

THE GALLEON – OWNER APPLICATION

INSTRUCTIONS:

1. Each Applicant applying for residence must fill in an application unless legally married.
2. Print legibly or type all information. Accounts, telephone numbers and complete addresses are required.
3. Any question not answered or left blank, the application may be returned, and not approved.
4. Missing Information will cause delays in processing your application.
5. Applicants ONLY are authorized to sign all forms.
6. Check Payable to The Galleon Condo Apts Inc. in the amount of \$100 per single adult or a married couple.

APPLICATION FOR OCCUPANCY APPROVAL

Unit Number: _____ Date of Application: _____
Applicant: _____ Date of Birth: _____ Social Security Number: _____
(Canada Social Insurance#/Brazil CPF & RG#)
() Single () Married Maiden Name: _____
Spouse: _____ Date of Birth: _____ Social Security Number: _____
Maiden Name: _____ (Canada Social Insurance#/Brazil CPF & RG#)
Number of persons who will occupy: _____ Adults (over age 18) _____ Children (Under age 18) _____
Names and ages of children who will occupy: _____
In case of emergency notify: _____
(Name, full address, relationship, and telephone number)

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD: _____

ADDRESS WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD: _____

APPLICANT EMAIL ADDRESS: _____

APPLICANT SCREENING BY THE BOARD OF GOVERNORS:

() IN PERSON:

() OUT OF TOWN: SKYPE USERNAME: _____ ADDRESS: _____

PART I RESIDENCE HISTORY

- A. Present Address: _____ Phone: () _____
(Street Address, Apt. No., City, State, Zip Code, Country)
Name of Apart/Condo: _____ Phone: _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone: () _____
Address: _____
(Street Address, Apt. No., City, State, Zip Code, Country)
- B. Previous Address: _____ Phone: () _____
(Street Address, Apt. No., City, State, Zip Code, Country)
Name of Apart/Condo: _____ Phone: _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone: () _____
Address: _____
- C. IF EITHER/BOTH ADDRESSES ABOVE ARE LESS THAN ONE (1) YEAR, PLEASE ENTER PRIOR ADDRESS BELOW:
Prior Address: _____ Phone: () _____
(Street Address, Apt. No., City, State, Zip Code, Country)
Name of Apart/Condo: _____ Phone: _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone: () _____
Address: _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

PART II EMPLOYMENT

- A. Applicant: If retired: Monthly Income: _____ (or) Annual Income: _____
- B. Applicant: Employed By (Business Name): _____ Phone: _____
How Long: _____ Dept. or Position: _____ Monthly Income: _____
Address: _____
(Street Address, Apt. No., City, State, Zip Code, Country)
- C. Applicant: Self-Employed:
Business Name: _____ Phone: _____
Type of Business: _____ State of Incorporation or Filing: _____
Name of Business Accountant: _____ Phone: _____
Address of Business Accountant: _____
Name of Business Attorney: _____ Phone: _____
Address of Business Attorney: _____
- Previous Employment (Business Name): _____ Phone: _____
How Long: _____ Dept. or Position: _____ Monthly Income: _____
Address: _____
(Street Address, Apt. No., City, State, Zip Code, Country)
- D. Spouse: If retired: Monthly Income: _____ (or) Annual Income: _____
- E. Spouse Employed By (Business Name): _____ Phone: _____
How Long: _____ Dept. or Position: _____ Monthly Income: _____
Address: _____
- F. Applicant: Self-Employed:
Business Name: _____ Phone: _____
Type of Business: _____ State of Incorporation or Filing: _____
Name of Business Accountant: _____ Phone: _____
Address of Business Accountant: _____
Name of Business Attorney: _____ Phone: _____
Address of Business Attorney: _____
- Previous Employment (Business Name): _____ Phone: _____
How Long: _____ Dept. or Position: _____ Monthly Income: _____
Address: _____

PART III BANK REFERENCE

Bank Reference (Name of Bank): _____
Address: _____
(Street Address, Apt. No., City, State, Zip Code, Country)
How Long: _____ Checking Account: _____ Savings Account: _____

Part IV Two (2) Character References – No Relatives

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

- | | |
|-----------------|------------------------|
| 1. Name: _____ | Residence Phone: _____ |
| Address: _____ | Office Phone: _____ |
| Zip Code: _____ | Cell Phone: _____ |
| 2. Name: _____ | Residence Phone: _____ |
| Address: _____ | Office Phone: _____ |
| Zip Code: _____ | Cell Phone: _____ |

