



WELCOME PROSPECTIVE RESIDENT TO LAZY RIVER VILLAGE!

Welcome to Lazy River Village, we are pleased to meet you and appreciate your interest in our premiere 55 + Resident Owned Waterfront community. We are so happy that you have found a new home in Lazy River Village. To make your purchasing experience as easy as possible please read over this letter and the attached documents. There are several steps after choosing your new home that need to be completed before closing.

- The attached application and supplemental forms must be filled out completely.
- Submit \$50 application and a non-refundable criminal background check fee (see fee schedule attached) made payable to Lazy River Village.
- Attach copies of driver's license/photo identification for each person who will be residing at Lazy River Village.
- Purchaser(s) **must** have/review a current copy of the Rules & Regulations (attached).
- Purchaser(s) **must** have/review a current copy of the By-Laws (attached).
- Purchaser(s) **must** have/review a current copy of the Frequently Asked Questions and Answers Sheet (attached).
- Purchaser(s) **must** obtain a copy of the Cooperative Prospectus from the seller/real estate agent.

The completed application and fees are to be returned to the Lazy River Village Management Office no less than 21 days prior to the anticipated closing date. The applicant(s) information will be submitted for the required Criminal Background Check. When the background check is completed, an interview will be scheduled for you with two members of the Lazy River Board of Directors. This interview can be done in person or by telephone. Please note that failure to submit any of the above information may result in delaying the date of closing.

For your convenience Harlan Domber, PA handles most of our closings and transfers of membership certificates. He has worked with Lazy River Village for many years and is extremely knowledgeable in our community rules, thus streamlining the closing process. He can be reached by phone (941) 923-9930 and is located at 3900 Clark Road, Suite L-1, Sarasota, FL 34233.

If you have any questions or concerns during the purchasing process, please do not hesitate to contact us. We look forward to having you reside in Lazy River Village.

WELCOME HOME!



APPLICATION FOR PURCHASE/RESIDENCY

I/WE HEREBY MAKE APPLICATION TO THE BOARD OF DIRECTORS TO PURCHASE AND/OR RESIDE IN LAZY RIVER VILLAGE. NOTE: A \$50 application fee and the non-refundable Criminal Background Check fee of \$40 per person (for US residents); \$60 (for Canadian residents) must accompany this form with a copy of your photo ID verifying your age. Checks should be made payable to Lazy River Village, Inc

APPLICANT(S) INFORMATION

APPLICANT'S NAME: _____
FIRST M.I. LAST

BIRTHDATE: _____ SS# _____

Have you ever been convicted of a felony? _____

APPLICANT(S) INFORMATION

CO-APPLICANT'S NAME: _____
FIRST M.I. LAST

BIRTHDATE: _____ SS# _____

Have you ever been convicted of a felony? _____

PRESENT HOME ADDRESS:

STREET CITY STATE ZIP CODE

PHONE NUMBER AT THIS ADDRESS: _____ Cell Number _____

ACKNOWLEDGEMENT OF RESTRICTION AS TO MINIMUM AGE OF OCCUPANTS

The undersigned being the prospective purchaser(s) pursuant to a contract for purchase of a cooperative unit# _____ Lazy River Village, Inc., hereby acknowledges that the documents of the Association restrict occupancy and use of the unit for any purposes other than as a private dwelling for the unit owner(s) or member(s) of the unit owner's family, or other occupancy approved by the Board of Directors, and one of the unit's occupants must be at least fifty-five (55) years of age. Any other occupant must be at least forty-five (45) years of age. (Occupant is tentatively defined as a person staying longer than 30 days in a calendar year, subject to interpretation and clarification by the state and federal courts in accordance with the Fair Housing Act as amended.)

The undersigned hereby acknowledges that the approval of Lazy River Village, Inc, for the undersigned's purchase of the subject cooperative unit is conditioned upon the undersigned's agreement to abide and comply

with the above described restriction at the time of closing of the purchased subject unit and throughout the undersigned's term of ownership thereof.

In addition, if visitation should conflict with the definition of "occupant" as determined by H.U.D. and the Fair Housing Act as amended, and any legal ruling that may be retroactive to this purchase, then the visitation rights shall be amended and the appropriate legal requirements regarding "occupant" or "occupancy" shall be adhered to.

If you are wishing for a third person to reside in the home the Board of Directors will need to know the reason as it must be justified, and the individual must meet the age requirements and will also be required to pass a Criminal Background Check.

