

Cedar Pointe Village Seven Association, Inc
2929 SE Ocean Blvd.
Stuart, FL 34996

Office 772-287-9601

Website: www.office@cedarpointev7.com

Instructions for Purchase of Unit

1. **Transfer Application Fee of \$150 and Criminal Background Check of \$30 per person is due PRIOR to processing application.**
2. Buyer & Seller must complete all pages in Packet.
3. Orientation with buyers after all paperwork received.

Approval of sale is required prior to closing of sale and recording of Deed.

All forms are available on our website at www.office@cedarpointev7.com

1. The completed **Request for Approval to Purchase** form and a copy of the **Sales Contact** must be included in Sales Packet. The Sales Packet must be submitted to the Board of Directors not less than 30 days before closing of the sale. Undue hardship cases may be given special consideration by the Board. **The office must be informed of the closing date. The Application Transfer Fee of \$150 and the Background Check of \$30 Per Person must be included with the Application & Purchase Agreement. Check is to be made payable to Cedar Pointe Village 7 Association, Inc.**
2. An Orientation with the buyer(s) by one or more Board Member and Staff Member will take place after all paper work completed and the transfer fee has been paid.
3. **Note:** It is the responsibility of the owner to notify the Office of a pending Sale or Lease.
4. Upon having received all fees, paper work and orientation paperwork, a **Certificate of Approval** will be given to the buyer/closing agent to be recorded with Clerk of the Courts.

Dated: Revised Jan. 2024

FIDELITY DATA SERVICE

PURCHASE

AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization shall be valid for subsequent consumer and/or investigative consumer reports during my period of my occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature: _____

Date: _____

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER *

**DRIVER'S LICENSE NUMBER
& STATE ***

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

***Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.**

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)

STREET/P.O. BOX

CITY STATE ZIP
DATES LIVED HERE _____

STREET/P.O. BOX

CITY STATE ZIP
DATES LIVED HERE _____

STREET/P.O. BOX

CITY STATE ZIP
DATES LIVED HERE _____

STREET/P.O. BOX

CITY STATE ZIP
DATES LIVED HERE _____

CEDAR POINTE VILLAGE SEVEN ASSOC. INC.
2929 SOUTH EAST OCEAN BLVD.
STUART, FLORIDA 34996
Phone: 772-287-9601

REQUEST FOR APPROVAL TO PURCHASE

One original copy is required. Copy of Purchase Contract must accompany form. This form must be submitted to the Board of Directors not less than 30 days before the closing of the sale. Undue hardship cases may be given special consideration by the Board. A TRANSFER FEE OF \$150.00 shall accompany this form along with \$30 per person for Background Check. Please make check payable to Cedar Pointe Village Seven Assoc. Inc.

BUILDING _____ **UNIT** _____ **DATE** _____

PROSPECTIVE PURCHASER(S)

NAME (S) _____ **PHONE** _____

EMAIL ADDRESS _____

PRESENT ADDRESS _____

Who will occupy the unit? _____ Relationship _____

Approx. date of occupancy _____

Will you be residing in premises? Permanently _____ Periodically _____

IF RESIDING ONLY SEASONAL PLEASE COMPLETE THE FOLLOWING:

Out of Town/State info

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Cell phone No. _____

Request for Approval to Sell
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Give two (2) personal references. A reference will expedite approval.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Individual unit owners are encouraged to carry insurance policies which insure all real or personal property located within the boundary of the unit owner's unit which is excluded from the Associations master insurance policy.

Please provide the Cedar Pointe Village Seven office with a Certificate of Insurance. You can contact your agency and they will provide that for you.

SIGNED BY PURCHASER _____ **Date** _____

Approved by _____
Board Member **Date**

Cedar Pointe Village Seven Association, Inc.

Community Rules and Regulations

Bldg. No. _____ **Unit No.** _____

I (we) do certify that I (we) have read, understand and will abide by the current Rules & Regulations of Cedar Pointe Village Seven Assoc. Inc. including limitations with regard to the following:

We have read the current Cedar Pointe Village 7 Community Rules & Regulations. We agree to abide. Failure to abide may result in owner fines and eviction.

- 55+ Community- 2nd resident must be 40 yrs. old
- Type of vehicle parked in assigned spaces
- **Prohibition of pets.**
- Two bedroom units are limited to four occupants.
- One bedroom units are limited to two occupants.
- **Units are not to be leased within two years of purchase.**

I/We acknowledge that Cedar Pointe Village Seven is a 55 plus community.

Signature of buyer

Date

In Accordance with the Rules and Regulations of Cedar Pointe Village 7, the following buyer

has been interviewed on _____.

Date

By: _____.

Signature of Board Member

HOA MONTHLY MAINTENACE FEES

TO MAKE ONLINE PAYMENTS OR SET UP AUTOPAY GO TO:

Epay-centerstatebank.com

Mgmt Co ID: ACCD

Assoc ID: 41

Homeowner #: Your unit number in this format: 111-01 for example

OR

Pay with a Coupon Book

**CEDAR POINTE VILLAGE SEVEN ASSOCIATION, INC.
2929 SE OCEAN BLVD
STUART FLORIDA 34996
772-287-9601**

Note** Use of this form is for the sole purpose of designating which one of the unit owners of record will be the “**Voting Representative**” for the unit. This is **NOT** the correct form for designating a proxy for a particular meeting.

