

# PURCHASE APPLICATION



BUILDING #: \_\_\_\_\_

UNIT #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

## Application Checklist

- COMPLETE ALL SECTIONS OF APPLICATION INCLUDING:
  - CONTACT INFORMATION
  - SIGNED RECEIPT OF ASSOCIATION'S RULES & REGULATIONS
  - RELEASE, IDENTIFICATION AND HOLD HARMLESS AGREEMENT
  - GYM WAIVER (ONE PER APPLICANT)
  - CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE
  - INSURANCE AGREEMENT – CONFIRMATION OF REQUIRED INSURANCE COVERAGE AND AGREEMENT ON TRANSPARENCY
  - ELECTRONIC CONSENT

## Required Documents

- COPY OF SALE CONTRACT
- IF APPLICATION AND/OR SALE CONTRACT IS SIGNED ELECTRONICLY YOU WILL NEED TO PROVIDE THE CERTIFICATE OF AUTHENTICITY OF ELECTRONIC SIGNATURE
- NOTARIZED AUTHORIZATION LETTER FROM HOMEOWNER (ADDITIONAL RESIDENT)
- COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD(S) or VALID PASSPORT – ANY OF THESE TWO FORMS OF IDENTIFICATION
- COPY OF VALID VEHICLE REGISTRATION(S) - *No commercial vehicles nor dealer cars authorized*

## Required Fees (PLEASE SEE LAST PAGE OF APPLICATION FOR A COMPLETE LIST OF THE FEES)

All money orders or cashier checks need to be made **separately**

- APPLICATION FEE - \$100.00 PER PERSON OR COUPLE NON-REFUNDABLE
- ADMINISTRATIVE & DOCUMENT STORAGE FEE - \$350.00 NON-REFUNDABLE
- SECURITY DEPOSIT FEE - \$300.00 REFUNDABLE AFTER MOVE-OUT
- RUSH FEE - \$100.00 (1 TO 2 BUSINESS DAYS) NON-REFUNDABLE (RUSH FEE MUST BE PROVIDED IN MONEY ORDER OR CASHIER'S CHECK ONLY) Completion date subject to application being 100% completed with all necessary documents turned in.

## Please read the following important information

- APPLICANT **MUST** READ AND SIGN THE ORIENTATION PACKAGE THAT WILL BE EMAILED TO RECEIVE THE ASSOCIATION APPROVAL LETTER
- SHOULD A POTENTIAL OCCUPANT MOVE IN WITHOUT PRIOR AUTHORIZATION, THE ASSOCIATION MAY IMPOSE FINES AND/OR PENALTIES ACCORDINGLY
- APPROVAL TIME – **15 BUSINESS DAYS**
- THE COMPLETE CHECKLIST ON THIS PAGE MUST BE FULLY EXECUTED TO START THE PROCESS OF THE APPLICATION
- 

→ Please make a copy of the application for your records ←

PURCHASE APPLICATION

APPLICANT INFORMATION SHEET

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Applicant # 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Have you ever been convicted of a crime? ( ) Yes ( ) No
Home/Cellphone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

EMPLOYMENT INFORMATION:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Position: \_\_\_\_\_ Period Employed: \_\_\_\_\_

E-MAIL CONSENT

I, \_\_\_\_\_, DO / DO NOT (Circle one) give consent to the Blue Lagoon
Condominium Association to communicate with me via electronic transmission.

Signature: X \_\_\_\_\_

Applicant # 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Have you ever been convicted of a crime? ( ) Yes ( ) No
Home/Cellphone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

EMPLOYMENT INFORMATION:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Position: \_\_\_\_\_ Period Employed: \_\_\_\_\_

E-MAIL CONSENT

I, \_\_\_\_\_, DO / DO NOT (Circle one) give consent to the Blue Lagoon
Condominium Association to communicate with me via electronic transmission.

Signature: X \_\_\_\_\_

Names and ages of others under the age of 18 who will occupy unit \_\_\_\_\_

Is Owner listed under a Corporation? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state name of the Corporation: \_\_\_\_\_

Residence Address: (If different from Blue Lagoon unit): \_\_\_\_\_

For association mailing purposes, please state preferred post office mail is to be sent to: (Please be aware that
you are held responsible in providing the association any changes to this information)

**PURCHASE APPLICATION**

**EMERGENCY CONTACT INFORMATION**

In the event an emergency arises that affects your unit and you are away from your home, who should be contacted? This would include instances such as break-ins, water leaks into or from your home, fire, etc.