Part V Criminal Convictions

Applicant:

Have you ever been convicted of a crime? _____ If yes, describe in full: _____

Spouse:

Have you ever been convicted of a crime? _____ If yes, describe in full: _____

Part VI Vehicles

Applicant's Driver's License No 1: _____	State: _____
Applicant's Driver's License No 2: _____	State: _____
Spouse's Driver's License No 1: _____	State: _____
Spouse's Driver's License No 2: _____	State: _____

Number of cars (to be parked here): _____

Make: _____	Model: _____	Year: _____	Plate No: _____
Color: _____	State: _____		
Make: _____	Model: _____	Year: _____	Plate No: _____
Color: _____	State: _____		

If this application is not legible or is not completely and accurately filled out, the landlord/owner and their agent, Applicant Information, will not be liable or responsible for any inaccurate information in the investigation and related report (to the landlord/owner) caused by such omissions or illegibility.

By signing, the applicant(s) recognize that the Association or their agent, Applicant Information, may investigate the information supplied by the applicant(s) and a full disclosure of pertinent facts may be made to the landlord/owner. The investigation may be made of the applicant's character, general reputation, personal characteristics, financial solvency, credit standing, police arrest record and mode of living as applicable.

Applicant Signature: _____	Date: _____
Print Name: _____	
Spouse Signature: _____	Date: _____
Print Name: _____	

Authorization for United States Citizen Background Check

US Citizen Consent Form

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

THIS FORM IS TO BE EXECUTED WITH EVERY SALE, AND IS TO BE INCLUDED WITH THE APPLICATION FOR MEMBERSHIP ETC. WHICH IS SUBMITTED TO THE GALLEON CONDOMINIUM APARTMENTS, INC.

APPLICANT (S): This "Authorization to Release Banking, Credit, Residence and Employment Information" form must be signed.

APPLICANT AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENT AND EMPLOYMENT INFORMATION.

DATE: _____

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, and employment in reference with my/our application made for residence.

DESIGNATED PARTY: THE GALLEON CONDOMINIUM APARTMENTS, INC.

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Very Truly Yours,

Applicant's Signature

Applicant's Name (Printed)

SPOUSE AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENT AND EMPLOYMENT INFORMATION.

DATE: _____

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, and employment in reference with my/our application made for residence.

DESIGNATED PARTY: THE GALLEON CONDOMINIUM APARTMENTS, INC.

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Very Truly Yours,

Spouse's Signature

Spouse's Name (Printed)

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THE GALLEON CONDOMINIUM APARTMENTS, INC.
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(Continued)

Authorization for Canadian Citizen Background Check
(As Per Direction of Canadian Credit Report Provider)

We have been informed by the Canadian Government that Credit reports can no longer be provided to U.S. companies for Canadians who are purchasing property in Florida. Given this situation, Canadian purchaser(s) must submit their own credit report (including credit score) along with this application. You can go to <http://www.ic.gc.ca/eic/site/oca-bc.nsf/eng/home> click on Get a copy of your credit report

How To Request a Copy of Your Credit Report

Various Methods

Mail

Advantages

Free of charge

Disadvantages

Credit score is not provided
Can take some time to receive

By mail — free of charge¹

If you make your request in writing and send it by mail, the credit-reporting agencies will provide you, by mail, with a free copy of your report. It is important, however, that in your request you include a copy of two pieces of I.D. Contact the credit-reporting agencies to find out which pieces of I.D. are acceptable. You will find the coordinates for each agency below.

Online — some fees apply

You can also order your credit report through the reporting agencies' websites. This method is faster since you will receive your credit report online only a few minutes after you made the request. However, credit-reporting agencies charge a fee for providing you with an online copy of your credit report.

