany "B" only, no new owner may lease the first twenty-four (24) months/2 years of ownership. In Tuscany "F" ONLY, no new owner may lease his/her unit during the initial six (6) months of ownership.**
   H. The minimum and maximum lease period allowed is twelve (12) months.
   I. The maximum number of occupants in a 1 or 2 bedroom unit is two (2) for all rentals and owners.

2) **Occupancy:**
   A. One person living in the unit must be fifty-five (55) years old or older. **THIS IS MANDATORY**.
   B. No one under the age of eighteen (18) years old can reside in any unit at any time for any reason.
   C. Sub-leasing is never permitted under any circumstances. Renting out rooms is not permitted.
   D. If an immediate family member (parent/child – one occupant must be over the age of fifty-five) will be residing in your unit when you are not present, a director in your building must be advised in writing. This would be permitted for a minimal amount of time. The Tuscany Condominium Association is not a hotel or vacation resort property. Air BNB rentals are not allowed.

3) **Children:**
   A. Children under the age of eighteen (18) may not live in the Tuscany Condominium Association, Inc. at any time, for any reason.
   B. Children under the age of eighteen (18) are permitted to visit for periods not to exceed thirty (30) days in total in any calendar year without prior written consent of the Board of Directors.
   C. No sporting games or picnicking are permitted in the common areas. This includes baseball, kickball, football, soccer, Frisbee, tag, jump rope, skateboarding, etc.

4) **Pets:**
   Kings Point is a "no pet" community. With the exception of Service/Emotional support animals with approval.

5) **Doors, Locks and Floors:**
   A. The Board of Directors shall maintain keys to all units. The keys will be used for emergency purposes only or for maintenance inspections. In the event of maintenance inspections, prior notice will be provided to all residents.
   B. Hard and or heavy surface floor coverings, including, without limitation, tile, marble or wood, may not be installed in any part of a Unit, without the prior written consent of the Association with an

ARC form. The Association shall approve the installation of hard and/or heavy floor coverings provided the sound isolation and acoustical treatment material meets the specifications established by the Board.

C. The installation of indoor/outdoor carpeting in any open patios, balconies or any other area with exposure to open air is strictly prohibited. The rain causes damage to the concrete underneath.

6) **Consent to Alter:**

A. **No unit shall be materially altered, added to or modified without the prior written consent of the Association.** Specifications for desired work must be submitted to Wilson Landscaping & Management Corp. through an Architectural Request Form ("ARC" Form). These forms can be obtained by calling Wilson Landscaping & Management Corp. at (561)637-3402.

B. Unit owners are responsible for any damages to the common elements caused by their own contractors/workers. Catwalks must be protected and/or cleaned at the close of every business day while work is being done.

A. No contractor waste shall be placed in the dumpsters. Contractor is responsible to remove their own waste. If a contractor does not remove their own waste, they may be prohibited from working in Kings Point in the future.

7) **Trash and Recycling:**

B. Place all garbage in plastic bags and tie the bags before dumping them into the dumpster. NO LOOSE TRASH! Do not drop large bulk items into the dumpster. All cardboard boxes must be broken down before placing in dumpster or recycling bins.

C. Put recyclables in their proper bins. Do not put tied plastic bags into the recycle bins. If the recyclable bins are full, place recyclables into the dumpster**. DO NOT place anything on the ground**. Cartons and pizza boxes should not be placed in the recyclable bins.

D. Bulk items such as furniture, appliances and other large items are picked up every Tuesday. Bulk items may be placed NEATLY next to the dumpster on Mondays after 5 pm, ONLY. If bulk items are placed at the dumpster any other day, you will be billed for the cost to remove the items.

E. No contractor waste shall be placed in dumpster. If a contractor does not remove their own waste, they may be prohibited from working in Kings Point in the future.

8) **Things not permitted:**

A. Excessive noise from televisions, stereos, visitors, etc. between the hours of 10:00 PM and 7:00 AM. For disturbances, please contact the non-emergency phone number for the Palm Beach County Sheriff's office at (561)995-2800.