Please provide three (3) contact persons with all telephone numbers where they may be reached. **If a management company was hired, please provide copy of management agreement to the association.**

Contact Name: \_\_\_\_\_ Key: ( ) Yes ( ) No  
Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Key: ( ) Yes ( ) No  
Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Key: ( ) Yes ( ) No  
Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Key: ( ) Yes ( ) No  
Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

**SIGNATURE OF RECEIPT OF RULES AND REGULATIONS OF BLUE LAGOON CONDOMINIUM POLICIES**

I/We attest the receipt and acknowledged the rules and regulations of Blue Lagoon Condominium. I/We understand that if I do not comply be the rules and regulations, that I/We may be subject to any penalties that apply to the violation committed.

**Applicant # 1**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant # 2**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PURCHASE APPLICATION**

**DISCLAIMER & SIGNATURE**

PLEASE INCLUDE COPY OF DRIVER'S LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY

**Please read and initial each item**

I / We understand that Blue Lagoon Condominium Association may cause to be instituted such investigation of my/our background and/or criminal background as Blue Lagoon Condominium Association may deem necessary. (\_\_\_\_)(\_\_\_\_)

I / We authorize Blue Lagoon Condominium Association to make such investigation and that the Board of Directors of Blue Lagoon Condominium Association shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Association. (\_\_\_\_)(\_\_\_\_)

I / We agree to provide any additional information and/or documentation as requested by Blue Lagoon Condominium Association. (\_\_\_\_)(\_\_\_\_)

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

By signing, the applicant recognizes that Blue Lagoon Condominium Association and/or (Screening Company) 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 Blue Lagoon Condominium Association.

**Applicant # 1**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 2**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PURCHASE APPLICATION**

**VEHICLE INFORMATION**

**Vehicle One:**

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

OFFICE USE ONLY: Space #: \_\_\_\_\_ Decal/Transponder #: \_\_\_\_\_

**Vehicle Two:**

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

OFFICE USE ONLY: Space #: \_\_\_\_\_ Decal/Transponder #: \_\_\_\_\_

**Vehicle Three \*\*\* (ONLY IF UNIT HAS A SECOND ASSIGNED PARKING SPACE):**

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

OFFICE USE ONLY: Space #: \_\_\_\_\_ Decal/Transponder #: \_\_\_\_\_

**\*NO COMMERCIAL OR OVERSIZED VEHICLES ARE ALLOWED IN THE PROPERTY.  
NO DEALER CARS AUTHORIZED. NO EXCEPTIONS\***

**MOTORCYCLE/SCOOTER INFORMATION**

**Motorcycle/Scooter One:**

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

OFFICE USE ONLY: Decal #: \_\_\_\_\_  Registration  Picture

**Motorcycle/Scooter Two:**

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

OFFICE USE ONLY: Decal #: \_\_\_\_\_  Registration  Picture

**BICYCLES INFORMATION**

**Bicycle One:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

OFFICE USE ONLY: Decal #: \_\_\_\_\_  Picture

**Bicycle Two:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

OFFICE USE ONLY: Decal #: \_\_\_\_\_  Picture

**Bicycle Three:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

OFFICE USE ONLY: Decal #: \_\_\_\_\_  Picture

**PURCHASE APPLICATION**

**PET REGISTRATION**

Date: \_\_\_\_\_ Bldg. / Unit #: \_\_\_\_\_ Tag #: \_\_\_\_\_

Owner's Pet Name: \_\_\_\_\_

Type of Pet (please check one): Dog \_\_\_ Cat \_\_\_ other \_\_\_\_\_  
(Please specify)

**PLEASE  
Attach photo of pet here,  
email it to us  
or bring your pet by  
the management office  
to be photographed.**

Name of Pet: \_\_\_\_\_

Breed/Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Pet's Gender: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_

**Requirements:**

- Pet Registration fee of \$ 100.00. Money Order or Cashier Check payable to Blue Lagoon Condominiums Association**
- DNA Test fee \$ 50.00 \*Only Dogs\***
- Pet Annual Fee \$ 100.00 \*Only Dogs\***
- Picture of pet**
- One (1) pet per unit**
- Pet weight limit 30 lbs. or less**
- Provide proof of county vaccines records (dog license)**

I/we understand and are aware of Blue Lagoon Condominiums Association (the "Association") rules, regulations, and restrictions regarding pets on the property and agree to abide by them. It is further understood that if the pet is or becomes a nuisance or annoyance or interferes with the rights or enjoyment of others including, but not limited to, any noises or smells emanating from the pet or the premises, I/we agree to provide alternate housing for the pet.