- **Equifax Canada:** Consumers may obtain a copy of their credit report, plus credit score, and a score analysis online in Canada, for a fee. They provide consumers online, real-time access to their credit information. Consumers provide personal information during the order process for their credit information so that their identity can be verified.²
- **TransUnion:** Consumers are asked to provide information that confirms their identity, plus valid credit card payment information, when applicable. Following a confirmation of their information, consumers may view their TransUnion Personal Credit Report & Score online. Ordering online is available to current or former residents of Canada. Fees may vary by province.³

Coordinates for each credit reporting agency

Here are Canada's two major credit-reporting agencies:

Equifax Canada

Tel: 1-800-465-7166

Fax: 514-355-8502

TransUnion Canada

Tel: 1-866-525-0262 (except in Quebec)

Tel: 1-877-713-3393 (Quebec residents)

Fax: 905-527-0401

**THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)**

Application for Membership

The proposed new Owner(s) understand that no final payment for the sale should be made to the present Owner(s) or their agents until this application has been approved by The Galleon Condominium Apartments, Inc. Favorable consideration by the Board of Governors is unlikely if ownership is to be in the name of a Corporation.

The Galleon Condominium Apartment, Inc. is a private residential structure and is not to be used as a hotel or motel or similar purpose. In accordance with the architectural concept, occupancy of apartments is restricted and as such, the Board of Governors cannot grant approval for permanent occupancy by more than the following number of persons:

- **2 persons in a one bedroom apartment**
- **4 persons in a two bedroom apartment**
- **6 persons in a three bedroom apartment**

This application is for Apartment Number: _____ Parking Space Number: _____

Present Owner(s): _____

Proposed New Owner(s): _____ Phone: _____

Address: _____

New Owner(s) Attorney: _____ Phone: _____

Attorney Address: _____

Real Estate Agent: _____ Company: _____

Agent Address: _____ Phone: _____

Name of Company who holds your Home Owners Insurance Policy: _____

Name of Insurance Agent: _____

RESIDENCY

Is the applicant a legal resident of the State of Florida? YES NO

If not, when do you plan to establish your legal residency in the state of Florida? _____

Is the spouse a legal resident of the State of Florida? YES NO

If not, when do you plan to establish your legal residency in the state of Florida? _____

OUT OF RESIDENCE STATUS

If you will be residing elsewhere than at The Galleon during some part of the Calendar year, please indicate the approximate time period: _____ and provide the following details:

Address: _____

Email: _____ Phone: _____ Country: _____

Application for Membership (Continued)

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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PETS

Do you understand and agree that pets are NOT permitted? YES NO _____ Initials

ASSESSMENTS

In the case of sale, the final settlement must provide for your assessment payment obligations. Assessments are to be paid in advance quarterly.

DOOR NAME PLATE

Please indicate how you wish your door nameplate to read:

(Note: the name plate is limited to eighteen (18) characters including spacing.)

SCREENING/INTERVIEW

All adult applicants, including husband and wife, when applicable, must be interviewed personally by the Screening Committee. No applications will be approved without these personal interviews. Interviews are held at The Galleon and scheduled in advance at a pre-agreed upon date and time convenient to both applicant(s) and Committee Members.

Applicants will be notified of the decision of the Board of Governors after the Board receives the report from the Screening Committee. No deliveries of any kind will be accepted nor occupancy permitted until the Applicant(s) have been advised of approval.

CLOSING

After closing, new Owner(s) must furnish a certified copy of the deed to the Administrative Assistant of the Association before final registration can occur.

COMMON AREAS

Owner(s) must assume responsibility for damage to common areas caused by their children and/or guests.

KEYS

It is mandatory that a set of apartment keys and car keys be left with the Security Department for use in case of an emergency. Applicant hereby agrees to provide such keys without further request.

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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(Continued)

Resident Information Sheet for New Owners

New Owner(s) Name as will appear on deed: _____

If Part-Time Resident, please give information on other residence:

Address: _____

Email: _____ Phone: _____

Other persons occupying apartment:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Family Members authorized to have access to your apartment in your absence:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list any restrictions/limitations for those with access to your apartment:

Members of immediate family:

Parents: _____

Brother & Families: _____

Brother & Families: _____

Brother & Families: _____

Brother & Families: _____

Sister & Families: _____

Sister & Families: _____

Sister & Families: _____

Sister & Families: _____

Resident Information Sheet for New Owners (Continued)

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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(Continued)

Grandparents: _____

Grandchildren: _____

Children: _____

Grandparents: _____

Grandchildren: _____

Children: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Apartment Checks

Who will check your apartment in your absence?

Name: _____ Phone: _____

Address: _____

OR

The Galleon Maintenance Team can do both general checks of your apartment once or twice a month at \$20 per check.

I would like this service: Once a month: _____ Twice a month: _____

Maintenance

Please Note: Maintenance Team is available for building-related work orders. There is a charge of \$20 per half hour per person.

