

Number 2 Condominium Association

Palm Greens at Villa Del Ray, Inc.

5801 Via Delray

Delray Beach, Florida 33484

Telephone (561) 498-1051

Sale/ Transfer- Check List & Information

THERE IS A 30 BUSINESS DAY TURN AROUND TIME FOR ALL PAPERWORK RECEIVED

- * Copy of Executed Sale/ Transfer contract must be attached, along with a Condo Rider if the contract calls for one.
- * Completed & Executed Application(s) for Condo 2 Approval of Sale/Transfer must be attached.

Please do not leave any questions/answers blank. Your application will be returned.

- * Realtors may deliver to the Palm Greens 2 office Monday- Friday between the hours of 8:00 am 3:30 pm
- * Monetary amounts due must be in US Funds, (payable by Cashier's, Personal Checks, Money Order, etc. No Cash) Payable to Palm Greens Condo 2.

- * Processing fee of \$150.00 **per applicant** must be attached.
- * Copy All Purchaser's (including all those residing in the unit) Driver's License or Passport.

- * The Medeco keys are the responsibility of the seller & buyer to exchange at closing. If a replacement key is needed, please contact the Recreation Association Office to make arrangements at 561-498-5316.
- * Estoppel & Questionnaire information will be provided upon written request. Please send an email request to Debbie or Tim at pg2estop@gmail.com.

Additional Important Information:

- * Person may not own or have any ownership interest directly or indirectly, jointly or individually in more than (2) units in the Condominiums operated by the Association.
- * Unit owner(s) acquiring title May NOT lease or rent his or her unit for a period of twelve (12) months from the date of title is acquired. Subletting is not allowed.
- * At least one (1) person residing in the unit must be 55 years of age or older.
- * Children under eighteen (18) years of age may NOT permanently reside in any of the units.
- * Animals of any kind are NOT allowed.
- * Units may NOT be sold to a Corporation, Partnership, LLC, or ANY Other Type of Entity

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APPLICATION FOR SALE / TRANSFER APPROVAL

Please submit this completed application for sale to the attention of the Board of Directors for Number 2 Condominium Association — Palm Greens at Villa Del Ray, Inc., 5801 Via Delray, Delray Beach, FL 33484. Date: _____ 20____

To Board of Directors:

I/We intend to Purchase _____ the condominium Unit, _____ at the following address: _____

(hereinafter "Unit") from current unit Owner(s): _____

at the Palm Greens Condominium 2 Community.

A copy of the sales contract is attached.

THE UNDERSIGNED OWNER REQUESTS APPROVAL OF SAID APPLICATION AND AGREES THAT IT WILL NOT PERMIT THE BUYER(S) TO MOVE IN OR OCCUPY SAID UNIT PRIOR TO APPROVAL OF SALE BY THE BOARD OF DIRECTORS, A VIOLATION OF THIS PROVISION WILL IMMEDIATELY NEGATE BOARD APPROVAL

I/We represent that the following information is factual and true. I/We am/are aware that any falsification or misrepresentation of the facts in this Application will result in rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I/We consent and acknowledge that you may make further inquiry concerning this Application, including but not limited to the references given below, credit and financial history, criminal history, residential history and public records history of the proposed title holder(s), tenant(s), transferee(s) and all proposed unit occupants.

I/We have read and agree to be bound by the Declaration of Condominium, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association, copies of which documents have been furnished to me by the current owner of the Unit.

I/We understand that the Association may, pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq., obtain a consumer report and/or investigative consumer report on the applicants signing

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this Application and all proposed unit occupants. By signing this Application, I/We hereby consent to the Association obtaining a consumer report and/or investigative consumer report and considering same in connection with my application. I/We understand that every effort shall be made by the Association to maintain the confidentiality of the report; however, by signing the application, I/We hereby waive and hold the Association harmless from any claim, action or suit regarding the consumer report and/or investigative consumer report. I/We also consent to the Association, or its agents, contacting personal or professional references, or other parties in connection with its investigation of this application.

I/We understand and agree that this application must be completed in its entirety before consideration by the Board of Directors. **Incomplete applications will be returned.** This application shall not be deemed received until fully completed and all requested documentation has been provided to the Association.

Processing fee of \$150.00 per person (husband/wife pay only one fee) must be attached.