**PET OWNER:**

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                                   |                                  |                        |   |
|-----------------------------------|----------------------------------|------------------------|---|
| Pet Form <input type="checkbox"/> | Pet DNA <input type="checkbox"/> | <b>Office Use Only</b> | Pet Tag # <input style="width: 80px;" type="text"/> |
| Pet Fee <input type="checkbox"/>  |                                  |                        |   |

**PURCHASE APPLICATION**

**RELEASE, IDENTIFICATION AND HOLD HARMLESS AGREEMENT**

This release, indemnification and Hold Harmless Agreement (“Release”) is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned Owner(s) or Lessee(s) of Unit located in **BLUE LAGOON CONDOMINIUM ASSOCIATION, INC.**

**Whereas**, the Association will permit the undersigned to engage contractors and vendors (including all those working by, through, or under them, the “Personnel”) to perform work within the undersigned’s Unit subject to the terms and conditions set forth hereinafter. The contractor must submit a current certificate of insurance for general liability insurance with limits of at least \$1,000,000.00 and **BLUE LAGOON CONDOMINIUM ASSOCIATION, INC.** as an additional named insured; a current certificate of applicable Workers Compensation Insurance will be required; a copy of applicable licenses and required permits.

**Now, Therefore**, In consideration of being permitted the benefit of allowing the Personnel to perform Work within the undersigned’s Unit and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned specifically agree to the following:

The above recitals are true and correct and are incorporated herein by reference.

The undersigned acknowledgement that the Work performed by such Personnel within their Unit shall be at the undersigned’s sole risk and the Association shall not have any responsibilities or liabilities for the Work performed by such contractor or vendor and further acknowledge that the Association has made no representation regarding the Personnel’s ability or qualification to perform work.

The undersigned acknowledges and agrees that the Work performed by such contractor or vendor within their Unit shall be at the undersigned’s sole risk and the Association shall not have any responsibilities or liability for the Work performed by such contractor or vendor and further acknowledge that the Association has made no representations regarding the contractor or vendor’s.

The undersigned (jointly and severally) hereby release, immediately and hold harmless the Association and its directors, officers, agents and employees, lessees, guest and invitees and all members of the Associations from and against all claims, damages, losses and expenses including attorney’s fees, at both the trial and appellate level, arising out of or resulting from the contractor and vendor’s entry to the undersigned’s Unit and the work performed by, through or under them. This indemnification shall extend to all claims and damages, including consequential damages, losses and expenses attributable to bodily injury, death, and to damages, theft or injury to and destruction of real or personal property including loss of use resulting therefore arising out of or resulting from the Work performed by the contractor or vendor and entry into the undersigned’s unit.

We have read this Release und understand and agree to all of its terms. We execute it voluntarily and with full knowledge of its significance.

**IN WITNESS WHEREOF**, the undersigned have executed this Release the day and year set forth above.

**Applicant # 1**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 2**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PURCHASE APPLICATION



GYM WAIVER

\*One waiver per person\*

Part I: (PLEASE PRINT CLEARLY)

Name of Participant Birthdate Gender M F Home Work E-mail Address Unit # In case of an emergency, contact Phone

