LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

APPLICATION PACKAGE FOR LEASE/SALE/TRANSFER

CHECKLIST (REVISED) OCTOBER 9, 2025

PROVIDED

ITEMS

APPLICATION TO	APPLICATION TO LEASE /SALE /TRANSFER				
APPLICATION FEE \$100.00 PER COUPLE (NON-REFUNDABLE)					
APPLICANT INFOR	RMATION SHEET				
AUTHORIZATON FORM SIGNED					
PROJECTED MOVE-IN OR CLOSING SCHEDULE:					
DATE:					
RESS	LANDLORD	TENANT			
SE AMOUNT	BEGINNING DATE	EXPIRATION DATE			
	APPLICANT INFORMAUTHORIZATON FOR PROJECTED MOVED DATE: COPY OF LEASE/P	APPLICANT INFORMATION SHEET AUTHORIZATON FORM SIGNED PROJECTED MOVE-IN OR CLOSING SCHEDUL DATE: COPY OF LEASE/PURCHASE /TRANSFER AGRI LEASE APPROVAL FORM, (APPLICABLE FOR I			

EVERY FORM IN THIS PACKAGE SHOULD BE FULLY COMPLETED. ALL INFORMATION SHOULD BE PROVIDED TO EXPEDITE THE APPROVAL PROCESS.

NO PACKAGE WILL BE CONSIDERED FOR APPROVAL UNTIL SUCH TIME AS ALL FORMS ARE FULLY COMPLETED, AND ALL FORMS AND REQUIRED DOCUMENTS ARE PROVIDED TO THE ASSOCIATION. FAILURE TO PROVIDE A COMPLETE PACKAGE WILL DELAY CONSIDERATION OF APPLICATION. THE COMPLETION OF THIS PACKAGE IS YOUR RESPONSIBILITY. PLEASE RETURN TO THE ASSOCIATION OFFICE AS SOON AS POSSIBLE.

THE COMPLETED PACKAGE SHOULD BE MAILED TO LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC., C/O HACKER & ROMANO, CPA, 3300 N 29TH AVE, STE 102, HOLLYWOOD, FL 33020 PHONE 954-922-2207

COLONY WEBSITE FREQUENTLY ASKED QUESTIONS

 $http://www.lagomarcolony.com/FAQ_category_list.asp?groupName=Lago+Mar+Colony+FAQ~\%27s\&groupID=4$

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

INFORMATION FOR PROSPECTIVE APPLICANTS

TENANTS:

UNIFORM LEASE ADDENDUM

If approval is granted by the Association, approval shall be conditioned upon the execution of a Uniform Lease Addendum.

APPLICATION FEE:

Mar

\$100.00 per couple payable to Lago

Colony. (Non-refundable, made payable to Lago Mar Colony Protective Association, Inc.) No application for approval shall be deemed complete without the application fee.

PURCHASERS/TRANSFEREES:

APPLICATION FEE:

\$100.00 per couple payable to Lago

Mar

Colony. (Non-refundable, made payable to Lago Mar Colony Protective Association, Inc.) No application for approval shall be deemed complete without the application fee.

HOME PURCHASERS

Estoppel letter request to: Hacker and Romano CPA's, 3300 N 29th Ave, Ste. 102, Hollywood, FL 33020 954-922-2207 Fee is \$299.00 made payable to Lago Mar Colony.

Information on Lago Mar Country Club Membership to: Lago Mar Country Club
c/o General Manager 500 NW 127th Ave
Plantation, FL 33325 954-472-7044

CONDOMINIUM UNIT PURCHASERS

East Lodge:

Estoppel letter request to: Elena Moreland, 400 NW 127th Ave. Unit #1 Plantation, FL 33325 954-383-6469 Fee is \$299.00 made Payable to East Lodge Condominium Assn

West Lodge:

Estoppel letter request to: Choice Property Management Group, Inc., 6175 NW 153rd St. Suite 403, Miami Lakes, FL 33014 305-362-9827 **Fee is \$299.00**

Information on Lago Mar Country Club Membership to: Lago Mar Country Club, c/o General Manager 500 NW 127th Ave.
Plantation, FL 33325 954-472-7044

APPLICATION FOR SALE OR TRANSFER OF TITLE

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

Please submit this completed application to the attention of the Board of Directors at Lago Mar Colony Protective Association, Inc., at c/o Hacker & Romano, CPA., 3300 N. 29th Avenue, Suite 102, Hollywood, FL 33020.

