

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

APPLICATION PACKAGE FOR LEASE/SALE/TRANSFER

**CHECKLIST
(REVISED 12/8/2025)**

ITEMS REQUIRED _____ PROVIDED

- 1. APPLICATION TO LEASE /SALE /TRANSFER _____
- 2. APPLICATION FEE \$150.00 PER COUPLE (NON-REFUNDABLE) _____
- 3. APPLICANT INFORMATION SHEET _____
- 3a. AUTHORIZATON FORM SIGNED _____
- 4. PROJECTED MOVE-IN OR CLOSING SCHEDULE:
DATE: _____

- 5.. COPY OF LEASE/PURCHASE /TRANSFER AGREEMENT: _____

- 6. LEASE APPROVAL FORM, (APPLICABLE FOR LEASES ONLY) _____

ADDRESS	LANDLORD	TENANT
LEASE AMOUNT	BEGINNING DATE	EXPIRATION DATE

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

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**

\$150.00 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:
Mar**

\$150.00 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.

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.

Date: _____, 20__

To: Board of Directors of Lago Mar Colony Protective Association, Inc.

I(We) intend to purchase Residence No. __, Street Address _____ located in Lago Mar Colony. A copy of the Purchase and Sales Agreement (“Agreement”) is attached. Title will be held in the following name(s) _____ (“Applicant(s)”).

I(We) represent that the following information and the information included in the Agreement is factual and true. I(We) am(are) aware that any falsification or misrepresentation of the facts in this Application or any materials acquired in connection herewith may result in rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I(We) consent and acknowledge that the Association or its agent may make further inquiry concerning this Application, including, but not limited to checking references, contacting persons referenced in this Application or other persons, conducting a criminal background check, and obtaining a credit report or similar financial information.

I(We) have read and agree to be bound by the Declaration, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association (collectively “Governing Documents”), copies of which documents have been furnished to me(us) by the Owner and recognize that the Governing Documents may be amended from time to time. If any question cannot be answered in the space provided, attach a separate sheet or sheets of paper.

1. FULL NAME OF PRESENT OWNER(S) OF RESIDENCE:

2. LIST ALL PROPOSED RECORD TITLE HOLDERS AS SEPARATE APPLICANTS (USE SEPARATE SHEET OF PAPER IF NECESSARY):

FULL NAME OF APPLICANT 1 _____

FULL NAME OF APPLICANT 2 _____

APPLICANT 1 INFORMATION:

i. FULL NAME: _____

ii. DATE OF BIRTH: _____

iii. SOCIAL SECURITY NUMBER: _____

iv. DRIVER'S LICENSE NO.: _____

(Copies of the Applicant's Driver's Licenses or other photographic identification must also be attached)

v. EMAIL: _____

vi. PHONE NUMBER: _____

APPLICANT 2 INFORMATION:

i. FULL NAME: _____

ii. DATE OF BIRTH: _____

iii. SOCIAL SECURITY NUMBER: _____

iv. DRIVER'S LICENSE NO.: _____

(Copies of the Applicant's Driver's Licenses or other photographic identification must also be attached)

v. EMAIL: _____

vi. PHONE NUMBER: _____

3. 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):

4. EXACT NAME(S)/ENTITY(IES) TO WHICH TITLE WILL BE TRANSFERRED:

EMPLOYMENT

5. OCCUPATION OF APPLICANT 1 _____

POSITION HELD PRESENTLY _____ HOW LONG? _____

OCCUPATION OF APPLICANT 2 _____

POSITION HELD PRESENTLY _____ HOW LONG? _____

6. NAMES, ADDRESSES & CONTACT PHONE NUMBER 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:

7. PRESENT RESIDENCE ADDRESS OF APPLICANT(S) _____

CITY _____ STATE ___ ZIP _____ PHONE _____

E-MAIL _____ HOW LONG? _____

8. 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 _____

CITY _____ STATE ___ ZIP _____ PHONE _____

E-MAIL _____ HOW LONG? _____

9. IF PRESENT RESIDENCE IS RENTAL:

NAME & ADDRESS OF CURRENT LANDLORD _____

CITY _____ STATE ___ ZIP _____ PHONE _____

E-MAIL _____ HOW LONG? _____

10. PLEASE STATE THE NAME AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE RESIDENCE (LIVING WITH APPLICANT(S) OR RESIDING IN RESIDENCE FOR 30 DAYS OR MORE PER YEAR) OTHER THAN THE APPLICANT(S) HEREIN:

NAME: _____ RELATIONSHIP: _____
SSN: _____ DOB: _____

NAME: _____ RELATIONSHIP: _____
SSN: _____ DOB: _____

OTHER _____

11. PLEASE PROVIDE THREE (3) PERSONAL REFERENCES FOR EACH APPLICANT. THE SAME PERSON(S) MAY BE LISTED AS A REFERENCE FOR MORE THAN ONE APPLICANT:

APPLICANT 1:

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

APPLICANT 2:

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

12. PERSON TO NOTIFY IN AN EMERGENCY: NAME _____
RELATIONSHIP: _____ PHONE _____ E-MAIL _____

13. I/WE INTEND TO: (CHECK ONE)

- ___ personally reside full-time at Lago Mar Colony Protective Association, Inc.
- ___ personally reside part-time at Lago Mar Colony Protective Association, Inc.
- ___ rent our Parcel annually
- ___ other (specify) _____

14. MANUFACTURER, MODEL & YEAR OF AUTOMOBILE(S) TO BE KEPT OR USED AT THE COMMUNITY:

CAR NO. 1: _____ LICENSE NUMBER: _____

CAR NO. 2: _____ LICENSE NUMBER: _____

15. DO YOU HAVE A PET OR PET(S) YOU INTEND TO KEEP IN THE COMMUNITY?
_____ YES _____ NO

IF SO, WEIGHT, BREED, AGE OF PET NO. 1 _____
WEIGHT, BREED, AGE OF PET NO. 2 _____

16. ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:
MAILING ADDRESS: _____

PHONE: _____ E-MAIL (IF E-MAIL IS ACCEPTABLE MANNER OF COMMUNICATION): _____

17. IF APPLICATION FOR SALE OR TRANSFER IS ACCEPTED, ADDRESS FOR DELIVERY OF ASSOCIATION MATERIALS (IF DIFFERENT FROM PARCEL ADDRESS):

MAILING ADDRESS: _____
E-MAIL: _____

18. NAME OF SELLER: _____

NAME OF REALTOR OR ATTORNEY HANDLING TRANSACTION: _____

PHONE: _____

19. DOES NEW OWNER HAVE INTEREST IN MEMBERSHIP TO LAGO MAR COUNTRY CLUB? YES _____ NO _____

20. DOES NEW OWNER GIVE THE LAGO MAR COLONY PROTECTIVE ASSOCIATION HOA WRITTEN CONSENT TO TRANSMIT ELECTRONIC NOTICES TO YOU VIA EMAIL? YES _____ NO _____

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 (\$150 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: _____

Date: _____

The current Owner(s) of said Residence join in this 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__ Interview Conducted _____, 20__

Transfer Approval Fee Received _____, 20__

APPROVED: _____ DISAPPROVED: _____ DATE: _____, 20__

Signature of Association Representative

Print Name: _____

LAGO MAR COLONY PROTECTIVE ASSOCIATION, INC.

**APPLICATION FOR APPROVAL OF LEASE
(PLEASE COMPLETE FULLY AND ACCURATELY)**

RE: Address: _____

Unit No.: _____

Date:

To: Board of Directors

I/We agree to provide to the Tenant a copy of Lago Mar Colony Protective Association, Inc., Amended and Restated Declaration, By-Laws, Articles of Incorporation and Rules & Regulations, as amended as of the date set forth above, prior to the occupancy of the Residence by the Tenant.

I/We acknowledge that we are bound by said Amended and Restated Declaration, Articles of Incorporation, By-Laws, and the Rules & Regulation of the Association.

THE ASSOCIATION AND IT'S AGENT ARE HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR TENANT(S) AND/OR THEIR GUESTS, WITH PROVISION(S) OF THE AMENDED AND RESTATED DECLARATION OF PROTECTIVE COVENANTS FOR LAGO MAR COLONY PROTECTIVE ASSOCIATION, IT'S EXHIBITS, CHAPTER 720, FLORIDA STATUTES, AND RULES & REGULATIONS OF THE ASSOCIATION, ALL AS MAY BE AMENDED FROM TIME TO TIME. IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE TENANT(S) AND/OR THEIR GUEST(S), THE ASSOCIATION HAS THE RIGHT, BUT NOT THE OBLIGATION TO TERMINATE THE LEASE. LANDLORD AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEYS' FEES AND COSTS INCURRED AS LANDLORD'S AGENT IN AN ENFORCEMENT ACTION OR LEASE TERMINATION ACTION ALL AS SPECIFICALLY PROVIDED WITHIN THE LEASE ADDENDUM.

In order to facilitate the consideration of my/our Application for the lease of the above Residence, I/We have caused the proposed tenant to complete the attached Application. I/We am/are aware and agree that any falsification or misrepresentation of the facts in the attached application may result in the automatic rejection of the Application to Lease. I/We consent to further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a copy of the Lease or other documents which truly and accurately set forth the terms of the offer that I/We wish to accept.

Landlord

Date

Landlord

Date

**APPLICANTS
INITIALS _____**

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
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_____ (Co-Applicant/Spouse Signature)	_____ (Co-Applicant/Spouse's Name Printed)	_____ Date
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PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD TO CONFIRM IDENTITY.

APPLICANTS
INITIALS _____