



DST PROPERTY MANAGEMENT  
DEPENDABLE SERVICE YOU CAN TRUST

2300 W. Sample Road #310, Pompano Beach, FL 33073  
\* Office: 954-933-2353 \* [www.dstpm.net](http://www.dstpm.net)

## IMPORTANT APPLICATION INFORMATION

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, and a list of the missing items.

You may then complete the application and re-submit it together with the required fee.

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

If you do not fill in the information above, we will use the best address available in the application you submitted.

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

# ARISTOCRAT CONDOMINIUM ASSOCIATION

c/o DST Property Management  
2300 W. Sample Road # 310  
Pompano Beach, FL 33073  
Office: 954-933-2353 \* [www.dstpm.net](http://www.dstpm.net)

## APPLICATION TO PURCHASE/LEASE

### Instructions:

1. Please complete and submit the enclosed application together with a **non-refundable fee of \$150.00 per married couple OR \$150.00 per person 18 years of age or older.** The fee must be in the form of a check, money order or cashier's check made payable to Aristocrat Condominium Association (**cash will not be accepted**). All paperwork **must** be **completed in full**. 700 credit score required.
2. Original Association application – 3 pages (completed & signed).
3. Signed and Agreement to abide by By-laws, Rules & Regulations.
4. Unit Information Sheet (to be completed by applicant).
5. Signed Parking Space Assignment sheet.
6. Signed Authorization Agreement for Association to Collect Rent. \*\*ALL PARTIES, PLEASE INITIAL & DATE PAGES. SIGNATURES MUST BE NOTORIZED\*\*
7. Frequently Asked Questions and Answer Sheet, copy to applicant – Please initial \_\_\_\_\_
8. Attach a copy of the fully executed sales contract or the fully executed lease.
9. The Association has 30 days to complete its processing from the date that the **complete application** was received including all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved and a resubmittal fee of \$150.00 will be required.
10. A legible color copy of your driver's license, passport or state/federal ID must be included with application for all adult occupants as well as a copy of all current vehicle registrations.
11. Proof of income.
12. The owner must provide the buyer with a copy of the Master Declaration.
13. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
14. Are any of the prospective residents on this application an active service member as defined in S. 250.01 Florida Statutes. Circle Yes or No.

### Fees Required:

1. \$250.00 Move-in deposit (due prior to move-in deposit and refundable, provided no damage occurs).
2. Lease applications only, \$250.00 security deposit (refundable at the end of final lease period, less any unpaid fines incurred during the rental period).

### Occupancy Restrictions:

1. No commercial vehicles, trailers, motor homes, mobile homes, campers, recreational vehicles etc. are permitted on the premises.
2. Use of this unit is for single-family residence only. A single-family is a single person or domestic partnership/husband and wife and their children.

Applicant(s) sign to acknowledge X \_\_\_\_\_ Date \_\_\_\_\_

Applicant(s) sign to acknowledge X \_\_\_\_\_ Date \_\_\_\_\_

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

## **APPLICATION FOR OCCUPANCY**

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

Purchase  Lease  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Single  Married  Separated  Divorced  How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

**Spouse** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

- 1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant). \_\_\_\_\_ State Issued \_\_\_\_\_  
 Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_  
 Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_  
 Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

To: The Board of Directors  
Aristocrat Condominium Association, Inc.

I/We submit this application regarding my/our PURCHASE/LEASE of Unit # \_\_\_\_\_ in The Aristocrat Condominium Association.

I/We understand that acceptance of this purchase or lease is conditional upon the truth and accuracy of information included herein and any information that may be subsequently furnished by the applicant(s) and the approval by the owner and the Board of Directors of the Aristocrat Condominium Association.

I/We specifically authorize you to make such investigation of my/our background as the Board may deem necessary. I/We agree that the information contained herein may be used in the investigation and that the Board of Directors and Officers of the Aristocrat Condominium Association and their agents shall be held harmless from any action of claim by me/us in connection with the use of the information contained herein or any related investigation conducted.

I/We have received a copy of:

- 1. The Condominium Documents (Purchasers only): Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Rules and Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Frequently Asked Q&A Sheet: Yes \_\_\_\_\_ No \_\_\_\_\_

I/We hereby agree that I/We and all persons who may use the apartment will abide by the By -laws and Rules and Regulations which may in the future be adopted.

I/We understand that sub-leasing or occupancy of this unit in my/our absence is not permitted without prior approval of the Board of Directors.

In making this application, I/We are aware that the decision of the Board of Directors of the Aristocrat Condominium Association, Inc. will be final and that no reason will be given for any action taken by the Board. I/We agree to be governed by the determination of the Board of Directors.

