

Spanish Isles Property Owners' Association, Inc.

c/o Brock Property Management, Inc.
7401 Wiles Road, Coral Springs, FL 33067
Phone: 954-753-2675 Fax: 954-340-8541
Email: brock@brockpm.com
www.brockpm.com

General Contact Information Form

Full Address: _____

Closing Date: _____

Seller(s):

Purchaser(s):

Phone: _____

Phone: _____

Email: _____

Email: _____

Seller's Agent:

Purchaser's Agent:

Phone: _____

Phone: _____

Email: _____

Email: _____

Spanish Isles Property Owners' Association, Inc.

Application for Occupancy

Closing Date: _____ # of Occupants Over the Age of 18: _____

Property Address: _____ Have you lived here before? _____

Applicant #1 Name: _____ Phone #: _____

Current Address: _____

E-mail Address: _____

Applicant #2 Name: _____ Phone #: _____

Current Address: _____

E-mail Address: _____

Applicant #3 Name: _____ Phone #: _____

Current Address: _____

E-mail Address: _____

Applicant #4 Name: _____ Phone #: _____

Current Address: _____

E-mail Address: _____

	<i>Applicant #1</i>	<i>Applicant #2</i>	<i>Applicant #3</i>	<i>Applicant #4</i>
Have you ever been arrested or convicted of a felony?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you intend to operate a business from this address?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you own a commercial vehicle, boat, or RV?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Will you have more than 2 vehicles?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Character Reference: _____ Phone #: _____

Vehicle(s)

Vehicle #1: Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____

Vehicle #2: Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____

I/we hereby affirm that all information is true and correct.

Signature of Applicant # 1: _____ Date: _____

Signature of Applicant # 2: _____ Date: _____

Signature of Applicant # 3: _____ Date: _____

Signature of Applicant # 4: _____ Date: _____

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Pet Registration Form

Address: _____

Street

City

State

Zip

Phone: _____

Email: _____

Breed of Pet(s): _____

Approximate Weight of Pet(s) at Full Maturity: _____ lbs

Pet Name(s): _____

Age(s): _____

Type and Date of Most Recent Vaccination(s): _____

- Please provide a color photo of pet(s) for identification purposes
- Please remember that all dogs must be leashed at all times and all excrement must be picked up immediately

If you do not own a pet, please select the option below:

☐ *I do not own a pet, nor will any pet(s) reside at the purchase address. Should this information change at any time, I will notify the Association immediately by completing a new pet registration form.*

By my signature below, I verify I have read and understood the above and will abide by the stipulations set forth in accordance with the Association's Governing Documents and county and state laws/ordinances in this regard.

Print Name(s)

Signature(s)

Initial(s)

Date

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Acknowledgement/Receipt of Governing Documents

- ☐ I certify that I have received and will read a copy of the Governing Documents for Spanish Isles Property Owners' Association, Inc. I agree that I will abide by all rules, regulations, covenants, or obligations of the Association's Governing Documents.
- ☐ I have included a copy of the sales contract or lease contract along with my completed new resident packet.
- ☐ I will provide a copy of the deed to the Association immediately after closing/transfer of title.
- ☐ I will inform the Association of any additions or deletions made to the lease and/or warranty deed.
- ☐ In the event I receive a notice of violation of any rule, regulation, covenant, or obligation of the Governing Documents, I will cure the deficiency within the allotted timeframe stipulated in the notice of violation. If upon review following the allotted timeframe for corrective action it is determined that the violation has not been cured, I acknowledge that I may (a) receive a fine of \$100.00 per day, up to a total of \$1,000.00 per violation (which will be assessed by the Association's Board of Directors), and/or (b) the Association's Board of Directors will suspend my rights as a homeowner/violator to use common areas.

Property Address

Signature

Print Name

Date