

HOME SELLERS AND BUYERS PACKET
GARDEN COVE RESIDENCE ASSOCIATION

STEP I: FILL OUT THE FOLLOWING FORMS AND SUBMIT TO ISLAND MANAGEMENT

- **FORM 1: INTENT TO SELL-** Must be filled out in its entirety by the seller
- **FORM 2: APPLICATION FOR ENTRANCE-** Must be filled out in its entirety by the buyer, signed by the buyer and shareholder.
- **FORM 3: RECEIPT OF GOVERNING DOCUMENTS-** Must be filled out in its entirety by the buyer.
- **FORM 4: PARK CENSUS-** Must be filled out in its entirety by the buyer and must also have attached a copy of the driver's license or a photo identification showing proof of age.
- **FORM 5: OCCUPANCY AGREEMENT-** Must be signed by the seller. Seller's signature must be notarized.
- **FORM 6: CONSENT TO BACKGROUND CHECK**
- **FORM 6.1: PET REGISTRATION**
- **FORM 6.3: DESIGNATED VOTER CERTIFICATE FORM AND INSTRUCTIONS**

NOTE: The "Intent to Sell" form is for the convenience of the buyer/seller. The Association encourages you to consult with legal counsel of your choosing regarding your contemplated purchase and sales transaction.

STEP II: Island Management will distribute the completed application forms to the Board of Directors for the approval or disapproval of the applicant.

STEP III: If approved, seller/buyer will arrange with the Board of Directors for an interview prior to closing.

STEP IV: Seller/Buyer will arrange with Island Management for an appointment to transfer the share/lease:

- A. The seller must present the original share certificate.
- B. Buyer needs to print out the exact spelling of new owner(s) name(s) to be placed on the new share certificate.

STEP V: It is the seller's responsibility to sign over the manufactured home title(s) directly to the buyer. Island Management will assist buyers regarding this process.

MAIL OR FAX COMPLETED FORMS TO:

ISLAND MANAGEMENT

ATTN: ARLENE O'NEILL

16956 MCGREGOR BLVD #1

FORT MYERS, FLORIDA 33908

TELEPHONE: (239) 454-3525

FAX: (239) 454-1134

E-MAIL: Arlene O'Neill at *Arlene@islandmgmt.com*

GARDEN COVE RESIDENCE ASSOCIATION, INC.
NOTICE OF INTENT TO SELL MOBILE HOME AND SHARE

UNIT ADDRESS: _____

OWNER(S) NAME: _____

ADDRESS IF NOT IN THE PARK: _____

TELEPHONE NUMBER: _____

SELLING PRICE OF MOBILE HOME: _____

DOES THE SELLING PRICE INCLUDE FURNISHINGS? YES _____ NO _____

FURNISHINGS: _____

PRICE OF MOBILE HOME AND SHARE: \$ _____

AMOUNT PAID ON SHARE: \$ _____

REAL PROPERTY TAXES: \$ _____

**ISLAND MANAGEMENT
ATTN: ARLENE O'NEILL
16956 MCGREGOR BLVD #1
FORT MYERS, FL. 33908**

TELEPHONE: (239) 454-3525

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E-MAIL: Arlene O'Neill at Arlene@islandmgmt.com

APPLICATION FOR ENTRANCE

Garden Cove Residents Association Inc.
An Adult Community for Residents Over 55 Years Of Age

This Application Must Be Approved By The Board Of Directors
Before The Applicant/Applicants May Occupy A Unit

Garden Cove Address: _____

Applicant/Applicants Name:

1). _____ Age: _____

2). _____ Age: _____

3). _____ Age: _____

Attach A Copy Of Driver's License Or Photo I.D. For All Applicants Listed

Applying As: Check Only One

Owner: _____ Renter: _____ 2nd Occupant (Not Owner): _____ 3rd Occupant (Not Owner): _____