B. For units on the second floor, place felt tips under movable furniture.

C. No feeding wildlife (squirrels, ducks, birds, feral cats, etc.). This attracts rodents and racoons which defecate on catwalks, which is unsightly, unsanitary and could cause a slip and fall.

D. Smoking is not permitted in the lift, on catwalks or walkways attached to the building. Please be considerate of your neighbors when smoking.

E. No business, licensed or unlicensed, maybe operated out of any unit.

F. No labels may be placed on front doors, windows or mailboxes.

G. No cooking on patios, balconies, or common areas of Tuscany Condominium Association per the order of Palm Beach County Fire Department.

H. No generators permitted at the Tuscany Condominium Association per the order of the Palm Beach County Fire Department.

I. Nothing is permitted to be hung on doors, windows, balconies, or over catwalk railings.

J. No shaking of rugs, mops, rags, etc. on or over the catwalks or on grassy areas.

K. No throwing buckets of water, cooking oil, or any liquid or dry material, food, etc. onto the catwalks, plants or grass.
L. No sweeping or throwing anything out the front door onto the catwalk or over the balcony onto plants or grass.
M. No walking or driving on the grass or through the plants in front.
N. No signs, advertisements or stickers may be placed on unit doors, windows or exterior walls.
O. No signs, for sale signs or otherwise, advertisements, etc. on vehicles.
P. No doormats are permitted for safety reasons (trip and fall).
Q. No chairs, flower pots, statues, ornaments can be placed on catwalks or in front of units.
R. Holiday wreaths/decorations are permitted on outside of door from December 1st thru January 15th **ONLY**. Wreaths and decorations must be hung using removable "over the door" hooks, no nails or screws allowed in the door.
S. Construction hours are Monday–Saturday from 8:00 am until 5:00 pm. No construction work can be completed on Sundays at any time (unless an emergency repair is needed).
T. The switch that controls the light outside the front door must be left in the "on" position at all times. The lights are on sensors and will come on automatically from dusk to dawn for the safety of all residents. If your light bulb is not working, please notify a Director in your building.

9) **Leaks:**
A. Check for dripping faucets, running toilets and leaking shower heads. Call your service contactor immediately when a leak has been noted.
B. The Association highly recommends installing water leak detection devices under sinks, near toilets and by hot water heaters. This will help prevent major flooding in the event of a water leak or pipe burst. These leak detection items are relatively inexpensive and can be purchased at home improvement stores.

10) **Lift:**
A. Report lift issues to the Board of Directors.
B. The lift is not to be used to transport freight items, appliances, furniture, etc. It is for **PASSENGER USE ONLY.**
C. **The lift must be returned to the first floor, every time it is used.** There is a small pull cord to the left of the lift on the 1st floor. When the cord is pulled, the lift will return to the 1st floor.
D. The lift is equipped with an emergency call button in the event you are trapped. This button should only be used in the event of an emergency. If there is an issue with the lift itself, it will be reported to the lift company.

11) **Cable:**
A. Comcast is the cable provider for all of Kings Point. There is a bulk cable contract for the community which covers **basic cable only**. Please contact Comcast at (561)266-2278 for questions regarding boxes, internet, home phone, etc.

12) **Hurricane Season (June 1 – November 30):**
A. Hurricane shutters may be closed during Hurricane Warnings only. They may not be closed while you are away.
B. Bicycles must be brought inside upon a Hurricane Warning being issued.
C. Unsecured items from your patio or elsewhere must be brought in upon a Hurricane Warning being issued. This is so they do not become projectiles during the storm.

13) **Bulletin Boards:**
A. Glass covered Bulletin Board is for Board of Directors use only.