Da	ate:	, 20				
То	b: Board of D	irectors of Lago 1	Mar Colony Prot	ective Association	, Inc.	
I(V	We) intend to pure	chase Residence 1	No. , Street Ad	dress		located in
La	ngo Mar Colony. A	A copy of the Pure	chase and Sales A	greement ("Agreen	ment") is a	ttached. Title wil
be					wing	name(s
					C	("Applicant(s)")
fac Ap Ap con Ap or I(V Ru doo ma	ctual and true. I(Verplication or any opplication, or consument and acknown opplication, included opplication or other similar financial we) have read and ales and Regulation or the summer of the similar financial we) have read and less and Regulation of the summer of	We) am(are) award materials acquisititute grounds for vledge that the Assing, but not limited repersons, conductions of the Assocen furnished to me to time. It is a source to the total area to the total area to the total area to the Assocen furnished to me to time to time.	re that any falsification in connection the Association or its a section or its a section a criminal beauting a criminal beauting the Declaration (collective e(us) by the Owner	he information incation or misrepreson herewith may o void any approvagent may make furferences, contactinackground check, a ion, Bylaws, Articly "Governing Dor and recognize the nnot be answered in	result in result in all that may ther inquired persons and obtaining the sof Incocuments").	of the facts in this rejection of this be granted. I(We ry concerning this referenced in this ing a credit report reportation, and the copies of which erning Documents
	•	AME OF	PRESENT	OWNER(S)	OF	RESIDENCE
2.	SEPARATE SI	OPOSED RECOI HEET OF PAPER OF APPLICANT	R IF NECESSAR	DERS AS SEPAR Y):	ATE APF	LICANTS (USE
	FULL NAME (OF APPLICANT	2			
3.	SOCIAL SECU	RITY NUMBER	OF APPLICAN	T 1		
	SOCIAL SECU	URITY NUMBER	OF APPLICAN	T 2		
4.	DRIVER'S LIC	CENSE NO. OF A	APPLICANT 1			

	DRIVER'S LICENSE NO. OF APPLICANT 2 (Copies of the Applicants' Driver's Licenses or other photographic identification must also be attached)
5.	DATE OF BIRTH OF APPLICANT 1
	DATE OF BIRTH OF APPLICANT 2
5.	IF THERE ARE MORE THAN TWO (2) APPLICANTS (OR IF CO-APPLICANTS ARE OTHER THAN SPOUSES) PLEASE EXPLAIN HERE AND FURTHER PROVIDE ADDITIONAL INFORMATION AS APPROPRIATE (INCLUDING SOCIAL SECURITY NUMBERS AND DATES OF BIRTH FOR ALL APPLICANTS AND THE RELATIONSHIP BETWEEN ALL APPLICANTS) SO THAT ALL APPLICANTS SUBMIT INFORMATION. (USE SEPARATE SHEET OF PAPER IF NECESSARY):
7.	EXACT NAME(S)/ENTITY(IES) TO WHICH TITLE WILL BE TRANSFERRED:
8.	OCCUPATION OF APPLICANT 1
	POSITION HELD PRESENTLY HOW LONG?
	OCCUPATION OF APPLICANT 2
	POSITION HELD PRESENTLY HOW LONG?
).	PRESENT RESIDENCE ADDRESS OF APPLICANT(S)
	CITY STATE ZIP PHONE E-MAIL HOW LONG?
10.	IS PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE OF APPLICANT(S) WITHIN THE PAST 7 YEARS, A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNERS' ASSOCIATION: YES NO
	IF SO, NAME AND ADDRESS OF ASSOCIATION
	IF SO, NAME AND ADDRESS OF ASSOCIATION CITY STATE _ ZIP PHONE E-MAIL HOW LONG?
11.	IF PRESENT RESIDENCE IS RENTAL: NAME & ADDRESS OF CURRENT LANDLORD
	CITY STATE ZIP PHONE E-MAIL HOW LONG?