Lease Dates: From _____ To _____

Have You Rented In The Park Previously (In The Last 3 Years)? Yes _____ No _____

If Yes: When _____ Address _____

Owner _____

Present Address: _____

Phone Number: _____ Years There _____ Own _____ Rent _____

If Renting (Landlord's Name): _____ Phone: _____

Applicant (1) Present Employer: _____ Position: _____

Years There: _____ Address: _____ Phone: _____

Applicant (2) Present Employer: _____ Position: _____

Years There: _____ Address: _____ Phone: _____

List Two Personal References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

In Case Of Emergency: Name: _____ Phone: _____

Address: _____ Cell: _____

FORM 2 (CONTINUED)

The undersigned Applicant/Applicants authorize the garden cove Association, Inc to verify the correctness of these statements and to procure any other information which it may require to appraise this application. The Applicant/Applicants represents and warrants that the information contained in this application is true and correct, and that the foregoing information is given for the sole purpose of inducing Garden Cove Residence Association to accept the applicant/applicants as a resident. The applicant/applicants understand that only applicants who have been approved by the board are permitted to occupy the mobile home, except for guests permitted by the rules and regulations. Any misrepresentation made by the applicant/applicants will constitute a refusal of entrance to the park.

The undersigned applicant/applicants has read and understands the cooperative documents of Garden Cove Residence Association, Inc. and agree to abide by all provisions of that document.

The undersigned applicant/applicants understand that the privilege of having guest extends ONLY TO shareholders and lessees, and that 2^od occupants who are not shareholders or 3rd occupants are not permitted to have guest unless a shareholder or lessee is currently residing in the unit and prepares a guest registration for those guests (REFER TO COOPERATTVE DOCUMENTS, EXHIBIT D, ARTICLE 6)

The undersigned applicant/applicants must provide consent to a credit check and national criminal background check (form 6) as part of this application.

The undersigned applicant/applicants understand that all pets must be registered and approved by the board of directors. A pet registration must be submitted with this application if the undersigned applicant/applicants intend to have pets in the park-refer to cooperative documents, exhibit D, Article 7

If this application is approved, do the undersigned applicant/applicants authorize the association to include limited information on this applicant (name, address ,phone ,emergency contact ,and e-mail address) in the Park Directory of Residents, and on the published documents on the Garden Cove website: **Yes**_____ **No**_____. If yes, please include your e-mail address: _____

This application must include a \$70.00 (single applicant) or \$90.00 (two (2) applicants) processing fee payable to Garden Cove Residence Association and a \$250.00 Estoppel fee made payable to Island Management (seller's fee). Application and fees need to be mailed to Island Management. No waiver for these fees will be granted.

Signature of Applicant (1) _____ Date: _____

Signature of Applicant (2) _____ Date: _____

Signature of 3rd Occupant _____ Date: _____

Signature of Current Shareholder: _____ Date: _____

For use by: GARDEN COVE RESIDENCE ASSOCIATION BOARD OF DIRECTORS

APPROVED DENIED SIGNATURE _____ DATE: _____

ATTESTED to by BOARD SECRETARY (OR ALTERNATE)

GARDEN COVE RESIDENCE ASSOCIATION, INC.

ACKNOWLEDGMENT FOR RECEIPT OF GOVERNING DOCUMENTS

New Owner(s) _____ **Date:** _____

Unit Address _____

THIS ACKNOWLEDGES THAT I (WE) HAVE RECEIVED A COPY OF THE GARDEN COVE GOVERNING DOCUMENTS, PURSUANT TO CHAPTER 719 OF THE FLORIDA STATUTES WHICH ARE COMPRISED OF THE MASTER OCCUPANCY AGREEMENT, THE ARTICLES OF INCORPORATION, THE BYLAWS, AND THE RULES AND REGULATIONS OF GARDEN COVE RESIDENCE ASSOCIATION, INC.

PLEASE KEEP THE DOCUMENTS LISTED ABOVE IN A SAFE PLACE FOR FUTURE REFERENCE.