Billing

Maintenance Fees are issued on a quarterly basis; January 1, April 1, July 1 and October 1 and are payable directly to Centennial Bank through the coupon system. Please check with The Galleon Management Office for more information.

Work Order Statements are billed and issued separately on the same quarterly basis and are payable to The Galleon Management Office. These must be paid by check or money order.

Service Fees e.g. postage, faxing, copying, condo documents can be paid in cash. (Fee Schedule is available on The Galleon Web Site.)

I would like you to send maintenance and non-maintenance statements via this email address: _____

And Or

I would like you to mail statements to: _____

Applicant Signature: _____ Spouse Signature: _____

Print Name(s): _____

Rules for All Residents

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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(Continued)

1. No apartment may be leased during the first year of ownership. All owners with potential lessees should be aware that the yearly leasing rule set by The Galleon Condominium Apts., Inc. is not based on the calendar year January through December. The yearly leasing term begins from the date the lease is active (one lease per year (12 months)) until the same date the following year.
 - a. **The occupancy levels for permanent residence are:**
 - 2 persons in one bedroom apartment**
 - 4 persons in two bedroom apartment**
 - 6 persons in three bedroom apartment**
2. You must advise the Office of a move-in date to reserve the elevator. Reserve means no other moves will be in the building on that date. (Note: Movers must allow free travel to elevators when not loading or unloading.) Moving hours are Monday through Friday, 8:00 AM to 4:00 PM. Movers must provide proof of Insurance naming The Galleon Condominium Apartments, Inc. as the Certificate Holder.
3. We have a Maintenance Staff that can perform minor repairs. See Office Manager for fees.
4. If you tile your apartment, it must be soundproof. You must confirm with the Office before doing any major work in your apartment, i.e. shutters, construction, etc. Tile work is not permitted on the balconies. Architectural Modification Forms can be picked up at the office or found on The Galleon Web Site.
5. You agree to allow a "Galleon Representative" free access to inspect and monitor any work that is being done in your apartment at any time.
6. You must have a 2-Parking Permits on your car. If you drive in the Garage, you must have your headlights on. Speed limit is 5 MPH
7. Assigned car spaces are intended for car parking only and must not be used for any other purpose, including parking of mobile homes, trailers, trucks, boats and trailers for any purpose. The Building Manager may assist in finding appropriate storage or parking area. Only use the assigned parking spots.
8. Bicycles and shopping carts are not allowed in the Lobby.
9. Return shopping carts to designated areas. Do not leave them in the halls, catwalks or on the elevators.
10. A key to your apartment and your car(s) must be left with the Security Guard in case of emergency. These keys are stored in a secured lock box.
11. All overnight guests must register with the Security Desk. If you are not in residence, only immediate family, listed on the form may stay in your apartment.
12. Should an individual move into your apartment other than those listed on your screening application, you must notify the Office and make arrangements to have that individual screened before this change is made. A fee is imposed for this background check.
13. Inform all guests of Building Rules (Copies of the Rules are at the Front Desk).

Rules for All Residents (Continued)

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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(Continued)

14. No pets of any kind allowed
15. All Visitors must go to the Security Desk and have their arrival announced.
16. The party rooms, Lugal Room and Armada Room, must be reserved by advising the office. An anticipated guest list must be submitted for the security guards. Clean-up and setup fee imposed.
17. Security fobs cannot be duplicated. If your fob is lost, you can get a replacement between \$50.00 - \$200.00
18. One storage bin goes with each apartment. These bins were assigned to the apartments when the building originally opened. There are a few extra bins which can be rented by our owners. They are rented on an annual basis and when there is a change in ownership of the apartment, the bin reverts back to the building to be assigned to the next person on the waiting list for a rental bin.
19. Bag your trash in plastic and securely tie it. Trash should be put down the trash chute. Newspapers, bottles, and cans must be placed in separate containers located in trash rooms on each floor.
20. Do not hang towels or laundry on your balcony wall or on the railings.
21. Cover-ups and shoes must be worn at all times when in elevators and in the lobby.
22. The barbeque grills must be reserved by advising the security located at the front desk
23. No barbeque grills of any kind are allowed on the balconies. This is a Fire Department Regulation.
24. An icemaker is located by the elevators in the west side basement
25. A beverage & vending machine is located by the basement security office.
26. A notification light located near the emergency speaker will be activated by security when mail delivery has arrived.
27. In the event of an emergency an alarm will sound and a recorded message will follow. Occasionally the alarm will sound under false circumstances. If this occurs an announcement will be made by a staff member to clarify the situation.
28. No food or drinks are allowed in the pool area. Eating is permitted on the lower deck and pool garden area. No glass, only plastic or paper goods.
29. The office requires a copy of the closing statement (HUD) and the deed in our files as soon as possible after the closing.
30. Maintenance is due on a quarterly basis, January 1, April 1, July 1, and October 1. Interest fees will be imposed for late payment.