Approximate Closing Date: \_\_\_\_\_ OR Lease Term: From: \_\_\_\_\_ To: \_\_\_\_\_  
For Purchasers Only: The purpose of this purchase is for use as a Permanent Residence \_\_\_ OR Seasonal Residence \_\_\_ OR other \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Today's Date

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

**UNIT INFORMATION SHEET**

Name of Owner(s) /Tenant(s): \_\_\_\_\_ Unit # \_\_\_\_\_

Mailing Address (if different than residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Out of State Residence Address:

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Information:

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Office #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does emergency contact person have key to your unit? \_\_\_\_\_

Occupants in Unit: List Only Those Individuals Who Will Be Residing In The Unit

Name	Relationship
_____	_____
_____	_____

Vehicles(s) Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # \_\_\_\_\_

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

**ASSIGNMENT OF USE OF PARKING SPACE**

The undersigned has acquired Unit # \_\_\_\_\_ in the ARISTOCRAT CONDOMINIUM ASSOCIATION and has been assigned the use of the parking space described below in accordance with the Declaration of Covenants and Restrictions.

Now, Therefore, it is agreed as follows:

1. There is hereby assigned to the undersigned the use of (1) parking space, numbered \_\_\_\_\_ effective herewith.
2. This Assignment of use of parking space is for the exclusive use of the unit owner/tenant. The parking space shall be maintained, occupied and transferred solely in accordance with the provisions of the Declaration of Covenants and Restrictions.
3. The Assignment shall be noted and maintained by the Association for such purpose.

I hereby state that my vehicle is a standard-size, non-commercial (no commercial markings) passenger vehicle that complies with the condominium Rules and Regulations of which do not allow trucks. I also understand that parking on the condominium property is limited to the number of spots owned by the unit (usually one).

THIS ASSIGNMENT dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ARISTOCRAT CONDOMINIUM ASSOCIATION

\_\_\_\_\_  
Unit Owner/Tenant

\_\_\_\_\_  
Unit Owner/Tenant



**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

**AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT  
UPON DELINQUENCY IN MAINTENANCE PAYMENTS**

Page 1 of 2

WHEREAS, \_\_\_\_\_ (herein "Owner"), is/are the owner/owners of record of unit \_\_\_\_\_ located at 1200 Hibiscus Avenue, Pompano Beach, Florida in the Aristocrat Condominium (herein the "condominium"), as described in the Aristocrat Condominium (herein the "Condominium"), as described in the Declaration of Condominium as amended, recorded in the public Records of Broward County, at Official Records Book 4723, Page 244, as amended; and

WHEREAS, the Aristocrat Condominium Association, Inc. (herein "Association") is the entity charged with the operation and management of the Condominium, and

WHEREAS, Owner desires to lease the unit to

\_\_\_\_\_

(herein "Lessee(s)" pursuant to a lease submitted herewith, and

WHEREAS, the parties desire the approval of the Association for this lease pursuant to Article 12 of the Declaration.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the Execution and delivery of this Authority Agreement, and the submission of any other documentation required by the Association, the Association shall provide he necessary approval for the lease.
2. If, at any time during the tenancy or term of the lease, Owner becomes delinquent in payments of assessments to Association, Owner and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, cost and attorney fees, if any, as may be delinquent. Further, Owner and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner expressly absolves Lessee(s) from any liability to Owner for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds are left over after deduction of amounts owed, the Association shall immediately remit the balance to Owner at the address listed in the Association's records.
3. Should Lessee(s) fail to comply with the demands of the Association within three (3) days of receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner, though eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner and Lessee(s) further agree that if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from Owner. Any such costs shall be demanded to be a special assessment against the unit and collectable in the same manner as any special assessment, pursuant to the Declaration of Condominium.

Initial \_\_\_\_\_ Date \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT  
UPON DELINQUENCY IN MAINTENANCE PAYMENTS

Page 2 of 2

AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ARISTOCRAT CONDOMINIUM ASSOCIATION, INC.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC:

Signed: \_\_\_\_\_

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

Seal:

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

To: The Aristocrat Condominium Association Board of Directors

With regards to My/Our Aristocrat Condominium Association application for Unit # \_\_\_\_\_ submitted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I/We understand that the Interview is only part of many in the vetting process.

I/We understand the vetting process can take up to 30 days and that the interview may take place in the beginning, middle, or end, during this 30 day period.

I/We understand that we shall not make any assumption that I/We have been approved until the Board President and Board Secretary have signed the Certificate of Approval document.

\_\_\_\_\_  
CURRENT OWNER / Print Name

\_\_\_\_\_  
BUYER / TENANT Print Name

\_\_\_\_\_  
Current Owner Signature

\_\_\_\_\_  
Buyer / Tenant Signature

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**

**PETS**

NO PETS OF ANY KIND ARE ALLOWED ANYWHERE IN THE BUILDING. If a pet or pets should be found upon the premises of any owners, lessees or guests, the Board of Directors is authorized to file whatever papers are necessary, including the seeking of an injunction and by continuing to keep a pet or pets on the premises, the owner of the apartment submits to a hearing on petition or injunction without notice, and authorizes the court to grant same in the event of violation of this rule. By continuing to violate this rule, the owner of the apartment submits themselves to the payment of attorney's fees and costs in connection with the enforcement of this rule, whether the case comes to a conclusion by a court decision or otherwise.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**THE ARISTOCRAT CONDOMINIUM ASSOCIATION**  
**FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET**