12.	NAMES AND ADDRESSES OF EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES OF EMPLOYMENT. BEGIN WITH PRESENT EMPLOYER. (USE SEPARATE SHEET OF PAPER IF NECESSARY)				
	APPLICANT 1:				
	APPLICANT 2:				
13.	PERMANENTLY OCCU	UPYING THE RESINCE FOR 30 DAYS	IONSHIP OF ALL PERSONS WHO WILL BE DENCE (LIVING WITH APPLICANT(S) OF OR MORE PER YEAR) OTHER THAN THE		
	NAMF:		RELATIONSHIP:		
	SSN:	DOB:	RELATIONSHIP:RELATIONSHIP:		
	NAME:		RELATIONSHIP:		
	SSN:	DOB:			
	OTHER				
14.			REFERENCES FOR EACH APPLICANT. THE S A REFERENCE FOR MORE THAN ONE		
	APPLICANT 1:				
	NAME	PHONE			
	ADDRESS	1110112			
	NAME ADDRESS				
	NAMEADDRESS	PHONE _			
	APPLICANT 2: NAME ADDRESS	PHONE _			
	NAME ADDRESS	PHONE _			
	NAME ADDRESS				

	RELATIONSHIP:	AN EMERGENCY: NAME PHONE	E-MAIL
17.	. I/WE INTEND TO: (CHE	ECK ONE)	
	personally reside part- rent our Parcel annual	time at Lago Mar Colony Protecti time at Lago Mar Colony Protect ly	ive Association, Inc.
18.	. MANUFACTURER, MOI THE COMMUNITY:	DEL & YEAR OF AUTOMOBIL	E(S) TO BE KEPT OR USED AT
	CAR NO. 1:	LICENSE 1	NUMBER:
	CAR NO. 2:	LICENSE 1	NUMBER:
19.	. DO YOU HAVE A PET C	OR PET(S) YOU INTEND TO KI	EEP IN THE COMMUNITY?
	IF SO, WEIGHT, BREED	, AGE OF PET NO. 1	
	WEIGHT, BREED	O, AGE OF PET NO. 2	
20.	MAILING ADDRESS:	OF ACCEPTANCE OR REJECT	
	PHONE:COMMUNICATION):	E-MAIL (IF E-MAIL IS	ACCEPTABLE MANNER OF
21.	OF ASSOCIATION MAT	ALE OR TRANSFER IS ACCEPT ERIALS (IF DIFFERENT FROM	
22.	. NAME OF SELLER:		
	NAME OF REALTOR OR	ATTORNEY HANDLING TRA	NSACTION:
	PHONE:		
23.	. DOES NEW OWNER HA		HIP TO LAGO MAR COUNTRY
24.		ENT TO TRANSMIT ELECTR	Y PROTECTIVE ASSOCIATION ONIC NOTICES TO YOU VIA

PLEASE REFER TO THE LAGO MAR COLONY WEBSITE TO REVIEW ALL THE RULES & COVENANTS. http://www.lagomarcolony.com/document_main.asp.

I understand that upon its receipt of a totally completed Application acceptable to the Association, including a copy of the Agreement, the receipt of the application fee (\$100 per Applicant, spouses/members of the same family are considered one Applicant) and a personal interview (if requested), the Association has thirty (30) days within which to accept or reject the Application.

I understand that any violation of the terms, provisions, conditions, and covenants of the Governing Documents provides cause for pursuit of remedies therein provided. Although a few provisions of the Governing Documents are mentioned herein, all of the Governing Documents should be carefully reviewed prior to purchase. I also acknowledge that the Governing Documents may be amended from time to time.

Signature of Applicant 1	Signature of Applicant 2			
Print Name:	Print Name:			
Date:				
The current Owner(s) of said Residence join in thi	s Application to request the Board to review same			
Signature of Owner 1	Signature of Owner 2			
Print Name:	Print Name:			
Date:	Date:			
*************	*************			
Application Materials Received, 20_				
Transfer Approval Fee Received	, 20			
APPROVED: DISAPPROVED:_	, DATE:, 20			
	Print Name:			
Signature of Association Representative				

Authorization Form New Owners and Tenants

I/We hereby authorize the release of information to a "Screening Service" of the Association's choosing, and any and all information requested with regard to verification of credit history, character, criminal record history and employment verification to such a service. I/We further authorize the release and sharing of information contained herein and any resulting background reports by and between the Lago Mar Colony Protective Association, Inc. and a Lago Mar Colony condominium association if I/We are applying to purchase or reside in one of the Lago Mar Colony condominiums. This information is to be used for my/our Application for Occupancy, and will otherwise be kept confidential, except when the Association is conducting background checks, or if required to disclose the information by applicable law, or by any court of competent jurisdiction.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release in compliance with the above. The Association will not intentionally release the information except as provided above, but I/We agree to hold the Association, its agents, and all of its past, current and future Board members harmless from and against any and all claims, liabilities, damages, costs and expenses whatsoever, which in any way directly or indirectly relate to claims or causes of action related to the inadvertent disclosure of such information.

