

*The Hemispheres
Condominium Association*

Owner's Application

PLEASE READ ALL FORMS AND COMPLETE THE
APPLICATION IN ITS ENTIRETY.



The Hemispheres
Condominium Association

UNIT #: _____ BUILDING: _____

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

CONTACT NUMBER(S): _____

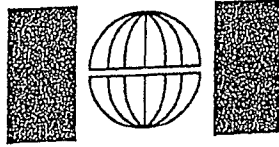
EMAIL: _____

- APPLICATION FEE: \$100.00 PER PERSON OR \$100.00 PER MARRIED COUPLE
- APPLICANTS MUST PROVIDE A COPY OF THE RESIDENTIAL CONTRACT FOR SALE AND PURCHASE
- ADDITIONAL APPLICANTS MUST COMPLETE A SEPARATE APPLICATION
- APPLICANTS ARE REQUIRED TO BE PRESENT AT THE INTERVIEW
- APPLICANTS MUST PROVIDE A COPY OF THEIR DRIVER'S LICENSE AND/OR PASSPORT WITH VALID VISA OR I-95

PLEASE KNOW THAT IT MAY TAKE UP TO 15 BUSINESS DAYS TO RECEIVE APPROVAL FROM THE ASSOCIATION. DURING THAT PERIOD NO INFORMATION WILL BE DISCLOSED. YOU MUST WAIT TO BE CONTACTED BY THE ASSOCIATION.

OCCUPANCY

- NO UNIT SHALL BE USED FOR ANY PURPOSE OTHER THAN A SINGLE-FAMILY DWELLING
- NO STUDIO UNIT SHALL BE OCCUPIED BY MORE THAN TWO INDIVIDUALS
- NO ONE BEDROOM UNIT SHALL BE OCCUPIED BY MORE THAN THREE INDIVIDUALS
- NO TWO BEDROOM UNIT SHALL BE OCCUPIED BY MORE THAN FOUR INDIVIDUALS
- NO THREE BEDROOM UNIT SHALL BE OCCUPIED BY MORE THAN SIX INDIVIDUALS



THE HEMISPHERES

RATES FOR RESIDENTS

Check or credit card only
No Refunds

Parking fees

- Studio / One bedroom: One (1) free RCA Parking (upper deck)
- Two / Three bedroom: One (1) free garage owner parking (if available)
- Second car \$35.00/month
- Third Car \$70.00/month
- Motorcycle \$17.50/month
- Nurses parking fee \$30.00/month

All parking must be paid one month in advance between the 20th and the first of the month.

Occupants who do not pay their monthly parking fee by the 15th of the month will be charged a late fee of \$5.00 per month.

Yearly parking (January through December)

- Second car: \$420.00
- Third car: \$840.00
- Motorcycle: \$210.00

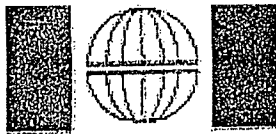
All yearly parking must be paid in advance by the 30th of January
(Unit owners must surrender the parking sticker to the office in order for the tenant to receive parking free of charge)

Miscellaneous Fees

- Transponder: \$50.00
- Medeco key: \$100.00
- ID card: \$20.00
- Condo document book: \$75.00
- Towels: \$30.00 each

RENTERS MUST SUBMIT A ONE MONTH SECURITY DEPOSIT WITH THE APPLICATION

- Screening fee \$100.00
- Service Elevator reservation for move in and move out fee \$100.00



The Hemispheres Condominium Association, Inc.

Owner/Tenant/Lease Applicant Disclosure and Release Form

As part of the application process for Owner/Tenant Rental/Leasing purposes from _____, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current addresses and/or employment, database search, criminal history records from state, federal and other agencies, bankruptcy records, and credit history. I understand that these records may be used for the eligibility of my Tenant/Lease application. I authorize without reservation the full release of these records for SARMA and/or its agents to obtain information.

I also release and discharge SARMA, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, on behalf of this application for Tenant/Lease verification purpose. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for cancellation of my Rental/Lease application.

SARMA will upon request, supply a copy of the credit report and my rights under the Fair Credit Reporting Act. SARMA can be reached at 1-800-955-5238.

Credit/Criminal/Verification Release Authorization

I hereby authorize SARMA to obtain a credit report in connection with my application at _____. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information.

I, _____ hereby authorize, without any reservation, any database/bureau contacted by SARMA to obtain the above credit/other report type information.

PLEASE PRINT:

Applicant (Last Name) (First Name) (Middle Initial)

Applicant (Maiden Name/Former Name)

Current Address, City and Zip Code

Former Address, City and Zip Code

Current Employment, Address, City, State and Zip Code/

SSN (Applicant)

Date of Birth (Applicant)

Driver License Number

State of Issue

Signature (Applicant)

(Date)



The Hemispheres
Condominium Association

Date: _____

Personal Information

Applicants Name: _____ Date of Birth: _____
Driver's License Number: _____ State: _____
Marital Status: _____

Other occupants under the age of 18:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

DO YOU OWN PETS: YES _____ NO _____
(Dogs are prohibited)

Emergency contact:

Name: _____ Phone number: _____

Residential History

Present Street Address: _____
State: _____ Zip: _____ Payment: _____
Landlords Name: _____ Phone: _____
Reason for Moving: _____

Previous Street Address: _____
State: _____ Zip: _____ Payment: _____
Landlords Name: _____ Phone: _____
Reason for Moving: _____



The Hemispheres
Condominium Association

Employment History

Present employer: _____
Position: _____ Supervisor: _____
Address: _____ Phone: _____
Date of Employment: _____

Gross Annual Salary (including fees, tips, commissions and bonuses) \$ _____
Other income you want to disclose \$ _____

Previous employer: _____
Position: _____ Supervisor: _____
Address: _____ Phone: _____
Date of Employment: _____ Gross Weekly Salary: _____

Bank Information

Bank Name and Branch: _____
Bank Name and Branch: _____

Credit References

Creditor: _____ Account #: _____ Mo Payment: _____
Creditor: _____ Account #: _____ Mo Payment: _____
Creditor: _____ Account #: _____ Mo Payment: _____

Vehicles

Year: _____ Make: _____ Model: _____ Tag: _____ Registered to: _____
Year: _____ Make: _____ Model: _____ Tag: _____ Registered to: _____
Year: _____ Make: _____ Model: _____ Tag: _____ Registered to: _____



*The Hemispheres
Condominium Association*

Unit #: _____ Building: _____

Applicant has submitted the sum of \$100.00 which is non-refundable payment for a background screening processing charge of the applicant. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing the application.

It is understood and agreed between the parties that in the event this application for the above reference apartment is rejected by The Hemispheres Condominium Association the said sum so received, as security deposit shall be returned to the applicant without interest. It is further understood and agreed that in the event that said application is approved and accepted by The Hemispheres Condominium Association then the said amount received below shall be applied on the security deposit so called for the lease entered into between the parties. It is further understood and agreed by the parties that in the event that said application is approved and accepted by The

Hemispheres Condominium Association and the applicant refuses to enter into a lease agreement for the period of time as called for in the applicants application then the sum so received shall be retained by The Hemispheres Condominium Association to serve as liquidation damages it will suffer by reason of applicants falling to enter into residency of that above stated department, but the acceptance or rejection by the applicant shall remain with the sole discretion of The Hemispheres Condominium Association. I hereby authorize and give the right to verify reasonable means the application to exercise at its sole discretion as to whether to reject this application and/or terminate any lease which may be entered into between the parties pursuant to this application, whether during the term of the lease or any extensions or renewal thereof if the applicant has made any false statement or misrepresentation what so ever in the application.

Applicant's signature: _____ Date: _____

***"SUMMARY OF
IMPORTANT RULES TO ABIDE BY"***

- A unit owner is only allowed one (1) rental per year after completion of one year of ownership and the absolute minimum rental is for 3 months. Illegal renters will not be tolerated!
- Barbecuing is not allowed on the balconies or in the common areas. We have a BBQ located in the Bay side area for residents to use.
- Satellite dishes shall be installed within the boundaries of the terrace (or balcony) area only with written authorization from the association or the General Manager.
- Clothing or towels should not be hung on balcony railings.
- Beach umbrellas are not allowed on balconies.
- Sliding glass doors and windows must be closed at all times. Leaving them open will cause air conditioning problems. Moisture and mold buildup inside the residence and cause disturbances to other units. Importantly, open doors and windows increase energy cost to all unit owners.
- Proper attire, such as shirts & shoes, are required in the Tower Lobbies. Wet bathing suits are prohibited in the Tower Lobbies. Residents and guests with bathing attire must use lower lobbies.
- Everyone must read and follow the "Pool Rules" posted by the pool entrances such as, 1) No food or drink (water allowed) except in designated areas, 2) One fitted towel covering the full length of the chaise lounge must be used. All new owners and renters must purchase from the Association a minimum of two towels upon registration, 3) Float devices, beach balls, snorkels, scuba gear, fins, etc., are prohibited except personal floating devices that attach completely around the body and are U.S. Coast Guard approved.
- Children under 12 years of age must be accompanied by an adult in the pool area; and children under 5 years of age in the pool must be actively supervised by an adult in the pool with the child.
- No jumping allowed in the pool area.
- Anyone incontinent, in diapers or training pants are not permitted in any pool unless they are wearing a leak proof swimmer's diaper.
- Individuals using the pool area shall have their access cards readily available to identify themselves. Guest must be accompanied by a resident or unit owner.
- Access cards must be used only by owner of the card. Anyone caught using someone else's card will have card confiscated.

- All cars and motorcycles must be registered with the parking office which is open Monday to Friday 8 am to 4 pm. Cars arriving during the weekend or after office hours must register their car with the security department in any of the lobby entrances to obtain a "courtesy pass."
- All cars must park "head in" only.
- Any unit owner with overnight guests must notify the office ahead of time and provide the office with the names and length of stay.
- No dogs allowed on the premises.
- Unit owners are responsible for their visitors and tenants.
- There shall be no solicitation by any individual, company or organization on the Hemispheres' premises. Under door distributions of any kind are strictly prohibited, except for informational notices authorized by the General Manager or Board of Directors.
- No littering by residents or their guests on our premises or the beach.
- All renters and visitors must be made aware of the rules and they must obey them.
- The association publishes a monthly newsletter which provides information from Management and the Board of Directors as well as a monthly calendar of events. The newsletter also appears on the Hemispheres website at www.thehemispheres.com
- Community Channel 8001 provides information of upcoming events and reminders.

NOTE: A book with a complete set of rules and regulations is available at the office.

I acknowledge that I have read the above "Summary of Important Rules" and will abide by them.

Signature

Date

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of
The Hemispheres Condominium Association, Inc.
(the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit (Apartment)
No. _____ in The Hemispheres, a Condominium, have designated

(Name of Voting Representative)

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
Declaration, the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (i) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating
someone as the Voting Representative.
- (ii) Unit owned by a married couple. Voting Certificate required designating someone as the voting
representative.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates
and be valid until revoked by a subsequent Certificate.

DATED the _____ day of _____, 20____.

OWNER

OWNER

OWNER

NOTE: This form is not a proxy and should not be used as such. Please be advised that if you
previously filed a Certificate of Voting Representative with the Secretary of the Association, you
do not need to file another Certificate unless you want to change the designation of your Voting
representative.



THE HEMISPHERES CONDOMINIUM ASSOCIATION, INC.

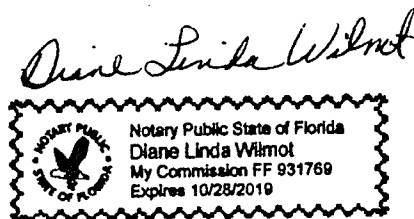
**NOTICE OF RESULT OF OPT OUT VOTE TO FOREGO
FIRE SPRINKLER SYSTEM RETROFITTING**

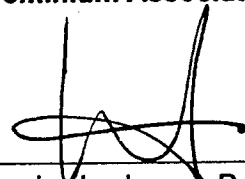
Pursuant to Florida Statutes, Section 718.112(2)(l)(1), the Association notifies each owner that **836** of the voting interests, which is more than a majority of all voting interests in the Association, voted to opt out from (forego) the fire sprinkler retrofitting of the common elements, association property and units.

Each current owner must provide a copy of this Notice to any new owner prior to closing and to any renter before signing a lease.

Dated: August 25th, 2016

**The Hemispheres Condominium
Condominium Association, Inc.**



By: 
Louise Lachance, President