THESE DOCUMENTS MUST BE PASSED ON TO THE FUTURE BUYERS IF YOU SHOULD SELL YOUR HOME.

THERE WILL BE A 25.00 CHARGE FOR A REPLACEMENT COPY.

BUYER SIGNATURE: _____

BUYER SIGNATURE: _____

ISLAND MANAGEMENT
ATTN: ARLENE O'NEILL
16956 MCGREGOR BLVD #1
FORT MYERS, FLORIDA 33908

TELEPHONE: (239) 454-3525
FAX: (239) 454-3525
E-MAIL: Arlene O'Neill at Arlene@islandmgmt.com

GARDEN COVE RESIDENCE ASSOCIATION, INC.

PARK CENSUS

IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE HOUSING FOR OLDER PERSONS ACT OF 1995 ("HOPA"), THE FOLLOWING INFORMATION IS REQUIRED OF EACH RESIDENT OF A MANUFACTURED HOME IN GARDEN COVE PARK.

MAIN OCCUPANT: LEE COUNTY REGISTERED OWNER OF MANUFACTURED HOME

PARK ADDRESS: _____

1) NAME: _____

2) DATE OF BIRTH: _____

3) PROOF OF AGE: _____

4) DATE OF RESIDENCY IN PARK: _____

SECOND OCCUPANT:

1) NAME: _____

2) DATE OF BIRTH: _____

3) PROOF OF AGE: _____

4) DATE OF RESIDENCY IN PARK: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

1) NAME: _____

2) ADDRESS: _____

3) TELEPHONE NUMBER: _____

IF NOT A FULL TIME RESIDENT:

OTHER ADDRESS: _____

TELEPHONE NUMBER: _____

WE HAVE RECEIVED AND READ OF A COPY OF THE GOVERNING DOCUMENTS FOR GARDEN COVE, A COOPERATIVE, INCLUDING THE MASTER OCCUPANCY AGREEMENT, THE ARTICLES OF INCORPORATION, BY-LAWS, AND RULES AND REGULATIONS OF GARDEN COVE RESIDENCE ASSOCIATION, INC.

THE UNDERSIGNED ACKNOWLEDGE THAT BY CONTRACT AND LAW THAT IF HE/SHE/THEY AGREE WITH THE TERMS AND CONDITIONS CONTAINED IN THEM.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

By signing below you are granting permission to be included in the park directory.

Signature: _____

ASSIGNMENT OF OCCUPANCY AGREEMENT

KNOW THAT, _____, Assignor (Seller), in consideration of the sum of fifty (\$50.00) dollars, paid by _____, Assignee (Buyer), and for other good and valuable consideration do(es) hereby assign unto the Assignee (Buyer) all of the Assignor's right, title and interest in and to a certain long term occupancy agreement made by and between GARDEN COVE RESIDENCE ASSOCIATION, INC. and _____ dated the ____ day of _____ 20____, leasing Unit No _____ commonly known as _____ of GARDEN COVE, A COOPERATIVE, according to Exhibit "H" (plot plan) of the Master Occupancy Agreement recorded at Instrument No. 2010000073811 of the Public Records of Lee County, Florida.

TO HAVE AND TO HOLD the same unto the Assignee, or Assignee's executor's administrators, legal representative, heirs, distributes, successors and assigns, on and after the date hereof, all the rest of the term of said lease, subject to the covenants, conditions and limitations therein contained.

IN WITNESS WHEREOF, the Assignor has executed this Assignment this ____ day of _____ 20____.

In the presence of two witnesses:

1) _____
Signature of Witness

Assignor

Print Name of Witness

2) _____
Signature of Witness

Assignor

Print Name of Witness

STATE OF FLORIDA §
 §
COUNTY OF LEE §

The foregoing instrument was acknowledged before me on this the ____ day of _____ 20____, by _____ He/She is personally known to me or has produced _____ as identification and did not take an oath.