Part II: Release & Indemnification of All Claims & Covenant Not to Sue

This is a legally binding agreement. By signing this agreement, you waive your right to bring a court action to recover compensation or to obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the facilities of Blue Lagoon Condominium (BLC), now or in the future. That I realize the risks of cardiovascular exercise, weight training and/or body building, and I am fully aware of the possibility of mechanical and/or other malfunctions of cardiovascular equipment, weight machines, and/or weight machines and apparatus. I, therefore fully understand and I am mindful of the serious consequences which might result due to my involvement in cardiovascular exercise, weight lifting, weight training and/or body building while at BLC, and based on that understanding, as set forth in this paragraph, I voluntarily assume any and all risk of loss, damage or injury of any kind what so ever from my use of any and all of the equipment and facilities of BLC and further and with full knowledge of the consequences(i.e. that I am waiving my right to sue) expressly waive any and all liability on the part of BLC, as the operator of The Gym, and their respective trustees, beneficiaries, staff, and officers from my use of The Gym and its equipment and facilities. Further acknowledge that the preceding list is not inclusive of all possible risks associated with the use of The Gym and that said list in no way limits the extent or reach of this release and covenant not to sue. In consideration of my use of The Gym, I agree not to claim or sue for any injury or damages resulting from risks inherent in the climbing activity that I will pursue in The Gym, including, but not limited to, the risks that have been outlined above.

Part III: Release, Indemnification, Liquidation Damages and Agreement to Arbitrate

In consideration of my use of the GYM, I, the undersigned user, agree to release on behalf of myself, my heirs, representatives, successors, executors, administrators and assigns, and hereby DO RELEASE BLC., its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence, which I, my heirs, representatives, successors, executors, administrators, and assigns may now have, or may have in the future, against the GYM on account of personal injury, property damage, death, or accident of any kind, arising out of, or in any way related to my use of the GYM whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the negligence of BLC., its officers, agents, or employees. In consideration of my use of the GYM, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS BLUE LAGOON CONDOMINIUMS, INC., its officers, agents, vendors and employees from any and all causes of actions, claims, demands, losses, or costs of any nature whatsoever arising out of, or in any way relating to my use of the GYM.

I hereby certify the following:

- 1. That I have full knowledge of the nature and extent of the risks inherent to the use of the GYM and that I am voluntarily assuming these risks. I understand that I will be solely responsible for any loss or damage, including death, that I sustain while using the GYM and that by this agreement, I am relieving BLC, of any liability for such loss, damage, or death.
2. That I have sufficient health, accident, and liability insurance to cover any bodily injury or property damage that I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am personally capable of personally paying for any and all such expenses or liability.
3. Should it become necessary for the GYM to incur attorney's fees and costs to enforce this agreement, or any portion thereof, I agree to pay all reasonable costs and attorney's fees thereby expended, or for which liability is incurred. I am assuming the hazard of this risk upon myself. I realize that I am subject to injury from any such activity and that no form of pre-planning can remove all of the danger to which I am exposing myself.

Resident Signature Date



PURCHASE APPLICATION



GYM WAIVER

\*One waiver per person\*

Part I: (PLEASE PRINT CLEARLY)

Name of Participant Birthdate Gender M F Home Work E-mail Address Unit # In case of an emergency, contact Phone

Part II: Release & Indemnification of All Claims & Covenant Not to Sue

This is a legally binding agreement. By signing this agreement, you waive your right to bring a court action to recover compensation or to obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the facilities of Blue Lagoon Condominium (BLC), now or in the future.

That I realize the risks of cardiovascular exercise, weight training and/or body building, and I am fully aware of the possibility of mechanical and/or other malfunctions of cardiovascular equipment, weight machines, and/or weight machines and apparatus. I, therefore fully understand and I am mindful of the serious consequences which might result due to my involvement in cardiovascular exercise, weight lifting, weight training and/or body building while at BLC, and based on that understanding, as set forth in this paragraph, I voluntarily assume any and all risk of loss, damage or injury of any kind what so ever from my use of any and all of the equipment and facilities of BLC and further and with full knowledge of the consequences(i.e. that I am waiving my right to sue) expressly waive any and all liability on the part of BLC, as the operator of The Gym, and their respective trustees, beneficiaries, staff, and officers from my use of The Gym and its equipment and facilities. Further acknowledge that the preceding list is not inclusive of all possible risks associated with the use of The Gym and that said list in no way limits the extent or reach of this release and covenant not to sue. In consideration of my use of The Gym, I agree not to claim or sue for any injury or damages resulting from risks inherent in the climbing activity that I will pursue in The Gym, including, but not limited to, the risks that have been outlined above.

Part III: Release, Indemnification, Liquidation Damages and Agreement to Arbitrate

In consideration of my use of the GYM, I, the undersigned user, agree to release on behalf of myself, my heirs, representatives, successors, executors, administrators and assigns, and hereby DO RELEASE BLC., its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence, which I, my heirs, representatives, successors, executors, administrators, and assigns may now have, or may have in the future, against the GYM on account of personal injury, property damage, death, or accident of any kind, arising out of, or in any way related to my use of the GYM whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the negligence of BLC., its officers, agents, or employees. In consideration of my use of the GYM, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS BLUE LAGOON CONDOMINIUMS, INC., its officers, agents, vendors and employees from any and all causes of actions, claims, demands, losses, or costs of any nature whatsoever arising out of, or in any way relating to my use of the GYM.

I hereby certify the following:

- 1. That I have full knowledge of the nature and extent of the risks inherent to the use of the GYM and that I am voluntarily assuming these risks. I understand that I will be solely responsible for any loss or damage, including death, that I sustain while using the GYM and that by this agreement, I am relieving BLC, of any liability for such loss, damage, or death.
2. That I have sufficient health, accident, and liability insurance to cover any bodily injury or property damage that I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am personally capable of personally paying for any and all such expenses or liability.
3. Should it become necessary for the GYM to incur attorney's fees and costs to enforce this agreement, or any portion thereof, I agree to pay all reasonable costs and attorney's fees thereby expended, or for which liability is incurred. I am assuming the hazard of this risk upon myself. I realize that I am subject to injury from any such activity and that no form of pre-planning can remove all of the danger to which I am exposing myself.

Resident Signature Date

PURCHASE APPLICATION

**CERTIFICATE OF APPOINTMENT OF VOTING MEMBER**  
**BLUE LAGOON CONDOMINIUM ASSOCIATION, INC.**

To the Secretary of BLUE LAGOON CONDOMINIUM ASSOCIATION, INC. (“Association”):

THIS IS TO CERTIFY that the undersigned record Owner of Unit No. \_\_\_\_\_ has designated

\_\_\_\_\_  
*(Name of Voting Member)*

as its representative to cast all votes and to express all approvals that such Owner may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium, Articles of Incorporation, and By-Laws of the Association.

The following examples illustrate the proper use of this Voting Certificate:

- (i) If the Unit is owned by a corporation, partnership, limited liability company, trust, or other legal entity, the person entitled to cast the vote for the condominium unit must be designated by a Voting Certificate signed by the person(s) having lawful authority to bind the corporation, partnership, limited liability company, trust, or other legal entity, and filed with the Secretary of the Association. Any conflicting votes received from the same Unit shall be disregarded.
- (ii) If the Unit is owned by one individual, then no Voting Certificate is required.
- (iii) If the Unit is owned by more than one person (including spouses), no Voting Certificate is required, and those persons shall decide among themselves as to who shall cast the vote of the Unit. In the event that those persons cannot so decide, no vote shall be cast.

This Voting Certificate is made pursuant to the Association’s By-Laws and shall be valid until revoked or until superseded by a subsequent certificate or until a change in the ownership of the Unit. A Voting Certificate may be revoked upon written notice to the Association.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**SIGNATURE FOR ENTITY**

(Corporation, Limited Liability Company, Partnership, Trust or other legal entity)

Name of Entity: \_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

**NOTE: THIS FORM IS NOT A PROXY AND SHOULD NOT BE USED AS SUCH. PLEASE BE SURE TO DESIGNATE A DULY AUTHORIZED REPRESENTATIVE OF THE CORPORATION/ ENTITY AS THE VOTING MEMBER. IF YOU HAVE ALREADY FILED A VOTING CERTIFICATE AND DO NOT WISH TO CHANGE YOUR DESIGNEE, NO NEW CERTIFICATE NEED BE FILED.**

PURCHASE APPLICATION

BLUE LAGOON CONDOMINIUM ASSOCIATION

Confirmation of Required Insurance Coverage and Agreement on Transparency

This Confirmation of Insurance Coverage and Agreement on Transparency is among Blue Lagoon Condominium Association, Inc. (the "Association") and [print name(s)], the owners of Unit (s) ("Owner(s)") in the Association and is dated this day of , .

Owner(s) represents and warrants to the Association that Owner(s) have obtained and will maintain property insurance inclusive of windstorm coverage with no less than a 5% deductible per calendar year and liability insurance of no less than \$100,000/\$200,000 per occurrence, and that the attached certificate(s) of insurance is true, genuine, and correct, and that at all times Owner(s) shall maintain such insurance in effect, listing and maintaining Association as an Additional Insured (as such capitalized term is used in the insurance industry) under all applicable or necessary policies of property insurance (inclusive of windstorm) and liability insurance hereunder.

Owner(s) additionally agrees to update the insurance information that is the subject of this Agreement when any insurance policy is renewed or the carrier for such policy is changed by providing a new Certificate of Insurance to the Association containing all the information required above for the new policy of insurance.

For the sake of transparency and ensuring full compliance, without the appearance of favoritism with the foregoing insurance requirements, Owner(s) hereby irrevocably grant Association full and unconditional power to reveal their compliance or non-compliance with such insurance requirements, and the identity of Owner(s) insurers, to all interested parties.

This Confirmation and Agreement is supported by adequate consideration, including, without limitation ten dollars (\$10) that each party confirms was received in hand from the other upon execution thereof.

Witnesses:

Owner(s):

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

By: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

By: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

By: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

## **Electronic Notice and Electronic Voting and Participation for Association Meetings and Elections.**

It is of uttermost importance for all owners & applicants to learn the significance of providing consent to electronic voting AND to receive electronic notice of meetings. It will make the voting experience simpler and we believe, and hope will make owners more involve with the association matters.

By completing and signing this consent **Exhibit A**, the homeowner has the option to:

- Vote electronically for the board of directors' elections.
- Vote electronically for changes or amendments to the By Laws and other documents.
- Receive instantaneous notifications of association meetings and other important condominium news.

If you decide to not give the consent complete **Exhibit B**, you may still vote by ballot paper and receive meeting notifications by mail and checking the posting sites as elevators and mail room.

**Please complete either *Exhibit A* (Yes to Consent) or *Exhibit B* (No to Consent).**

PURCHASE APPLICATION

CONSENT TO ELECTRONIC VOTING AND/OR
CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being an Owner or the Voting Member under the relevant section(s) of the Association By-Laws for Unit No./Address \_\_\_\_\_, at Blue Lagoon Condominiums, pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below for which you are giving consent. You may consent to electronic voting, receiving electronic notice or both).

- 1. [ ] ELECTRONIC VOTING. By signing this consent form (or consenting to electronic voting by e-mail sent to the Association), I/we consent to voting electronically at meetings and elections for Blue Lagoon Condominium Association, Inc. to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing electronic voting ("Resolution"). I/We designate the following email address for electronic voting purposes: (PRINT NEATLY) \_\_\_\_\_. The undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association prior to the meeting or election in which the Unit Owner wishes to vote by electronic means, and that all electronic votes shall be cast within the window set by the Board in advance of said meeting at which time the ability to vote electronically shall be deemed closed for that meeting or election. I/We further understand and agree that, in order to use a different e-mail address for casting votes electronically, I/we must notify the Association in writing of the change of e-mail address prior to the meeting or election in which the Unit Owner wishes to vote by electronic means. If I/we do not provide timely written notice of this change of e-mail address to the Association as provided herein, I/we further understand and agree that I/we may not be able to vote electronically until the next membership meeting and/or election.
2. [ ] ELECTRONIC NOTICE. I/we consent to receiving notice by electronic transmission for meetings of the Board of Directors, Committees, and Annual and Special Meetings of the Members of Blue Lagoon Condominium Association, Inc. I/We designate the following email address for electronic voting purposes: (you may write "same as above" or provide a different email address for electronic notice purposes) \_\_\_\_\_. The undersigned understands that mailed/paper notice may not be provided to the Unit Owners unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. Please be aware that if you consent to receive electronic notice of meetings, your e-mail address designated for that purpose will be an official record of the Association.

All Owners of the Unit or Eligible Voter Please Print Name, Affix Date and Sign Below:

By: \_\_\_\_\_

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

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

By: \_\_\_\_\_

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

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

Exhibit "A" to Resolution

**PURCHASE APPLICATION**

**REVOCAION OF CONSENT TO ELECTRONIC VOTING AND/OR  
REVOCAION OF CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS**

The undersigned, being all the Owners, or an eligible voter for Unit No./Address \_\_\_\_\_, at **Blue Lagoon Condominiums**, have previously consented in writing to electronic voting at meetings and elections and/or to receive electronic notice of meetings / elections for **Blue Lagoon Condominium Association, Inc.**, as permitted by law and duly filed with the Association.

I/We hereby **revoke** my/our consent for the following (check all that apply):

- Electronic Voting**
- Electronic Notice**

The undersigned understands and agrees that if revoking consent for electronic voting, this form must be signed and on file with the Association no later than **ten (10)** days prior to the meeting or election in which the Unit Owner wishes to revoke consent to vote by electronic means or the revocation will not be effective until the next membership meeting and/or election. However, if the Association receives this revocation less than ten (10) days prior to the meeting or election, the revocation will be effective for the next subsequent membership meeting.

Furthermore, the undersigned understands and agrees that if revoking consent for electronic notice, this form must be signed and on file with the Association no later than **seventy-two (72) hours** prior to the Association sending notice of a meeting or election in which the Unit Owner wishes to revoke consent to electronic notice, or the revocation will not be effective until the next meeting and/or election.

All Owners of the Unit or Eligible Voter Please Print Name, Affix Date and Sign Below:

By: \_\_\_\_\_

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

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

By: \_\_\_\_\_

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

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

**Exhibit "B" to Resolution**

**PURCHASE APPLICATION**

**Consent to Receive Automated SMS Text Messages Announcements**

By signing below, I authorize Blue Lagoon Condominium Association Inc, to contact me by automated SMS text message to provide condominium information, news and important announcements.

I understand that message/data rates may apply to messages sent by Blue Lagoon Condominium Inc or its affiliates under my cell phone:

**My text/mobile phone number is:** ( ) \_\_\_\_\_ **Applicant # 1 Initials:** \_\_\_\_\_

**My text/mobile phone number is:** ( ) \_\_\_\_\_ **Applicant # 2 Initials:** \_\_\_\_\_

I know that I am under no obligation to authorize Blue Lagoon Condominium Inc to send me text messages. I may opt-out of receiving these communications at any time by calling the Blue Lagoon Condominium office (305) 442-1494. Please allow 5-10 business days for processing.

**Applicant # 1 Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 2 Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Blue Lagoon Condominium Association Inc.

**Email:** [info@bluelagooncondos.com](mailto:info@bluelagooncondos.com)

5077 NW 7<sup>th</sup> Street, Suite # 400, Miami Florida 33126.

**Tel: (305) 442-1494**

**Fax: (305) 442-1491**

## PURCHASE APPLICATION

### BLUE LAGOON MOVE-IN FEES

#### Fees Required with Application:

Fees to be paid with money orders or cashier checks. Each check needs to be made separately according to the fee and payable to: **Blue Lagoon Condominium Association**.

1. \$ 100.00 Application Fee per person or couple over the age of 18yrs old (Non-Refundable)
2. \$ 350.00 Administrative & Document Storage Fee \*Per Application\* (Non-Refundable)
3. \$ 300.00 Security Deposit Refundable proved no damages to property and common areas occurred (Refundable after Move-Out) **\*Do no need to provide if owner will rent out unit.\***
4. \$ 150.00 Condo Docs. Fee (Non-Refundable) *\*Unless copy is provided by seller\**
5. \$100.00 Rush Fee (Non-Refundable) **1 to 2 Business Days** (RUSH FEE MUST BE PROVIDED IN MONEY ORDER OR CASHIER'S CHECK ONLY) Completion date subject to application being 100% completed and all necessary documents turned in.

#### Fees Required once application is Approved

Fees to be paid with money orders, cashier checks or credit/debit card. Each check needs to be made separately according to the fee and payable to: **Blue Lagoon Condominium Association**. *Credit/Debit Card payments are not accepted over the phone.*

1. \$ 50.00 per Parking Permit (Decal + Transponder) (Non-Refundable).
2. \$ 300.00 Resident Parking Annual Fee for 2<sup>nd</sup> vehicle registration (Non-Refundable / Resident parking space not guaranteed). Applies only when there are two or more registered residents in the unit.
3. \$ 50.00 per Amenities Access Key FOB (Non-Refundable). If a third access key FOB is needed, the cost is \$ 75.00.
4. \$ 100.00 Pet Annual Fee (Non-Refundable)
5. \$ 50.00 Dog DNA Test Fee (Non-Refundable)
6. \$ 125.00 Motorcycle/Scooter Annual Parking Fee (Non-Refundable)
7. \$ 10.00 Bicycle Registration Fee (Non-Refundable)