14) **Vehicles and Parking: (Violators will be towed)**

A. You must obey all roadway signs, including speed limits. The Palm Beach County Sheriff patrols the community and will ticket violators and/or speeders.
B. One (1) parking space is assigned to each unit.
C. Vehicle tags must be current.
D. Parking spaces cannot be changed, exchanged or rented. Parking spaces can be temporarily reassigned upon the Board receiving a written agreement between the two owners switching spaces.
E. Vehicles must be parked head in, not backed in and must be pulled all the way up to the concrete bumper.
F. Vehicles in disrepair (i.e. broken windows, flat tires, missing parts, inoperable, etc.) are not permitted. If vehicles in disrepair are parked on Association property, they are subject to be towed, with advance notice (tagging of vehicle).
G. No maintenance or mechanical repairs are permitted except in an emergency.
H. Disabled/crashed vehicles may not be parked in either an assigned or guest space for more than seven (7) days.
I. Car washing is not permitted.
J. No commercial vehicles, recreational vehicles, boats or trailers may be parked on the property overnight.
K. Guest spaces may be used for units with more than one (1) vehicle. **The guest spaces are "first come, first served" and are not reserved for any one unit.**
L. No more than one (1) vehicle per licensed driver, with a maximum of two (2) vehicles per unit.
M. No loud vehicles, or motorcycles will be permitted, nor is loud music blaring from vehicle permitted.
N. **Any car leaking oil on the parking area must be reported to the Board. Pictures and notice of violation will be sent to the owner of the vehicle who must contact a company to remove the stain properly at their own cost.**

15) **Bicycles:**
A. Bicycles must be parked in a bike rack or kept in your unit. Bicycles that become rusted or have unsightly coverings will be removed.

16) **Moving guidelines:**
A. No eighteen (18) wheeler moving trucks will be granted access into Kings Point.
B. Trucks cannot block entire main entrance. Please leave half of the walkway open for pedestrians and emergency vehicles.
C. The elevator/lift is not to be used to move appliances, furniture etc. Passenger use only.
D. Do not damage building, doors, handrails, exit signs, light fixtures, etc. Owners/renters will be charged for damages to common elements.

PLEASE ADVISE YOUT FAMILY, GUESTS, VISITORS, CONTRACTORS, TENANTS AND OTHER INVITEES ABOUT THE RULES AND REGULATIONS ABOVE. YOU THE OWNER/RESDIENT WILL BE RESPONSIBLE FOR ANY AND ALL FINES AND LEGAL FEES.

I/We the undersigned understand and agree to abide by the Rules and Regulations of the Tuscany Condominium Association, Inc.

Signature _____ Date _____

Signature _____ Date _____

TUSCANY CONDOMINIUM ASSOCIATION, INC.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402

Date: _____

Unit Owners: _____

Unit Address:_____

1. The attached ARC Form is to be completed by the unit owner. Please return the completed ARC form to the above address with ALL pertinent material for your specific project, including all copies of the contractor's license and insurance information.
2. The Association and/or its management company may not be required to take any action to maintain, repair or replace any such changes, alterations, additions or issues caused by any work done.
3. The owner assumes all responsibility for any changes, alterations or additions to the property.
4. Please read the form in detail and refer to your copy of the Association's governing documents for more information on alterations.
5. The approval process requires the signature of a member of the Association's Board of Directors.
6. The Association has thirty (30) days in which to respond to your ARC request. No work is to commence prior to receiving approval. Fines may be levied for failure to comply.
7. You will receive the "Approved" or "Not Approved" form in the mail. Once you receive the approved form, you may schedule the work to be completed.
8. All contractor waste is to be removed from Kings Point. Dumpsters in Kings Point are NOT for contractor's use. Old appliances must also be removed by the vendor who delivers new appliances.
9. Any questions may be directed to Wilson Landscaping & Management Corp. at: (561)637-3402.

I/We hereby acknowledge that I/we fully understand the approval process:

_____ _____
Unit Owner Signature Date

_____ _____
Unit Owner Signature Date

Tuscany Condominium Association, Inc.
***c/o* Wilson Landscaping & Management Corp.**
1300 NW 17th Ave.
Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

ARCHITECTURAL REQUEST FORM (ARC) NSTRUCTIONS:

Please be sure the following items are complete before returning your Architectural Request Form:

1) Completed description of the product being installed and the color of the product on the form.