- Q. What are my voting rights in the condominium association?  
A. Each unit is entitled to one vote. Only one person with respect to each unit's ownership is entitled to cast that unit's vote. If a unit is owned by more than one person, those persons shall designate one amongst themselves as the voting representative entitled to cast their unit's vote at any meeting of the unit owners. (PLEASE REFER TO ARTICLE 9.7 OF THE DECLARATION OF CONDOMINIUM AND TO ARTICLE 2.4 OF THE BY-LAWS OF THE ASSOCIATION FOR MORE INFORMATION ON VOTING AND THE DESIGNATION OF A VOTING REPRESENTATIVE.)
- Q. What restrictions exist in the condominium documents on my right to use my unit?  
A. There are several restrictions on the use of your unit which include limitations on: pets, alterations of unit exteriors and the use of common elements. (THIS LIST IS NOT ALL INCLUSIVE, PLEASE REFER TO ARTICLES 8 AND 12.4 OF THE DECLARATION OF CONDOMINIUM AND TO THE RULES AND REGULATIONS OF THE ARISTOCRAT CONDOMINIUM ASSOCIATION, INC. FOR MORE INFORMATION ON THE USE OF YOUR UNIT.)
- Q. Can I own my unit with another family?  
A. Unit ownership is for a single family household use only. No exceptions.
- Q. What restrictions exist in the condominium documents on leasing of my unit?  
A. No unit owner may dispose of a unit or any interest therein by lease without the prior approval of the association. Occupancy of a unit under a lease may only be by the lessee and his family and guest. No lease application will be approved where the prospective lessee owns a pet. No leases are permitted during the first twenty-four 24 months a unit owner holds record of title to a unit. Subsequent to the first 24 months of ownership, a unit owner may not lease or rent his unit more than in any twelve (12) month period or once in any calendar year for a term not less than three (3) months. (PLEASE REFER TO ARTICLE 12 OF THE DECLARATION OF CONDOMINIUM AND TO THE CERTIFICATE OF AMENDMENTS TO THE DECLARATION DATED DECEMBER 4, 1991, AND RECORDED IN OFFICIAL RECORD BOOK 19037, AT PAGE 777 OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA FOR FURTHER EXPLANATION OF YOUR RIGHTS TO LEASE YOUR UNIT.)
- Q. Can my friends and family come to stay in my unit anytime?  
A. Guests are permitted to visit twice per year, three (3) weeks maximum per visit.
- Q. Is my parking space(s) deeded or assigned?  
A. Parking spaces are assigned.
- Q. Are there any restrictions on parking and type of vehicle permitted?  
A. Yes, parking vehicles are limited to the number of spaces assigned to the unit. No commercial vehicles or trucks permitted.
- Q. How much are my assessments to the condominium association for my unit type and when are they due?  
A. Assessments are due and payable monthly on the first day of each month. Regular monthly assessments are based on unit type and square footage. The following assessments figures are based on the 1999 Operation Budget. These figures do not include any special assessments which may be levied and it subject to change. Unit \_\_\_\_\_ being a \_\_\_\_\_ bedroom unit will pay a regular monthly assessment of \$\_\_\_\_\_. Assessment payments not received by the 10<sup>th</sup> of the month will be subject to a \$25.00 late fee. (PLEASE REFER TO ARTICLE 6 OF THE DECLARATION OF CONDOMINIUM, EXHIBIT A THERETO, ARTICLE 6.3 OF THE BY-LAWS OF THE ASSOCIATION, AND TO THE CERTIFICATE OF AMENDMENTS TO THE BY-LAWS DATED DECEMBER 4, 1991, AND RECORDED IN OFFICIAL RECORDS BOOK 19037, AT PAGE 777 IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA FOR MORE INFORMATION ON ASSESSMENTS AND TO DETERMINE YOUR UNIT'S PERCENTAGE OWNERSHIP OF COMMON ELEMENTS.)

Init: \_\_\_\_\_ Init: \_\_\_\_\_

## FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

- Q. Do I have to be a member in any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?
- A. No. There is no other association in which your membership is required.
- Q. Am I required to pay rent on land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?
- A. Your association entered a 99-year lease with Plaza Incorporated, a Florida corporation on December 15<sup>th</sup>, 1971, for the use of various recreational amenities associated with the Aristocrat Ocean and Lakeview Condominium.
- Unit owners owning two bedroom units will pay \$589.44 annually for the recreation lease.
  - Unit owners owing one bedroom units will pay \$517.44 annually for the recreation lease.
- Q. Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identity each such case.
- A. No. There is currently no litigation in which the association is involved which would subject it to liability in excess of \$100,000. NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES. EXHIBITS HERETO. THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.

Init: \_\_\_\_\_ Init: \_\_\_\_\_