1. FULL NAME(S) OF PRESENT OWNER(S) OF UNIT: _____

ADDRESS OF CURRENT OWNER(S): _____

_____ PHONE: _____

2. FULL NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PHONE: _____

FULL NAME OF CO-APPLICANT: _____

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SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PHONE: _____

3. ARE YOU PLANNING TO PURCHASE IN THE NAME OF A CORPORATION, PARTNERSHIP, LLC OR OTHER TYPE OF ENTITY? YES or NO _____

PURSUANT TO ARTICLE 16.9 OF THE AMENDED AND RESTATED DECLARATION, NO OWNERSHIP OR POSSESSORY INTEREST IN ANY UNIT MAY BE CONVEYED, LEASED OR OTHERWISE TRANSFERRED TO A CORPORATION, PARTNERSHIP, OR OTHER ENTITY OF ANY KIND EXCEPT FOR TRUSTEES OF TRUSTS FORMED FOR THE PURPOSE OF ESTATE OR FINANCIAL PLANNING.

IF THE TITLE SHALL BE IN THE NAME OF A PERSONAL TRUST, WHERE THE TRUSTEE OR THE BENEFICIARY IS THE PRIMARY OCCUPANT OF THE UNIT, A COPY OF THE TRUST INSTRUMENT MUST BE PROVIDED. FOR OTHER ENTITY OWNERSHIPS, A COPY OF THE ARTICLES OF INCORPORATION OR OTHER DOCUMENT FORMING THE ENTITY MUST BE FURNISHED.

4. APPLICANT(S) PRESENT ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

5. IF APPLICANT(S) RESIDENCE, OR ANY PREVIOUS RESIDENCE, IS A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNER'S ASSOCIATION PLEASE PROVIDE:

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NAME AND ADDRESS OF ASSOCIATION: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MANAGER: _____

6. IF APPLICANT(S) PRESENT RESIDENCE IS A RENTAL, NAME & ADDRESS OF
CURRENT LANDLORD:

CITY. _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

s.s.#: _____ DATE OF BIRTH: _____

TYPE OF VERIFICATION PROVIDED: _____

NAME: _____ RELATIONSHIP: _____

S.S.#: _____ DATE OF BIRTH: _____

TYPE OF VERIFICATION PROVIDED: _____

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(Include additional occupants on a separate sheet of paper and attach to application)

7. DRIVERS LICENSE OR PASSPORT NUMBER(S) OF ALL APPLICANT(S) (A COPY OF A PHOTO ID ISSUED BY A GOVERNMENTAL ENTITY MUST ACCOMPANY THIS APPLICATION FOR ALL APPLICANTS):

8. (WE) INTEND TO: (CHECK ONE)

_____ personally, reside full-time personally, reside part-time / seasonal _____ other

_____ (specify): _____

9. PERSON TO NOTIFY IN AN EMERGENCY: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____

EMAIL: _____

ADDRESS: _____

EMAIL: _____

10. TOTAL NUMBER OF VEHICLES YOU WISH TO PARK AT THE CONDOMINIUM UNIT?

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MANUFACTURER, MODEL OF ALL MOTOR VEHICLES (ex Honda Civic):

VEHICLE NO. 1: _____

LICENSE PLATE NUMBER: _____ STATE: _____

VEHICLE NO. 2: _____

LICENSE PLATE NUMBER: _____ STATE: _____

11. DO YOU HAVE ANY PETS? YES NO

TYPE OF PET: _____

- We are a no pet/animal free community. Service/Comfort animals MUST be approved. Approval package with the requirements and are available at the Condo 2 office. They must meet ALL requirements of the Disability Act and Condo 2 Rulings by a Licensed Health Care Professional which are included in the Application for Approval.
- HAS ANY PROPOSED APPLICANT AND / OR PROPOSED OCCUPANT EVER BEEN ARRESTED, PLEAD GUILTY OR NO CONTEST TO, OR CONVICTED OF ANY FELONY OR A MISDEMEANOR INVOLVING VIOLENCE TO PERSONS, DRUG OFFENSES, OR MISUSE OR THEFT OF PROPERTY?

YES

NO

IF YES. PLEASE PROVIDE DETAILS ON SEPARATE SHEET OF PAPER.

