

OceanTree Condominium Association, Inc.  
3400 North Ocean Drive  
Singer Island, FL  
561-845-6050

APPLICATION FOR OCCUPANCY/APPROVAL

- INSTRUCTIONS: 1. Applicants not legally married must complete an application on each person.
2. Print legibly or type all information. Account, telephone numbers and complete addresses are required.
  3. If any question is not answered or left blank, this application may be returned, not processed or not approved.
  4. Missing information will cause delays in processing your application.
  5. Only the applicants are authorized to sign all forms.
  6. Any misrepresentation or falsification of information may result in your disqualification.
  7. A check for \$100.00 must be attached to this Application.
  8. Applications for Sale/Lease must be turned in to Management Office and appointment made for interview at time of application. Applications will NOT be effective until approved by Sales/Leasing Committee.

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

PRINT OR TYPE Purchase \_\_\_\_\_ Lease \_\_\_\_\_ How Long? \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ (Passport, Alien Green Card, Social Insurance No.)

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ (Passport, Alien Green Card, Social Insurance No.)

\_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widow(er) \_\_\_\_ Sep. \_\_\_\_ Divorced Maiden Name \_\_\_\_\_

Number of people who will occupy:  
Adults \_\_\_\_\_ Children (Over 18) \_\_\_\_\_ Children (Under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

NO PETS ALLOWED  
\*PLEASE SEE ATTACHED LEASE RESTRICTION POLICY

In case of emergency notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**RESIDENCE HISTORY**

Present Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Previous Address \_\_\_\_\_

Dates of Residency \_\_\_\_\_

**EMPLOYMENT & BANK REFERENCES**

Employed By (Business Name) \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

How Long? \_\_\_\_\_ Dept. or Position \_\_\_\_\_

Mo. Income \_\_\_\_\_

Spouses Employment

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

How Long? \_\_\_\_\_ Dept. or Position \_\_\_\_\_

Mo. Income \_\_\_\_\_

Are you currently on Active Duty in the Military? (U.S. Armed Forces, State, Florida National Guard or U.S. Reserve Forces)

Yes \_\_\_\_\_ No \_\_\_\_\_

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**DRIVERS LICENSE – VEHICLE INFORMATION**

Drivers Lic. No. 1 \_\_\_\_\_

Vehicle #1 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Drivers Lic. No. 2 \_\_\_\_\_

Vehicle #2 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

To enable OceanTree to keep their records up to date,  
Please complete and return this form to the Office

**Emergency Information Form**

Name \_\_\_\_\_ Unit # \_\_\_\_\_

Unit Phone # \_\_\_\_\_  
\*\*\*\*If unlisted please indicate\*\*\*\*

Unit Fax # \_\_\_\_\_

Away Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Away Phone # \_\_\_\_\_  
\*\*\*\*If unlisted please indicate\*\*\*\*

Away Fax # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Name of others who may have your apartment key**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**OCEANTREE CONDOMINIUM MUST HAVE A COMPLETE  
SET OF KEYS TO YOUR APARTMENT FOR EMERGENCIES**

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**  
**OceanTree Condominium Association Inc**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

Applicant Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\*Date of Birth is requested in order to obtain accurate retrieval of records.

Co-Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Alias/Previous Name(s) \_\_\_\_\_

Current Physical Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip code \_\_\_\_\_

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
OCEANTREE CONDOMINIUM ASSOCIATION, INC.**

A meeting of the Board of Directors of OCEANTREE CONDOMINIUM ASSOCIATION, INC. was held on the 9th day of April, 2009.

On call, a quorum was found to be present.

On motion duly made and seconded, the following Resolution was passed:

RESOLVED, that the following rule shall be adopted concerning the assignment of rent:

As a condition for lease approval, the Unit Owner and Lessee shall agree to the following: In the event the Unit Owner is delinquent in the payment of any assessment for more than thirty (30) days, the Association may notify the Lessee of the delinquency and in such event, the Lessee shall be obligated to commence paying all future rent payments to the Association, until the delinquent assessments and related charges are paid in full to the Association. At such time, the Lessee shall resume paying rent to the Unit Owner. During the period of time that the Lessee is paying his rent to the Association, the Unit Owner may not evict the Lessee for non-payment of rent. However, if the Lessee does not pay the rent to the Association as required herein, the Association shall have the authority to evict the Lessee. In such an event, the Unit Owner shall be obligated to reimburse the Association for the costs and attorneys fees incurred by the Association.