(SEAL)

Notary public In and For
The State of Florida

Printed Name of Notary

GARDEN COVE RESIDENCE ASSOCIATION, INC.

CONSENT TO BACKGROUND CHECK

The background information is considered privileged information and will not be given to any other party.

Applicant # 1:

1) NAME: _____

2) SOCIAL SECURITY # _____

3) DRIVER'S LICENSE # _____

ISSUED BY STATE OF _____

SIGNATURE: _____ DATE: ___/___/___

APPLICANT # 2:

1) NAME: _____

2) SOCIAL SECURITY # _____

3) DRIVER'S LICENSE # _____

ISSUED BY STATE OF _____

SIGNATURE: _____ DATE: ___/___/___

GARDEN COVE RESIDENCE ASSOCIATION, INC.

PET REGISTRATION FORM

PET OWNER'S NAME: _____

PARK ADDRESS: _____

TYPE OF PET: DOG CAT OTHER: _____

NAME OF PET: _____

BREED: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

VETERINARY CERTIFICATION:

RABIES: _____ (DATE) DISTEMPER: _____ (DATE)

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS

PET REGISTRATION FORM

PET OWNER'S NAME: _____

PARK ADDRESS: _____

TYPE OF PET: DOG CAT OTHER: _____

NAME OF PET: _____

BREED: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

VETERINARY CERTIFICATION:

RABIES: _____ (DATE) DISTEMPER: _____ (DATE)

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS

**THIS MUST BE DONE YEARLY.*

DESIGNATED VOTER CERTIFICATE

GARDEN COVE RESIDENCE ASSOCIATION, INC.

THIS IS TO CERTIFY that the undersigned individuals, constituting all of the record owners of

(Park Address)

Have designated

(Print the name of ONLY ONE individual who must be one of the undersigned owners of this property)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the governing documents of the Association.

This Certificate shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED this _____ day of _____, 20____

PROPERTY OWNER'S SIGNATURE

PROPERTY OWNERS SIGNATURE

GARDEN COVE RESIDENCE ASSOCIATION, INC.

REQUEST FOR BOARD APPROVAL

REQUIRED PER COOPERATIVE DOCUMENTS, EXHIBIT C, ARTICLE 8 AND EXHIBIT D, ARTICLES 3.29, 3.2.20.1, 4.9, AND 4.10

HOME REPAIR – LANDSCAPE – TREE REMOVAL – INSTALLATION OF SATELLITE DISH – REPLACEMENT OR STRUCTURAL ALTERATIONS:

SHAREHOLDERS NAME: _____

PARK ADDRESS: _____ PHONE: _____

SHAREHOLDERS SIGNATURE: _____ DATE: _____

DO PROPOSED CHANGES REQUIRE COUNTY OR STATE PERMITS? YES _____ NO _____

DESCRIBE THE PROPOSED CHANGES AND INCLUDE A DRAWING WITH DIMENSIONS IN THE SPACE BELOW. IF MORE SPACE IS NEEDED, USE THE BACK OF THIS FORM. DO NOT BEGIN WORK UNTIL THE BOARD HAS APPROVED THIS REQUEST.

PLEASE SEND COMPLETED FORM AND ANY SUPPORTING DOCUMENTS TO:

ISLAND MANAGEMENT
ATTN: ARLENE O’NEILL
16956 MCGREGOR BLVD #1
FORT MYERS, FLORIDA 33908

TELEPHONE: (239) 454-3525
FAX: (239) 454-1134
E-MAIL: Arlene O’Neill at Arlene@islandmgmt.com

GARDEN COVE RESIDENCE ASSOCIATION, INC. GUEST REGISTRATION FORM

According to our Cooperative Documents:

Exhibit C, Article 3: "...no guest may occupy the unit unless one or more of the permitted unit Owners Are in occupancy..."

Exhibit D, Article 6.1: "Unit Owners and tenants must register all guest with the Association on or Before the first day of their arrival."