I/we further state the Application for Approval and Authorization Forms were signed by me/us and were not originated with the fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature(s).

I/We certify under the penalty of perjury that the foregoing is true and correct.						
(Applicant's Signature)	(Applicant's Name Printed)	Date				
(Co-Applicant/Spouse Signature)	(Co-Applicant/Spouse's Name Printed)	Date				
SECURITY CARD TO CONFID	Y OF YOUR DRIVER'S LICENSE RM IDENTITY, AS WELL AS THE NA FOR THREE (3) PERSONAL REFE	ME, ADDRESS				
PERSONAL REFERENCES:						

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

APPLICATION FOR APPROVAL OF LEASE

(PLEASE COMPLETE FULLY AND ACCURATELY)

	RE:	Address:		
		Unit No.:		
Date:				
To: Board	of Direc	etors		
Amended a	ınd Restat	ed Declaration, By-Laws, Ar	ticles of Incorpor	ny Protective Association, Inc. ration and Rules & Regulations of the Residence by the Tenant
		that we are bound by said A aws, and the Rules & Regula		estated Declaration, Articles of ciation.
AGENT WERE AGENT WERE AND RULL FROM TIME THE TRUTH NOT REIMBUR INCURRE	VITH FU D, IF NECEUESTS, ATION TVE ASS JES & RECEUESTS JES ASS	LL POWER AND AUTHOCESSARY, TO COMPEL	ORITY TO TAK OMPLIANCE B OF THE AM ENANTS FOR TS, CHAPTER SOCIATION, A OF VIOLATIO I(S), THE ASSO TE THE LEAS ANY ATTORN AN ENFORCE	THORIZED TO ACT AS OUR TE SUCH ACTION AS MAY Y OUR TENANT(S) AND/OR TENDED AND RESTATED R LAGO MAR COLONY 720, FLORIDA STATUTES TLL AS MAY BE AMENDED N OF ANY OF THE ABOVE DCIATION HAS THE RIGHT E. LANDLORD AGREES TO NEYS' FEES AND COSTS MENT ACTION OR LEASE TOTAL TO THE LEASE TO THE TENTE OF THE LEASE
I/We have and agree t result in th concerning I/We have	caused the hat any face automathis appleattached	e proposed tenant to comple alsification or misrepresental tic rejection of the Applicat ication, particularly of the re	te the attached Action of the facts ion to Lease. I/V ferences given be other document.	ne lease of the above Residence Application. I/We am/are aware in the attached application may We consent to further inquiries elow. s which truly and accurately se
Landlord				Date
Landlord				Date

LAGO MAR COLONY PROTECTION ASSOCATION, INC.

RFID TAG REQUEST APPLICATION

RFID Tags are \$50 each.

The information below is required for each tag that is being requested or else the application will be denied until the information is complete. If you have any questions, please contact Security@lagomarcolony.com.

Once the form is complete, please submit to eruiz@lagomarcc.com.

Upon notice of approval from the Board, you will be instructed where to pick up the RFID tag. When you pick up the tag, payment of \$50 will be due in form of check, made payable to LMCPA, Inc.

Thank you, The Board of Directors

ADDRESS OF LAGO MAR RESIDENT:						
First & Last Name: Relationship to Lago Mar Resident: Phone: Email:						
Vehicle Make:	Model:	Color:	Tag #:	State:		
First & Last Name: Relationship to Lago Phone: Email:	Mar Resident:					
Vehicle Make:	Model:	Color:	Tag #:	State:		
First & Last Name: Relationship to Lago Mar Resident: Phone: Email:						
Vehicle Make:	Model:	Color:	Tag #:	State:		
First & Last Name: Relationship to Lago Phone: Email:	Mar Resident:					
Vehicle Make:	Model:	Color:	Tag #:	State:		