**OCEANTREE CONDOMINIUM  
ASSOCIATION, INC.**

BY: Larry Duffen  
President

**I/We, the undersigned have received and read the Rules & Regulations from  
OceanTree Condominium Association.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

## FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

OCEANTREE CONDOMINIUM ASSOCIATION

As of March 17, 2020

Q. What are my voting rights in the condominium association?

A. Each unit owner shall be entitled to one (1) vote for each unit owned by him/her.

Q. What restrictions exist in the condominium documents on my right to use my unit?

A. Section 21.1 Units a) Each unit shall be occupied as a residence and for no other purpose. b) Unit is owned by a corporation... shall designate at closing one particular family which shall be entitled to use the unit.

Q. What restriction exist in the condominium document on the leasing of my unit?

A. Leases on any unit in OceanTree Condominium shall be for not less than three months and no more than two leases on any unit shall be permitted in one calendar year. No leases shall be for more than one year. Renewals of annual leases must be submitted to the Association for approval. All lessees must have a personal interview with the Association Sales/Leasing Committee and/or the GM prior to approval of lease or sale. All transactions are subject to Association approvals.

Q. How much are my assessments to the condominium association for my unit type and when are they due?

A. The 2020 maintenance fees are \$2525/per owner and are due quarterly; January, April, July and October.

Q. Do I have to be a member in any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?

A. No.

Q. Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?

A. There are no fees for recreational or other community use facilities.

Q. Is the Condominium Association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000?

A. No

**Note: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.**





CONDOMINIUM ASSOCIATION, INC.  
3400 N. Ocean Dr., Singer Island, FL 33404  
561-845-6050; Fax: 561-845-0158

**Automatic Association Payment Authorization**  
(Attach VOIDED Check)

Association: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Checking  Savings  Account # \_\_\_\_\_

By signing below, I hereby authorize the above Association to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my condominium association payments. The transfer of funds from my account will not cease until the Association receives written notification from me within 15 days before the next transaction due date.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

OCEANTREE CONDOMINIUM ASSOCIATION, INC.  
3400 North Ocean Drive  
Singer Island, Florida 33404

## VOTING CERTIFICATE

The unit owners or trustee (circle one) of Unit \_\_\_\_\_ at OceanTree Condominium Association, Inc. hereby appoint the following person to be the designated voter for the unit.

\_\_\_\_\_  
Name

-----  
This person is appointed to vote regarding all matters that may properly come before the OceanTree Condominium Association, Inc.

\_\_\_\_\_  
Name of Owner or Trustee

\_\_\_\_\_  
Name of Owner or Trustee

\_\_\_\_\_  
Date

Dear OceanTree Residents,

In an effort to update OceanTree's records, including the in-house telephone directory, please fill out the following information and return this letter to the Manager's office.

Thank you for your cooperation.

Owner(s) Name \_\_\_\_\_ Unit No. \_\_\_\_\_

OceanTree Home Phone No. \_\_\_\_\_

Away Address \_\_\_\_\_

Away Phone No(s)

Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Would you like a copy of the monthly minutes of the Board meetings?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like a copy of any correspondence from the Manager's office?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, would you like them regular mail or e-mail?

Regular \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you like your email and phone numbers published in the OceanTree Directory?

Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

E-Mail \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

# OCEANTREE CONDOMINIUM ASSOCIATION, INC.

## AGREEMENT FOR ELECTRONIC MAILINGS

To more efficiently and effectively service OceanTree Unit Owners and be more environmentally and cost sensitive, we encourage you to accept our offer to receive electronic mailings (emails) pertaining to all OceanTree Condominium Association business. These electronic mailings include notices of board meetings, agendas, special meetings, and informational notices. If you choose to sign this agreement, please send this form to us as soon as possible.

This agreement will be part of the official records and may be rescinded by written request at any time.

\*Please add this email to your email address book, so that our emails do not go to your Junk/Spam folders; **oceantreesi@gmail.com**

*I agree to receive all communications from the Board of Directors of OceanTree Condominium Association, either directly or on behalf of the Association by the current General Manager, in electronic format utilizing the email address provided below. Communications that are required to be provided in hard copy by Florida Statute will continue to be hand-delivered or sent by mail.*

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

PLEASE PRINT:

\_\_\_\_\_  
Owner Names(s)  
number (at OceanTree)

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Owner Email Address(s)  
number

\_\_\_\_\_  
Phone

Return this completed form to either one of the following:

Email: **oceantreesi@gmail.com**

Drop off to Concierge or General Manager or mail.