12. DO ANY OF THE PROPOSED APPLICANTS OR THE FAMILY MEMBERS OF THE

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APPLICANTS OWN AN INTEREST IN ANOTHER UNIT WITHIN THE PALM GREENS CONDOMINIUM 2 AT VILLA DEL RAY CONDOMINIUM? IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION AS TO OWNERSHIP:

ADDRESS: _____

ADDRESS: _____

13. MAILING ADDRESS FOR NOTICE OF REJECTION OR ACCEPTANCE OF THIS PURCHASE APPLICATION:

ADDRESS: _____

PHONE: _____

EMAIL: _____

14. (CURRENT UNIT OWNER TO FILL OUT)

ACKNOWLEDGEMENT OF ADDITIONS ALTERATIONS AND IMPROVEMENTS: THE PROSPECTIVE PURCHASER(S) ACKNOWLEDGE(S) THAT THE OWNER/SELLER MAY HAVE, WITH THE ASSOCIATION'S APPROVAL, INSTALLED CERTAIN IMPROVEMENTS AND/OR LANDSCAPING, OF WHICH THE PROSPECTIVE PURCHASER HAS BEEN INFORMED TO BE AS FOLLOWS:

15. THE PURCHASER(S) AGREE(S) TO BE SOLELY RESPONSIBLE FOR ALL MAINTENANCE AND UPKEEP OF THE FOREGOING ADDITIONS, ALTERATIONS AND IMPROVEMENTS. FAILURE TO DO SO WILL BE DEEMED THE PROSPECTIVE PURCHASER(S) AUTHORIZATION TO PERMIT THE ASSOCIATION, WITHOUT FURTHER NOTICE TO MAKE SUCH REPAIRS OR ERFROM SUCH MAINTENANCE AS MAY BE REQUIRID FROM TIME TO TIME AND TO CHARGE THEM THE COST OF SAME.

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Important Facts to Acknowledge:

- This is a No Pet Community therefore, NO PETS ALLOWED, unless your ESA was approved by the board. This also includes any visitors to your unit or on Palm Greens Condo 2 property.
- A reminder that we do NOT allow leases until 1 full year from your closing date has been fulfilled. All leases must be approved by the Board and all leases must be a minimum of 4 months.
- Architectural changes to the unit (inside & outside) including but not limited to: enclosures, windows, doors, stepping stones, gutters, patios, flooring, screen doors, plantings are NOT permitted without requesting approval as explained in our Rules & Regulations. If the previous unit owner made "upgrades" to their unit, with or without approval, the upkeep solely becomes the responsibility of the Unit owner.

I, _____

purchasing property address: _____

Have read the above acknowledgements, and I hereby understand and agree to abide by the contents of this document.

Date: _____

Applicants Signature: _____

I understand that upon receipt of a totally completed Application, including sales contract, acceptable to the Association, application fee, the Association has THIRTY (30) DAYS after receipt of the last of any requested information, fees and interviews within which to accept or reject the Application.

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I understand that any violation of the terms, provisions, conditions, and covenants of the Condominium documents and rules and regulations, as any of the foregoing may be amended from time to time, provides cause for pursuit of remedies therein provided.

➤ If approved. I will hereby agree to provide a copy of the recorded deed within thirty (30) days of closing.

Applicant Signature

Date: _____

Co-Applicant/Spouse Signature

Date: _____

Application to request the Board to review same and to verify that to the best of their knowledge all information and acknowledgments contained herein are accurate.

Signature of Current Owner

Applicant Signature

Date: _____

Date: _____

Signature of Current Co-Owner

Co-Applicant

Signature _____

Date: _____

The individual owner(s) of said join in this Application to request the Board to review same and to verify that to the best of their knowledge all information and acknowledgments contained herein are accurate.

Signature of Current Owner

Date: _____

Signature of Current Co-Owner

Date: _____

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The Real Estate Agent(s) handling this transaction join in this Application to request the Board to review same and to verify that to the best of their knowledge all information and acknowledgments contained

herein are accurate.

Phone. _____

Listing Real Estate Office:

Email: _____

Listing Real Estate Broker/Salesperson:

Signature: _____

Print Name: _____

Phone: _____

Email: _____

Date: _____

Selling Real Estate Office.

Selling Real Estate Broker/Salesperson:

Signature: _____

Print Name: _____

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

The undersigned, being all the Owners, or an eligible voter, for (Street address) _____

_____ (Unit) at Number 2 Condominium Association Palm Greens at
Villa Del Ray, A Condominium, pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below 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 email sent to the Association), I/we consent to voting electronically at meetings and elections for Number 2 Condominium Association Palm Greens at Villa Del Ray, Inc. to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing electronic voting ("Resolution"), and release and waive any claim against the Association pertaining to such voting, including, but not limited to, the transmission or placement of "Viruses," "malware," "spyware," "cookies," and the like and any claim or challenge to such voting, including, but not limited to, situations where a Unit Owner vote was not received or counted by the Association due to no fault of the Board or management.

I/We designate the following email address for electronic voting purposes, which email address and other information (including personal identifying information) may be released to a third-party that provides electronic voting services or other third parties to the extent and as may be reasonably necessary to enable the use of electronic voting processes:

(PRINT Email Address neatly) _____

In the absence of the Board of Directors announcing a different deadline for consenting to electronic voting, the undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association at least ten (10) days prior to the meeting or election in which the Unit Owner wishes to vote by electronic means, and registration with the electronic voting system must be complete no later than seventy-two (72) hours prior to the meeting or election in which the Unit Owner wishes to vote by electronic means. To ensure that you are properly registered with the online voting system, it is highly encouraged that you register the account well in advance of the first meeting where you will be using electronic

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voting. In the absence of the Board of Directors announcing a different cutoff time / date for electronic voting, all electronic votes shall not be cast later than the start time of the meeting, or the start time of the reconvening of an adjourned meeting, at which time the ability to vote electronically shall be deemed closed for that meeting or election.

"A"

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I/We further understand and agree that, in order to use a different email address for casting votes electronically, I/we must notify the Association in writing of the change of email address no later than ten (10) days prior to the meeting or election in which the Unit Owner wishes to vote by electronic means. If I/we do not provide timely notice of this change of email 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, Committees, and Annual and Special Meeting of the Members of Number 2 Condominium Association Palm Greens at Villa Del Ray, Inc. I/We designate the following email address for electronic notice purposes:

(You may write "same as above " or provide a different email address electronic notice purposes)

(PRINT email address neatly) _____

The undersigned understands that mail/paper notice may not be provided to the Unit Owners unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. The undersigned also understands that if I/we have consented to receive electronic notice and have consented to vote electronically, I/we may not be provided with the election ballot and envelopes for voting in the election of directors, as the Association will expect that my/our votes will be cast electronically.

Please be aware that if you consent to receive electronic notice of meetings, your email 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[†]

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Print Name: _____

Print Name: _____

Date: _____

Date: _____

"A"

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

The undersigned, being all the Owners, or an eligible voter, for (Street address) _____
_____, _____ (Unit) at Number 2 Condominium Association Palm
Greens at Villa Del Ray, A Condominium, have previously consented in writing to
electronic voting at meetings and elections and/or to receive electronic notice of
meetings/elections for Number 2 Condominium Association Palm Greens at Villa Del
Ray, 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, 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

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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 ten (10) days 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 Data and Sign Below:

By: _____

By* _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being all the Owners of Condominium Unit at the following address.

_____, Delray Beach, FL 33484
within Palm Greens at Villa Del Ray Condominiums, pursuant to Florida Statutes, hereby consent in writing to receiving notice by electronic transmission, specifically via e-mail, for certain meetings of the Board of Directors, Unit Owners', and committees of Number 2 Condominium Association — Palm Greens at Villa Del Ray, Inc. to the fullest extent permitted by law. The undersigned understands that the e-mail address, as indicated below, will be an official record of the Association and subject to inspection by other Owners, as provided by law, as amended from time to time.

The undersigned designate(s) the following electronic mail address for such purposes:

_____. The undersigned understand(s) 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 by sending written notice sent to the Association by regular U.S. Mail.

All Owners of the Condominium Unit Please Print Name, Affix Date and Sign Below:

By: _____

Print Name: _____ Date: _____

By:

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FOR OFFICE USE ONLY

Application
Completed on:

Received:

Interview

Fee Received:

Response Due by:

APPROVED:

DISAPPROVED:

DATE:
