

LUCERNE LAKES CONDOMINIUM
ASSOCIATION, INC
(LUCERNE POINTE VILLAS CONDO)
3900 WOODLAKE BLVD. #309
LAKE WORTH, FL.
PHONE 561 641 8554
FAX 561 641 9448

55 & OVER COMMUNITY

APPLICATION REQUIRED

APPLICATION FEE \$ 100.00

COPY OF SALE OR LEASE CONTRACT REQUIRED

APPROVAL REQUIRED

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC
G.R.S. MANAGEMENT ASSOCIATIONES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

- 1 Complete every line/blank on the attached documents. All questions must be answered. All blanks completed. Should the question not apply, answer "N/A". PRINT COMPLETE mailing addresses, including zip codes. IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, MANAGEMENT COMPANY, ASSOCIATION, AND/OR OWNERS WILL NOT BE RESPONSIBLE/LIABLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT CAUSED BY OMISSION OR ILLEGIBILITY.
2. A non-refundable application fee of \$100.00 EACH must accompany EACH Application (per unrelated applicant).
3. Return the attached forms to GRS Management at the address listed at the top of This form, along with a copy of the sale or lease agreement
4. The references listed on the application must be thoroughly investigated, prior to any meeting with the interview committee. The association has thirty (30) days from the receipt of a valid and completed set of responses to the association's inquiries in which to give their decision.
5. Prior to final approval, all applicants must be interviewed. The Board of Directors normally gives management their decision within twenty-four (24) Hours following the interview.
6. Should the unit have funds owing the association, an application for lease or sale Will not be considered a valid one; until such time as all balances due the Association have been satisfied or arrangements for payment have been made. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of the area checks to clear, before requesting an interview. The association as thirty (30) days from the time of full Satisfaction of all balances owing in which to interview the applicant and give their decision.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

PAGE TWO

7. If approval is given, on the purchase of the unit, the Association will furnish the proper written approval form to the designated party. Should the application be for a purchase, the designated party then agrees to furnish a copy of the WARRANTY DEED, along with the buyers' LEGAL MAILING ADDRESS and telephone number, to the Management Company, immediately following the close of the sale. The Management Company will not amend their records, recording a new owner without said Warranty Deed.
8. It is the Sellers' obligation to furnish the following to the buyer:
 - a. A full set of current Documents and the Rules & Regulations.
 - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
9. It is the Lessors' obligation to furnish the following to the Lessees:
 - a. A current copy of the Documents & Rules and Regulations.
 - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
 - c. It is the Lessors' obligation to keep the Lessees advised of any change in -rules & regulations or other community information applicable to the Lessee during the term of the lease.
10. It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.
11. Homeowner fees are due monthly, in advance, on the 1st days of each month. Coupons will be mailed to you as a courtesy at the end of each year for the following year. It is your responsibility to pay these fees even if coupons are not received. If you do not receive the coupons, please contact GRS Management @ 641-8554 and a new set will be mailed to you.
12. In order to Occupy a unit, you must be 55 years old or older.

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATION, INC
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

TO ALL NEW OWNERS

FROM THE BOARD OF DIRECTORS

RE: HOMEOWNERS FEES

.....
Please be advised that as a new owner at LUCERNE LAKE Condominium Association Inc. you are now a member of the Condominium Association. This memorandum is to advise you of your responsibilities as a member of the Association.

First and foremost, as a member of the Association you are agreeing to abide by the Associations documents as recorded in the Palm Beach 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 the GRS Management @ 561-641-8554 for a fee of \$ 75.00.

There are a few general items contained in these documents that we would like to point out to you. On the date of your closing, you should make sure that:

- A) Your title company has verified that the homeowners fees on your unit have Been paid. These fees are a lien against your unit, and you could be responsible if they are outstanding.
- B) Your title company has forwarded a copy of your warranty deed to GRS Management. This must be done in order for the unit to be transferred to 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.
- C) Homeowners fee are due MONTHLY, in advance, on the 1st day of each Month. Coupon books will be mailed to you as a courtesy at the end of each years for the following year. It is your responsibility to pay these fees even if a coupon book is not received. If you do not receive a coupon book, please contact GRS Management @ 641 8554 and a new set will be mailed to you.

Should you have any questions concerning the Condominium Association, please fell free to contact GRS Management @ 641 8554 and they will be happy to assist you.

LEASE/SALE APPLICATION

Date: _____ Date of Occupancy: _____
Name: _____ Date of Birth: _____ Soc Sec #: _____
Spouse: _____ Date of Birth: _____ Soc Sec #: _____
() Single () Married () Widow () Separated () Divorced
Number of People who will occupy unit(adults): _____
Names & Ages of Children who will occupy: _____
Description of Pets (breed, size, color, weight): _____
In case of emergency notify: _____

(PLEASE PRINT) PART 1 - RESIDENCE HISTORY (5 YEARS MINIMUM)

A) Present Address: _____ Phone #: _____
Apt or Condo Name: _____ Phone #: _____ Date of Residency: _____
Landlord or Mortgage: _____ Phone #: _____
B) Previous Address: _____
Apt or Condo Name: _____ Phone #: _____ Date of Residency: _____
Landlord or Mortgage: _____ Phone #: _____
C) Previous Address: _____
Apt or Condo Name: _____ Phone #: _____ Date of Residency: _____
Landlord or Mortgage: _____ Phone #: _____

(PLEASE PRINT) PART 2 - EMPLOYMENT & BANK REFERENCES

A) Employed by: _____ Phone #: _____
How Long: _____ Position: _____ Approx Mthly Income: _____
Address: _____
B) Spouse's Employment: _____ Phone #: _____
How Long: _____ Position: _____ Approx Mthly Income: _____
Address: _____
C) Bank Reference: _____ Phone #: _____
Account #: _____ () Checking () Savings
How Long: _____
Address: _____
1) Bank Reference: _____ Phone #: _____
How Long: _____ Account #: _____ () checking () Savings
Address: _____

(PLEASE PRINT) PART 3-CHARACTER REFERENCES

1. _____ Res Phone #: _____ Bus Phone #: _____
Address: _____
2. _____ Res Phone #: _____ Bus Phone #: _____
Address: _____
3. _____ Res Phone #: _____ Bus Phone #: _____
Address: _____

Number of cars (to be parked here): _____ Drivers Lic #: _____ State: _____

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, G.R.S. MANAGEMENT ASSOCIATES, INC. 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 APPLICATE RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT, G.R.S. MANAGEMENT ASSOCIATES, INC., MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AS APPLICABLE.

SIGNATURE: _____ SIGNATURE: _____
APPLICANT SPOUSE

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
PAGE THREE

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

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

LESSEE: _____ DATE: _____

LESSEE: _____ DATE: _____

LUCERNE LAKE
CONDOMINIUM ASSOCIATION

RE: Application for and LUCERNE LAKE CONDO

TO: LUCERNE LAKE CONDO Board of Directors
Lucerne Point Recreation Association

FROM _____
(Name of Unit Owner selling/leasing)

This will introduce _____, who
Has purchased /leased the following unit as of _____
With a lease expiration date of _____, Building
No. _____ Unit No. _____

ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone: _____

Upon acceptance by the Board of Directors, please issue the proper
approval documents and I.D. Cards

Unit Owner

TO ALL NEW RESIDENTS:

WE REQUEST ALL NEW RESIDENTS TO BREAK DOWN
ALL CARTONS AND PLACE THEM INSIDE A DUMPSTER.
THE WASTE MANAGEMENT COMPANY DOES NOT PICK
UP ITEMS THAT ARE PLACED OUTSIDE THE DUMPSTER.

New Resident

Building No. _____ Unit No. _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

Name	age	relationship
Name	age	relationship
Name	age	relationship

LUCERNE LAKE
CONDOMINIUM ASSOCIATION

RE: Application for LUCERNE LAKE CONDOMINIUM
AND LUCERNE POINT

TO: LUCERNE LAKE: Board of Directors
Lucerne Point Recreation Association

FROM: _____
(name of unit owner selling/leasing unit)

This will introduce _____, who
Has purchased/leased the following unit as of _____
With a lease expiration date of _____, building
No. _____ Unit No. _____

ADDRESS: _____

City _____ State _____ Zip Code _____
Telephone: _____

Upon acceptance by the Board of Directors, Please issue the proper approval documents and I.D. cards

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC.