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

This is to certify that the undersigned, constituting all of the record owners of Building _____ Unit _____ in Cedar Pointe Village Seven Association, Inc., a Condominium, have designated

(Name of Voting Representative) **Please Print**

who is one of said recorded owners, 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 Cedar Pointe Village Sevens Association, Inc. and for all purposes provided by the Declaration of Condominium and the Charter and By-Laws of the Association.

This Certificate is made pursuant to the Declaration and the By-Laws of The Association and will be valid until revoked by a subsequent Certificate.

Owner's Signature _____ **Dated** _____

CEDAR POINTE VILLAGE 7

BUILDING NO. _____ UNIT _____

RESIDENT AGE VERIFICATION FORM

In order to qualify as an adult community, one requirement is to complete a census every two years, which requires one resident to sign an affidavit that they are 55 years or older. To be in compliance with the Florida State Commission on Human Relations (HUD 24.C.F.R. part 100: Sun Part E) we are required to have an affidavit completed and signed by each resident.

You must include a copy of your Driver License or State issued ID Card for each person living in the unit.

Please fill out the affidavit below that Cedar Pointe Village 7 will be in compliance with the adult community regulations.

Print New Owner's Name	Date of Birth	Age
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List the names and ages of the *other occupants* who will be living in unit.

Name	Date of Birth	Age
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Name	Date of Birth	Age
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Signature of Occupant Executing Form	Date
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Please attach a copy of proof of age (driver's license, passport, birth certificate, etc.)

CEDAR POINTE VILLAGE 7 ASSOCIATION

2929 SE Ocean Blvd.
Stuart Fl 34996
772-287-9601

Please complete the following information on the vehicles that you own and will be parking on Cedar Pointe Village 7 property.

Owners must park in their assigned spot “front end forward”. Guest vehicles are required to have a guest hanging decal hung from their review mirror. Guest cars may park on the property for no longer than 30 consecutive days. Guest vehicles that exceeds the 30 consecutive days is subject to tow at the owner’s expense.

New Owner’s name _____
Print

Bldg. # _____ Unit # _____

Vehicle # 1

Year _____ Color _____

Vehicle Make _____ Model _____

License Plate # _____ State _____

Vehicle # 2

Year _____ Color _____

Vehicle Make _____ Model _____

License Plate # _____ State _____

**Cedar Pointe Village Seven Association, Inc.
2929 SE Ocean Blvd., Stuart Florida 34996
772-287-9601**

EMERGENCY CONTACT INFORMATION

Owner's Name _____

Print

Bldg. _____ Unit No. _____

2929 SE Ocean Blvd., Stuart, Florida 34996

Phone No. _____

Home

Cell

Emergency Contact Person _____

Print

Relationship _____

Phone No. _____

Home

Cell

Owner Signature _____

Date

**CEDAR POINTE VILLAGE 7
CONDOMINIUM ASSOCIATION, INC.**

CONSENT TO RECEIVE MEETING NOTICE BY ELECTRONIC MAIL

The undersigned owner(s) of Building No. _____ Unit No. _____ in Cedar Pointe Village 7 Condominium Association, Inc. hereby consents to receiving notice of all Annual and Special Member's Meeting and notice of any Board Meeting in which written notice to members is required, along with updates by electronic transmission to the email address listed below.

PRINT NAME: _____

EMAIL ADDRESS: _____

PRINT

This consent may be revoked by the undersigned owner(s) upon written notice to the Association.

Owner's Signature: _____

Date

WEBSITE

cedarpointev7.com

- Register as "Condo Owner"
- Create new account with email address
- Once approved the website administrator will send you an email that you have been approved to use the website and sign in.

Cedar Pointe Village Seven Association Phone: 772-287-9601

2929 SE Ocean Boulevard

Stuart, Florida 34996

Email: cedar7@bellsouth.net

Emergency Key Access

Building No. _____ Unit No. _____

Print Name: _____

I hereby understand and agree to abide by the Rules and Regulations of the Association concerning damage prevention. I understand that a key to my unit must be left with a neighbor and/or Village 7 per statute 718.

718.111 (5) RIGHT OF ACCESS TO UNITS.—

(a) The association has the irrevocable right of access to each unit during reasonable hours, when necessary for the maintenance, repair, or replacement of any common elements or of any portion of a unit to be maintained by the association pursuant to the declaration or as necessary to prevent damage to the common elements or to a unit. For full citation please refer to Florida Statue 718.

I also understand that the Association has right of access for any maintenance, repair, or replacement of any common area and in the event of an emergency will gain access necessary to prevent damage to the common element or to a unit with any cost pertaining to entry at the owner's expense.

OWNER'S SIGNATURE

Date

If you wish to leave your key with a neighbor please fill out the portion below:

Neighbors Name: _____

Address: _____

Phone: _____