Exhibit D, Article 6.2: "Any guest who visits longer than fifteen (15) consecutive days must be approved By the Association. The maximum occupancy by a guest of the unit owner or tenant shall not exceed thirty (30) days in one year."

ANY DEVIATION from the above requirements must have **prior approval from the Board**. You must apply for a waiver by providing a written explanation, with this Form, stating the reason(s) you are requesting a waiver. A waiver is not automatic – it must be justified.

Please fill out this form for your guest (s) and mail, fax or e-mail to

Garden Cove Residence Association, Inc.
C/O Island Management
16956 McGregor Blvd. #1
Ft. Myers, FL 33908
Tel (239)454-3525 Fax (239)454-1134
E-Mail Arlene O'Neill arlene@islandmgmt.com

Guest are always welcome here at Garden Cove, but it is important that they be registered for all concerned. Thank you for your cooperation.

GUEST REGISTRATION Must be completed for every visit by your Guest(s)

DATE _____

PARK RESIDENT'S NAME (HOST) _____

ADDRESS _____

GUEST(S) NAME _____ AGE(S) _____

DATES OF VISIT (NOT TO EXCEED 15 DAYS): FROM _____ TO _____

EXTENDED STAY (REQUIRES BOD WAIVER): FROM _____ TO _____

BOARD APPROVAL: _____ DATE _____

GARDEN COVE RESIDENCE ASSOCIATION

NOTICE OF DEPARTURE FROM PARK FORM

ALL Shareholders are required to fill out the form below and provide , ISLAND MANAGEMENT with the following information for use during the months that a Shareholder is not in residency at Garden Cove.

4.1 Unit owners are responsible for keeping their home site neat; clean, and free from litter, lawns mowed regularly, shrubs trimmed and flower beds weeded. Each unit owner should make arrangements to insure that their lot is properly cared for in any absence. No lawn clippings may be left in the street.

Please return this form with the name, address, and telephone number of the lawn care provider who will be mowing, weeding, and plant trimming of your property while you are away.

If you are found to be in non-compliance, your property will be maintained by the Association and all costs will be back charged to the unit owner.

Date of Departure _____ Date of Return _____

Shareholder's Name _____

Park Address _____

Summer Telephone _____ Winter Telephone _____

LAWN SERVICE CONTRACTOR _____

BUSINESS TELEPHONE _____ **CELL PHONE** _____

WEED CONTROL & TRIMMING CONTRACTOR _____

(If different from lawn service contractor)

BUSINESS TELEPHONE _____ **CELL PHONE** _____

PLEASE SEND COMPLETED FORM TO:

ISLAND MANAGEMENT AELENE O'NEILL

16956 McGREGOR BLVD. # 1

FORT MYERS FL. 33908

TEL (239) 454-3525 FAX (239) 454-1134

E-MAIL ARLENE O'NEILL

arlene@islandmgmt.com

APPROVED 3/28/2013

GARDEN COVE RESIDENCE ASSOCIATION, INC.

RULES AND REGULATIONS

THIS LIST SHOULD BE KEPT ON THE PREMISES

1. GARBAGE IS COLLECTED ON WEDNESDAY MORNING. ALL TRASH MUST BE TIED IN PLASTIC BAGS AND PLACED INSIDE THE GREEN TRASH BIN. HORTICULTUREWASTE AND RECYCLED MATERIALS ARE COLLECTED ON TUESDAY MORNING. YOU MAY PLACE THESE ITEMS OUT THEPREVIOUS NIGHT OR BEFORE 6 A.M. ON MONDAY AND TUESDAY.
2. QUIET TIME IS FROM 10:00 P.M. TO 8 A.M.
3. PETS MUST BE KEPT ON A LEASH AT ALL TIMES. YOU MUST PICK UP AFTER YOUR PET AND BE RESPECTFUL OF YOUR NEIGHBORS LAWNS.
4. CHILDREN UNDER THE AGE OF 15 MUST BE SUPERVISED BY AN ADULT WHILE AT THE POOL OR CLUBHOUSE.
5. SHOWER BEFORE ENTERING THE POOL AND AFTER USING LOTION. LOTION AND OIL WILL CLOG UP THE FILTERS.
6. MOTORCYCLES, MOTOR SCOOTERS OR MINIBIKES SHALL NOT BE OPERATED IN THE PARK.
7. PLEASE DRIVE VEHICLES SLOWLY THROUGH THE PARK. **NOTE: SPEED LIMIT IS 9 MPH.**
8. REGISTER ANY OVERNIGHT GUESTS ON THE GUEST REGISTRATION FORM, WHICH CAN BE FOUND IN THE CLUBHOUSE.

SEND ALL COMPLETED FORMS TO

ISLAND MANAGEMENT

TELEPHONE: (239) 454-3525

ATTN: ARLENE O'NEILL

FAX: (239) 454-1134

16956 MCGREGOR BLVD #1

E-MAIL: Arlene O'Neill at Arlene@islandmgmt.com

FORT MYERS, FLORIDA 33908

ADDITIONAL INFORMATION

LAUNDRY FACILITIES ARE AVAILABLE AT THE WEST SIDE OF THE CLUBHOUSE.

CHECK THE BULLETIN BOARD BY THE MAILBOXES AND THE MONTHLY GARDEN GAZETTE IN THE CLUBHOUSE FOR POSTINGS OR NOTICES OF ACTIVITIES AND EVENTS. THE GARDEN GAZETTECAN ALSO BE FOUND ON OUR WEBSITE AT WWW.GARDENCOVEPARK.COM.

LESSEES ARE WELCOME TO PARTICIPATE IN ANY PARK ACTIVITIES. SOME OF THOSE ARE:

BINGO

BOWLING

CARD GAMES

GOLF

HORSESHOES

LINE DANCING

SHUFFLEBOARD

WATER AEROBICS

LESSEES ARE ALSO INVITED TO ATTEND ANY OF OUR SOCIAL EVENTS, SUCH AS:

BREAKFASTS

COFFEE HOURS

COMPUTER CLASSES

DINNERS

LUNCHEONS

MOVIE NIGHT

PICNICS

POT LUCKS

LADIES LUNCHEON

INSTRUCTIONS TO NEW HOMEOWNERS IN GARDEN COVE

TO REGISTER A SHARE IN LEE COUNTY:

Take the new Share Certificate to the Clerk of Courts Office for Lee County which is located at 2115 Second Street downtown (at the corner of Second and Monroe). Also bring ID and check book. Tell the clerk you'd like to register a Share in a co-operative, and they will assist you in the registration process. The clerk will compute the fee for the documentary stamps required for registration, which will be processing fees plus \$7.00 per thousand valuation of the Share. The clerk will stamp the Share Certificate and return it to you.

TO TRANSFER THE MOBILE HOME TITLE(S):

Take the mobile home Title(s) to the Lee County Tax Collector's Office, which is located at 2480 Thompson Street (downtown at the corner of Fowler St. and Martin Luther King Blvd). Go to the first floor, ask the clerk to transfer the mobile home Title(s) as Real Property. DO NOT pay sales tax... only the transfer fee. The name(s) on the mobile home Title(s) must be exactly the same as on the Share Certificate. The mobile home Title(s) can also be transferred at the Lee County Tax Collector's Office on Pine Ridge Road. The Share cannot be registered at this location, it must be taken downtown.

YOU SHOULD KEEP THE STAMPED SHARE CERTIFICATE, THE MOBILE HOME TITLE(S), AND THE LEASE-TRANSFER ("ASSIGNMENT OF OCCUPANCY AGREEMENT") TOGETHER IN A SAFE PLACE. TOGETHER THEY CONSTITUTE OWNERSHIP AND LEGAL RIGHTS IN THE CO-OPERATIVE.