NAME _____

ADDRESS _____

LOCAL PHONE # _____ OUT OF TOWN # _____

YOUR ALTERNATE (out of town) MAILING ADDRESS _____

EMERGENCY CONTACT (Local or out of state)

NAME: _____ 0 _____ PHONE NUMBER _____

In emergency does the association have a key to your unit: Yes No

If not please give a key to your building president

DOES YOUR UNIT HAVE AN ALARM? If so alarm code _____

WHO HAS A KEY TO YOUR UNIT: NAME _____

A D D R E S S _____

PHONE NUMBER _____

DO YOU HAVE A HOUSE SITTER? YES _____ NO _____

IF YES, PLEASE PROVIDE: NAME _____ PHONE # _____

DO YOU LEASE UNIT: Yes ___ NO ___ IF SO PLEASE PROVIDE THER NAME AND PHONE

NUMBER. _____

WHAT IS YOUR ORIGINAL ASSIGNED PARKING LOT NUMBER _____

IF NOT KNOWN SPEAK TO YOUR BUILDING PRESIDENT. _____

HOW MANY CARS DO YOU REGULARLY PARK IN OUR LOTS? _____

PLEASE SUPPLY US WITH ANY FURTHER INFORMATION YOU MAY WANT US TO KEEP ON

RECORD _____

PLEASE PRINT ALL INFORMATION

PLEASE RETURN FORM TO GRS MANAGEMENT

561 641 8554

561 641 9448

LUCERNE LAKE CONDOMINIUM 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 LUCERNE LAKE CONDO as a community of housing for older persons in accordance with LUCERNE LAKE CONDO documents and the Federal Fair Housing Act.

Lot# _____ Address _____

1. Name _____
Date of Birth _____

2. Name _____
Date of Birth _____

Occupant(s) {Include owner(s) above if occupant(s)}

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of LUCERNE LAKE Condominium Association, Inc. of such change in writing

Owner

Owner

Owner

Date _____

G.R.S. MANAGEMENT ASSOCIATES, INC.

AUTHORIZATIONS TO RELEASE BANKING, CREDIT, RESIDENCE AND
EMPLOYMENT INFORMATION

I HAVE NAMED YOU AS A REFERENCE ON MY APPLICATION FOR RESIDENCY.

YOU ARE HEREBY AUTHORIZED TO RELEASE AND GIVE TO THE BELOW PARTY(S)
OR THEIR ATTORNEY OR REPRESENTATIVE, ANY AND ALL INFORMATION THEY
REQUEST CONCERNING MY BANKING, CREDIT, RESIDENCE, AND EMPLOYMENT IN
REFERENCE WITH MY/OUR APPLICATION MADE FOR RESIDENCY.

DESIGNATED PARTY: G.R.S. MANAGEMENT ASSOCIATES, INC.

I HEREBY WAIVE ANY PRIVILEGES I MAY HAVE WITH RESPECT TO THE SAID
INFORMATION IN REFERENCE TO ITS RELEASE TO THE AFORESAID PARTY(S).

PHOTOCOPIES OF THIS AUTHORIZATION MAY BE MADE TO FACILITATE
MULTIPLE INQUIRIES. IN THE EVENT YOU DO RECEIVE A PHOTOCOPY OF
THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE
REQUESTED INFORMATION SHOULD BE RELEASED TO FACILITATE MY/OUR
APPLICATION FOR RESIDENCY.

APPLICANTS SIGNATURE

APPLICANTS NAME PRINTED

SPOUSES SIGNATURE

SPOUSES NAME PRINTED

DATE: _____

ADDENDUM TO LEASE

THIS ADDENDUM is made between _____ ("Landlord") and _____ ("Tenant") effective this _____ day of _____, 20_ and is intended to and shall supplement, amend and modify that certain Lease dated _____ in the following respects:

1. Tenant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Amended and Restated Declaration of Conditions, Covenants, Easements and Restrictions for Lucerne Lakes Condominium Association, Inc. (LLC) Bylaws of LLC; Articles of Incorporation of LLC; and any rules and regulations for LLC.

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular or special) or other charges to the Association, the Association may notify the Tenant. Upon such notification, the Tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full.

Witness:

LANDLORD

Print Name

By:

By: _____

Witness:

TENANT(S)

Print Name

By:

By: