

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

NOTICE OF INTENT TO SELL

Date _____

In compliance with Oasis Singer Island Condominium Association, Inc., I hereby notify you of my (our) intention to sell Unit Number _____ to:

_____ as purchaser(s), as evidenced by the following attachments:

- ___ 1. Legible, executed and paginated copy of Sales Agreement.
- ___ 2. Confidential Application for Membership.
- ___ 3. Three originally signed letters of reference.
- ___ 4. Certificate of Approval (completed by Admissions Committee).
- ___ 5. Copy of Recorded Deed after closing.
- ___ 6. \$100.00 Transfer Fee. (check made payable to Oasis Singer Island Condominium.).
- ___ 7. \$100.00 Fee for Estoppel Request made payable to OPC Management, Inc.
- ___ 8. \$25.00 per person over 18 years old. Check made out to OPC Management, Inc. and a signed Background Investigation form per person over 18 years old to obtain a background report.
- ___ 9. Appointment of Voting Representative (if applicable).
- ___ 10. Signed form acknowledging that Purchaser(s) have received, read, understand and will abide by the Documents and Rules and Regulations of the Condominium.
- ___ 11. Owner Emergency Data Sheet.
- ___ 12. Pet Registration (if applicable).

CLOSING DATE: _____

Your action in regard to this application is requested within 30 days in accordance with the requirements of the Declaration of Condominium referred to above.

Seller's Signature

Seller's Signature

OPC Management Staff

Date Received

Realtor

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

Dear Admissions Committee:

I have been given a copy of OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC. documents and Rules and Regulations along with Oasis Singer Island Condominium Documents due to my application as a Buyer for Unit Number _____. I have received, read and understand and will abide by the Condominium Documentation.

Buyer's Signature

Joint Buyer's Signature (if applicable)

Date _____

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

Name of Agent handling Purchase: _____

Company Name _____

Fax# _____ **PH#** _____

Applicants Present Employer _____

PH# _____ **Fax#** _____

Address _____

City _____ **State** _____ **ZIP** _____

Applicants Driver License# _____ **State** _____

Spouses Driver License# _____ **State** _____

To the Secretary of the **OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.** (the "Association").

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit No. _____ 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 Bylaws 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 either John or Jim as the Voting Representative (NOT A THIRD PERSON).
- (ii) Unit owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating an officer or employee entitled to vote, signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- (iii) Unit owned by John Jones. No Voting Certificate required.
- (iv) Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate not required.

This Certificate is made pursuant to the Declaration and the Bylaws 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 sure to designate one of the joint owners of the unit as the Voting Representative, not a third person.

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

NON-NATURAL PERSON OCCUPANCY DESIGNATION

The undersigned person does hereby certify that he or she is the officer, trustee or partner (circle one) authorized to designate the family or individual who shall be entitled to occupy the Unit in accordance with the requirements of the Declaration of Condominium for the Oasis Singer Island Condominium Association Inc. 16. B (3), "Approval of Corporate or Partnership Purchases". No more than one change in occupancy will be approved in any 12 month period.

AUTHORIZED OCCUPANTS:

I hereby designate:

NAME; _____

ADDRESS: _____

PHONE# _____ FAX# _____

As the authorized primary occupant to represent Unit # _____

Dated this _____ day of _____, 201__.

Authorized Signature

Dated

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

AUTOMOBILE INFORMATION:

VEHICLE #1

Type & Color _____

State Of Registration & Tag # _____

VEHICLE #2

Type & Color _____

State Of Registration & Tag # _____

Penthouse Units Only:

VEHICLE #3

Type & Color _____

State Of Registration & Tag # _____

PLEASE INDICATE WHICH OF THE FOLLOWING YOU OWN:

Parking Space(s) Vehicle 1. # _____ Vehicle 2. # _____

Vehicle 3. # _____ (Penthouse Only)

DO YOU USE THE SPACE(S) EXCLUSIVELY FOR YOUR OWN VEHICLES?

Yes _____ No _____

IF NO, HAVE YOU GIVEN PERMISSION TO ANOTHER OASIS RESIDENT TO USE YOUR PARKING SPACE(S)? Yes _____ No _____

If Yes, Please Indicate The Name Of The Resident And Parking Space Number Below:

Resident With Permission To Use Your Space:

_____ SPACE # _____

If You Have A Guest For A Visit, Please Notify the Building Manager So He Can Be Aware Of This Temporary Usage, The Parking Space Numbers And The Dates It Will Be Used.

OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC
PET REGISTRATION

Unit # _____

Owner Name _____

Number of Pets _____`

(Restricted to two, combined weight cannot exceed 25 pounds)

1. Species _____ Male ___ Female ___ Pet Name _____

Coloring _____ Age _____ Weight _____

License No. _____

2. Species _____ Male ___ Female ___ Pet Name _____

Coloring _____ Age _____ Weight _____

License No. _____

Provide Recent Photograph(s) _____

Owner Signature

Date

Association Approved _____

BACKGROUND INVESTIGATION REQUEST FORM

PHONE NO: 561-626-3100 X104
CO: OPC MANAGEMENT
CONTACT BILLIE INTAGLIATA
FAX NUM. 561-625-1245 ATTN: BILLIE

TO: FEDERAL BACKGROUND SERVICES
PHONE 561-969-9966
FAX 561-969-9988
BILL TO: OPC MANAGEMENT

LAST NAME: _____ FIRST NAME: _____ MIDDLE/MAIDEN: _____

RACE: _____ *SEX: _____ *BIRTH DATE: _____ *SOCIAL SEC #: _____

U.S. BORN CITIZEN: (YES) _____ *(NO) _____ IF NO, MUST PROVIDE ALIEN OR PERMANENT RESIDENT No.

ALIEN No. _____ DOCUMENT TYPE: _____ EXPIRATION DATE: _____

DRIVER'S LIC. #: _____ STATE: _____

ADDRESS: _____

(>) CITY, COUNTY, STATE, ZIP: _____

(>) You MUST enter County, City, or Zip Code for NON-FLORIDA (OUT-OF-STATE) CRIMINAL HISTORY Searches:

(PLEASE CHECK SEARCHES REQUESTED)

- FLORIDA CRIMINAL HISTORY FDOC
- FLORIDA CRIMINAL HISTORY FDLE
- CRIMINAL RECORDS (50 STATES)
Includes sexual predator/offender
- STATEWIDE CRIMINAL HISTORY _____
- FL DRIVERS LIC HIST (3 YEAR)
- FL DRIVERS LIC HIST (7 YEAR)
- OUT OF STATE DRIVER LIC. HIST _____
- NATIONWIDE SEXUAL OFFENDER
- EMPLOYMENT VERIFICATION (/EMPLOYER)
- SOCIAL SECURITY # VERIFICATION
- *** CREDIT HISTORY INDIV. JOINT
- FLORIDA WORKERS' COMP HISTORY
- FLORIDA SEXUAL OFFENDER / PREDATOR
- INTERPOL (WORLDWIDE CRIMINAL)
- NATIONWIDE DOSSIER
- EDUCATION VERIFICATION () PER SCHOOL)
- VEHICLE TAG SEARCH
- OTHER _____

SIGNATURE OF THE ABOVE APPLICANT IS REQUIRED FOR ALL SEARCHES!!!

I authorize the above named company and its agent, FEDERAL BACKGROUND SERVICES to perform the above-indicated employment searches. I further request that contacted companies, institutions, or state agencies release this information as expeditiously as possible.

* Required for Criminal History, Workers' Compensation and Social Security Verification Searches

** Alien number, document type and expiration date is required if NOT a U.S. BORN citizen

*** Credit Histories require Full Name, SSN and most recent address

Signature of Applicant (REQUIRED) _____ Date _____

OASIS SINGER ISLAND CONDOMINIUM

Resident Security Information Form

UNIT#: _____

DATE: _____

Name (Last, First): _____

Spouse/Significant Other Name (Last, First): _____

Away Address _____

Away Phone Number _____

Email Address: _____

Telephone Number(s):

Home: _____ Work: _____

Cell/Mobile: _____ Other: _____

Names of Person(s) Residing at Property:

Circle A to add or R to remove from list

_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R

Vehicle(s):

Circle A to add or R to remove from list

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Penthouse Only

Color/Make/Model: _____ License Plate State/#: _____ A or R

Permanent Guest List (allowed entry at any time):(NOT VENDORS)Circle A to add or R to remove

_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R
_____ A or R	_____ A or R

Permanent Service Personnel:

Circle A to add or R to remove from list

Pest Control: _____ A or R

Alarm Company: _____ A or R

Domestic Employee: _____ A or R

Other: _____ A or R

Other: _____ A or R

Other: _____ A or R

Other: _____ A or R

Signature of Resident : _____

SUBMIT COMPLETED FORM TO MANAGER. A COPY WILL BE SENT TO SECURITY

Official Use Only: _____ Date Received: _____

Approved By: _____ Date: _____