REQUESTED THIRD OCCUPANT'S NAME:

LAST _____ FIRST _____ M.I. _____

BIRTHDATE: _____ SS# _____

JUSTIFICATION:

INFORMATON ABOUT PROPERTY TO BE PURCHASED

STREET ADDRESS OF PROPERTY: _____ UNIT (LOT)#: _____

TOTAL PURCHASE PRICE: _____ NAME OF SELLER: _____

TITLE TO BE TAKEN AS: Husband and Wife _____ Joint Tenants _____

Tenants in Common _____ Other (specify) _____

NAME(S) IN WHICH TITLE (LEASE) IS TO BE TAKEN: _____

ANTICIPATED CLOSING DATE OF SALE: _____ OCCUPANCY DATE: _____

REALTOR, IF ANY: _____

ATTORNEY HANDLING CLOSING: _____

SERVICE ANIMALS

If you have a service animal, you will need to provide documentation to the office.

PETS

IS THIS HOME LOCATED IN A PET SECTION? () YES () NO

DO YOU HAVE A PET? _____ If yes, please complete the attached Pet Registration form. If your pet is a Comfort or Emotional Support Animal you will also need to have your medical professional complete that form (The application is attached).

Prohibited breeds of dogs: Pit Bulls, Akitas, American Bulldogs, Beaucerons, Caucasian Mountain Dogs, Chows, Doberman Pinchers, German Shepherds, Great Danes, Keeshounds, Presa Canarias, Rottweilers, Strafford Terriers, Wolf Hybrids and guard dogs specifically trained to guard people or property.

Any mixed breed made up of one or more of the breeds listed above is also considered a prohibited breed.

Guard dogs: dogs specifically trained to guard people or property.

NUMBER OF VEHICLES TO BE PARKED ON PREMISES: _____

MAKE: _____ MODEL: _____

MAKE: _____ MODEL: _____

NOTE: ALL VEHICLES MUST FIT IN DRIVEWAY WITHOUT INTRUDING INTO ROADWAY ADDITIONAL SPACES ARE AVAILBLE IN THE RV STORAGE AREA FOR LEASE ON A FIRST COME FIRST SERVED BASIS.

APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, you must obtain the following documents provided by the management office, with the exception of **the Cooperative Prospectus which is to be provided by the Seller or Sellers Realtor (a copy may be purchased from the management office if needed).**

I (WE) HAVE RECEIVED COPIES OF THE FOLLOWING DOCUMENTS:

- | | | |
|---|------------------------------|-----------------------------|
| COOPERATIVE PROSPECTUS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| REVISED BY-LAWS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RULES AND REGULATIONS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FREQUENTLY ASKED QUESTIONS AND ANSWER SHEET | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I UNDERSTAND THAT I AM RESPONSIBLE FOR READING THE CONTENTS OF THE ABOVE DOCUMENTS AND THAT I WILL BE HELD TO COMPLY WITH ALL OF THE PROVISIONS THEREIN.

We hereby acknowledge that the above statements are true and correct to the best of my/our knowledge. We realize that any false or mis-leading information given in this application will void this application and will be a cause for declining my/our application. I/We hereby give permission for Lazy River Village to obtain a criminal records report whether by fax, verbal, photocopy, or original signature. I/We agree to hold harmless Lazy River Village and all providers of information.

APPLICANT'S SIGNATURE

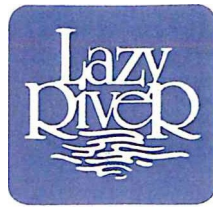
DATE

CO-APPLICANT'S SIGNATURE

DATE

ADDITIONAL OCCUPANT'S SIGNATURE

DATE



Animal Registration Form

Owner Name:.....Date:.....

LRV Address: _____

Telephone Number: _____

Pet Name:_____ Age:_____

Breed:_____ Color:_____

Weight:_____ Height at Maturity to Shoulder: _____

Is animal Micro-chipped: _____

Does animal wear a name tag: _____

Is animal current on all vaccinations: _____

All animals residing in the village must remain current on all required vaccinations.

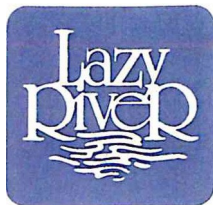
Please mark the applicable category.

Pet:_____ Support Animal:_____ Service Animal:_____

If your animal is also a Support or Comfort Animal, please complete the Supportor Comfort Animal Form.

Please attach a current photo of your animal to this registration form.

Thank You!



SUPPORT OR COMFORT ANIMAL APPLICATION FORM

To ensure that an emotional support animal can reside in or visit your home outside of the pet sections, please have the following completed, by a licensed medical professional. All pet owners in Lazy River Village must comply with the Rules and Regulations of Lazy River Village concerning pet ownership.

Owners Name: _____ Phone Number: _____

Owners Address: _____ Owners Email: _____

Pet's Name: _____ Pet's Breed: _____

Lazy River Village and its insurance company do not allow the following breeds or mixed breeds made up in part or whole of: Pit Bulls, Akitas, American Bulldogs, Beaucerons, Caucasian Mountain Dogs, Chows, Doberman Pinchers, German Shepherds, Great Danes, Keeshounds, Presa Canarias, Rottweilers, Strafford Terriers, Wolf Hybrids and guard dogs specifically trained to guard people or property.

MENTAL HEALTH/MEDICAL PROFESSIONAL INFORMATION

Name of Practice: _____

Physician's Name: _____

Phone Number: _____

National Provider Identifier (NPI): _____

Date & Type of Mental Healthcare or Medical Professional License: _____

Signature and Date: _____

- () I am a licensed mental health or medical professional treating the above-named person for a mental or emotional disability.
- () The above-named pet owner needs the support, comfort or service animal as a reasonable accommodation for the disabled person to equally enjoy and use of their home/unit.

Forms are available at the Lazy River Village Office or on the Lazy River Village website. If you have any questions, please call the Lazy River Village office Monday thru Friday between 8:00 am and 3:00 pm. 941-426-4307;

**APPLICANT, PLEASE COMPLETE THE FOLLOWING IMPORTANT INFORMATION
THIS INFORMATION IS FOR THE OFFICE DATA BASE AND PUBUCATION IN OUR RESIDENT DIRECTORY**

APPLICANT NAME: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

CO-APPLICANT NAME: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

BIRTHDAYS: _____ ANNIVERSARY : _____ YEAR: _____

LAZY RIVER ADDRESS: _____

ALTERNATE MAILING ADDRESS: _____

HOME STATE: _____

ANTICIPATED RESIDENCY: SEASONAL _____ FULL TIME _____

IF SEASONAL APPROXIMATE DATE LEAVING _____ RETURNING _____

PLEASE PROVIDE CARETAKER INFORMATION:

NAME ADDRESS PHONE

(If absent for more than 14 days a caretaker must be on record with the management office)

APPLICANT EMERGENCY INFORMATION

CONTACT IN CASE OF EMERGENCY: _____

(other than occupant(s) of home)

RELATIONSHIP OF ABOVE: _____ PHONE#: _____

PLEASE CHECK THE INFORMATION YOU WISH TO SHARE WITH OTHER LRV RESIDENTS AS IT WILL APPEAR IN THE RESIDENTS DIRECTORY. **PLEASE SIGN FOR CONSENT TO PUBLISH.**

() LAZY RIVER PHONE () CELL PHONE () OTHER PHONE

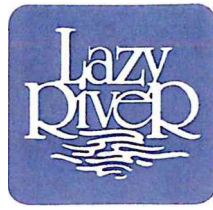
() ALTERNATIVE ADDRESS () ALTERNATIVE PHONE

() EMAIL ADDRESS 1 () EMAIL ADDRESS 2

OK TO PUBLISH MY CONTACT INFORMATION IN: () ANNUAL LRV DIRECTORY () PRIVATE WEBSITE DIRECTORY

RESIDENT {1} _____

RESIDENT {2} _____



*PER STATUTE 719.106 WHEN POSSIBLE, THE BOARD/OFFICE COMMUNICATES WITH THE RESIDENTS VIA E-MAIL
PLEASE SIGN THIS FORM CONSENTING TO RECEIVE COMMUNICATIONS BY E-MAIL.

**WRITTEN CONSENT
TO
RECEIVE ELECTRONIC NOTICE OF MEETINGS**

The undersigned, being all the Lessees of Unit No. _____, in **Lazy River Village, a Cooperative**, pursuant to Sections 719.106, Florida Statutes and Rule 618-75.002, Florida Administrative Code, hereby consent in writing to receiving notice by electronic transmission for meetings of the Board of Directors, committee meetings requiring notice, and membership meetings of the Cooperative Association (the "Association".) This written consent shall remain effective until it is cancelled in writing or title to the above-referenced Unit is sold or transferred.

The undersigned further designate the following electronic mail address for such purposes:
_____. The undersigned understands that (mailed) paper notice will not be provided to the Owner(s) unless the Owner(s) first rescinds their consent to receive notices of meetings by written notice.

The Association is required by Rule 61B-75.002, Florida Administrative Code to maintain among its official records, which shall be accessible to the owners or their duly authorized representatives, all consent forms including electronic numbers, addresses and locations, all affidavits, all fax receipts of notice and related communications, copies of all electronic notices and attachments sent by the Association, and any other record created or received by the Association related to the electronic transmission of meeting notices, except as provided in Section 719.104(2)(d)4., F.S. Electronic records may be maintained in electronic or paper format, but must be available for inspection and copying upon unit owner request.

**All Owners of the Unit or the Designed Voter
Please Print Name, Affix Date and Sign Below:**

Applicant

Sign: _____

Print Name: _____

Date: _____

Co-Applicant

Sign: _____

Print Name: _____

Date: _____

Please return this completed and signed form to the Association by mail, hand delivery or email.



Application & Background Check Fees

Lazy River Village Application Fee	\$ 50.00
U.S. Background Check per person	\$ 100.00
Canadian Background Check	\$ 125.00