CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC. C/O GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FLORIDA 33463 PHONE (561) 641-8554 FAX (561) 641-9448

#### **RESALE REQUIREMENTS**

COMPLETED APPLICATION

# APPLICATION PROCESSING FEE - \$50.00 CHECK OR MONEY ORDER MADE PAYABLE TO GRS MANAGEMENT ASSOCIATES

55 AND OVER COMMUNITY

COPY OF DRIVER'S LICENSE FOR ALL OCCUPANTS

CERTIFICATE OF APPROVAL

CONTACT GRS FOR ADT SECURITY FORM

## CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC. C/O GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FLORIDA 33463

TO: ALL NEW OWNERS

FROM: THE BOARD OF DIRECTORS

**RE: ASSOCIATION REQUIREMENTS** 

Please be advised that as a new owner at CASCADES AT RIVER HALL RESIDENTS'ASSOCIATION, INC. you are now a member of the Homeowners Association. This memorandum is to advise you of your responsibilities as a member of the Association.

- 1.) As a member of the Association you are agreeing to abide by the Associations Documents as recorded in the Lee County Official Records. If you have not received a copy of these documents from the seller of your unit, they are available to you from GRS Management at (239) 561-9160 for a fee of \$75.00.
- 2.) As a member of the association you are agreeing to abide by the Rules and Regulations as set forth by the Association's Board of Directors. Please contact GRS Management for a copy of the Rules and Regulations.
- 3.) Make sure that your title company has verified that the homeowner fees on your new home have been paid. These fees are a lien against your unit and you could be held responsible if there are any outstanding fees.
- 4.) Make sure that your title company forwards a copy of your warranty deed to GRS Management. This must be done in order for the home to be transferred into your name in the official records of the Association. The management company will not change the name on the official records without receiving this information, which in turn could hold up any correspondence concerning Association matters from reaching you.
- 5.) It is your obligation to make sure that the mailing addresses and telephone numbers are kept up to date with the management company.
- 6.) Homeowner fees are due in advance on the first day of each quarter (January, April, July and October). A statement will be mailed to you as a courtesy prior to the time when the fees become due. It is your responsibility to pay these fees even if you do not receive the statement. If you do not receive the statement, please contact GRS Management.

Should you have any further questions concerning the Homeowners Association, please contact your community association manager Stacy Garcia (239) 561-9160 ext. 179 and she will be happy to assist you.

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS AS SET FORTH ABOVE AND AGREE TO COMPLY WITH THE SAME.

Purchaser:	
Signature	Print Name
Purchaser:	
Signature	Print Name
Property Address:	Date:

## CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

#### **AGE VERIFICATION CERTIFICATE**

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Cascades at River Hall as a community of housing for older persons in accordance with Cascades at River Hall documents and the Federal Fair Housing Act.

Lot #: Address:	
Owner(s) as they appear on the last re	corded deed:
Name:	Date of Birth:
Name:	Date of Birth:
Occupant(s) include owner(s) above is	f an occupant:
Name:	Date of Birth:
2	e information is true and correct and that within fifteen (15) days after any notify the Board of Directors of Cascades at River Hall Residents' writing.
-	Owner

Date:\_\_\_\_\_

#### CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

#### Gate Registry Information and /or Bar Code Request Form

<b>Please select 3 more digits</b> for your gate Press # first, then your 4 digit PIN numbe	PIN (all PINs start with zero first): 0 r at the gate key pad to open the gate.
Please check all that apply:	
I need a bar code(s) – Vehicle Make/l	Model
Vehicle Make/	Model
I need my name / phone number place	ed in the gate front entry system.
Resident Name:	Lot #:
Address:	
Home Phone:otherwise indicated.	Your home number will be used in the gate registry unless
Cell Phone:	Email:
Emergency Contact:(Person with key to your Residence)	Phone:
Occupants Living At This Address	
1. Last Name:	First Name:
2. Last Name:	First Name:
3. Last Name:	First Name:
4 Last Name:	First Name:

Please mail or fax the completed form to:

GRS Management Associates, Inc. 3900 Woodlake Blvd., Suite 309 Lake Worth, Florida 33463 Fax (561) 641-9448

## CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

# **RESIDENT E-BLAST INFORMATION FORM**

Please Print	
Name:	
Address:	
Phone Number:	Email Address:
Alternate Address (if applicable):	
Alternate Phone Number:	
Please register on the Cascades at River Hall minutes, etc. at <a href="https://www.cascadesriverhall.net">www.cascadesriverhall.net</a> .	l website to access information on events, past newsletters, meeting
	above information published in our Resident Directory. You will ay pertinent information regarding the Cascades community.
Print Name	Signature
Date	

Please return completed form by mail, fax or e-mail to:

GRS Management Associates, Inc.
Attn: Stacy Garcia, LCAM
3900 Woodlake Blvd., Suite 309
Lake Worth, Florida 33463
Fax (561) 641-9448 Email sgarcia@grsmgt.com