2) Copy of the Contractor's License for the company doing the work.

3) Copy of the Liability Insurance for the company doing the work.

4) Copy of the Workman's Compensation Insurance for the company doing the work.

5) Certificate of Insurance from your contractor, with the following listed as the Certificate Holder:

   Tuscany Condominium Association, Inc.
   c/o Wilson Landscaping & Management Corp.
   1300 NW 17th Ave.
   Suite 270
   Delray Beach, FL 33445

6) Signature on form for the customer requesting the work to be performed.

7) Signature on form for the Representative of the company doing the work.

8) Signature on form by the Association Representative.

9) Copy of appropriate permit from Palm Beach County (after approval has been granted).

Please be sure the form is complete in its entirety, including all signatures listed above, before the work is begun.

Tuscany Condominium Association, Inc.
Architectural Request Form (ARC Form)

Date: _____
Unit Owner: _____
Address: _____
_____

To be completed by Unit Owner:

Product to be installed:

_____
_____
_____
_____

Color of product:

_____
_____
_____
_____

To be completed by Company Representative completing the work:

All necessary permits will be pulled from the County or City by the company and all products will be up to current code. The company is also **Licensed and Insured** to work in Palm Beach County, Florida.

Company authorized signature: _____

Date: _____

Notes:_____
_____
_____

Customer Signature:

_____

Printed Name:

_____

Date: _____

Association Representative Signature:

_____

Printed Name:

_____

Date:_____

KINGS POINT
GOLF AND COUNTRY CLUB
Where Exceptional Lifestyle Begins
GCC

RENTAL AND RESALE INFORMATION

ID OFFICE 561-499-3335 Ext. 136 & 135
Monday – Friday 9:00 AM – 4:00 PM
Sat. & Sun. 10:00 AM – 3:00 PM *(November - May)*
Closed Saturday & Sunday *(June – October)*

Fees: *(All fees subject to change)*

- Capital Contribution & Processing Fee - Includes one (1) Resident ID Card & one (1) Barcode
  $1,500.00 Applicable to all resales and transfers.
- Resident ID $60.00
- Single Resident ID $60.00
- Lessee ID $60.00
- Guest ID $10.00 *(See procedural guide for further details)*
- Health Aide ID $50.00 (*Three months*)
- Barcode $10.00
- Saxony RFID Tag $10.00

Requirements:

Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included**.

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal.
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a $60 fee for each outstanding ID card must be paid before new ID cards will be issued. *Checks payable to:* **Kings Point Recreation Corp., Inc**.
- **Note**: Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease.
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

ORIGINAL

Kings Point Recreation Area Amenities

The recreation amenities consist of three (3) clubhouses, five (5) outdoor swimming pools, Natatorium, two (2) golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a "**NO PET**" community. The recreation area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To assure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the ID Office located in the Administration Building.

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

Signature: _____ Signature: _____
Seller/ Owner *Buyer/ Tenant*

Note: **Capital Contribution & Processing Fee** of $1,500.00 *payable to* **Kings Point Recreation Corporation, Inc**., the Not For Profit Corporation organized under Florida Statute 617 authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.

ORIGINAL

KINGS POINT USER ACCOUNT REGISTRATION

SIGN IN or CREATE AN ACCOUNT at the kingspointdelray.com website

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the internet have already activated their accounts.

2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.

3. Activate your account by going to the kingspointdelray.com website.
   a. On the "**Home Page**" *click on the* "**Gate Access/Visitor Management**" link in order to sign in or create an account.
   b. *Click on* "**Create Account**" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, *click on* "**Create User**" at the bottom of the page. You have now completed your part of the activation process.
   c. You will be notified when your account has been activated (within 72 hours).

4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.

5. Populate your account by going to the kingspointdelray.com website and *click on the* "**Gate Access/Visitor Management**" link.
   a. *Click on* "**Sign In**" and enter your user name and password.
   b. *Click on* "**Sign Me In**" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
   c. The "Permanent" list will be updated on an annual basis.
   d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.

6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.

7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.