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Rules for All Residents (Continued)

31. ALL residents who plan to be absent three (3) or more days from their apartments during hurricane season (June 1 to November 30) are required to comply with the following:

Remove ALL items such as furnishings and plants from the balcony and/or catwalk prior to departing from the building. Close and lock ALL windows and outside apartment doors. Close and secure ALL hurricane shutters. Notify Security of departure date and return date. ALL residents are to commence with storm preparations to the apartment when the National Hurricane Center announces a Tropical Storm Warning and/or Hurricane Watch and/or as instructed by the Galleon Building Manager and/or Board of Governors.

The Galleon staff may assist a resident during a Tropical Storm Watch to remove all items such as furnishings and plants from the balcony and/or catwalk and secure ALL hurricane shutters. A service fee at the "prevailing hourly rate" is charged to the resident per unit at this time only. If a resident fails to comply with hurricane preparations, the Galleon management has the authority to enter the apartment to secure the hurricane shutters and balcony and/or catwalk. The Galleon Association will not assume any liability for damages. A service fee of \$100.00 will be charged to the resident per unit.

I understand and agree to abide by the Condominium Documents and the Rules and Regulations.

Applicant Signature: _____

Spouse Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
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Voting Certificate

Below is an "Owner's Certificate" which is required to be on file prior to the Annual Meeting of the Board of Governors held on the first day of February each year.

In order for you to be able to cast a vote for the election of officers, it is necessary for the form to be filled in correctly.

Any change in ownership and/or the purchase of an apartment since the last Annual Meeting necessitates the signing of a new Certificate. All owners of apartments should sign at the bottom and the name of the one owner designated to vote, or to sign a Proxy, written in the indicated space.

If not properly signed, no ballot can be issued at the Annual Meeting.

For those owners who have one on file with the Management Office and no change is necessary please ignore this note.

OWNER'S CERTIFICATE

The undersigned is the owner(s) of Apartment number _____ at The Galleon Condominium Apartments, Inc. as of _____ (date) and designates the right to cast the vote for said apartment to:

Owner Signature: _____

Print Name: _____

Spouse Signature: _____

Print Name: _____

Designated Voter (print name): _____

**THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
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Release Waiver and Indemnity

THE UNDERSIGNED unit owner(s) / tenant(s) of Condominium Unit # _____ in The Galleon Condominium Apartments, Inc., hereby remises, releases, acquits, satisfies, and forever discharges The Galleon Condominium Apartments, Inc., its members, employees, officers, governors and agents of and from all debts, dues, accounts, reckonings, bonds, bills, specialties, variances, trespasses, actions, causes of action, suits, sums of money, covenants, contracts, agreements, promises, damages, judgments, claims and demands whatsoever, in law or in equity including such parties' own negligence, but excluding such parties' fraud or intentional or willful misconduct, and hereby waives all debts, dues, accounts, reckonings, bonds, bills, specialties, variances, trespasses, actions, causes of actions, suits, sums of money, covenants, contracts, agreements, promises, damages, judgments, claims and demands whatsoever, in law or in equity, including such parties' own negligence, but excluding such parties' fraud or intentional or willful misconduct, which the undersigned ever had, now has, or whichever any personal representative, successor, heir or assign of the undersigned hereafter can, shall or may have against The Galleon Condominium Apartments, Inc., its members, employees, officers, governors and agents for, upon, or by reason of any manner, cause or thing arising out of or concerning the maintenance, repair replacement or protection of the undersigned's Unit or its contents by an employee of The Galleon Condominium Apartments, Inc., including but not limited to, the use, misuse, operation, and maintenance of tools, equipment, vehicles, and personal injuries, death or property damage or loss, including loss of use and theft, suffered by the undersigned, the guests and invitees of the undersigned, or third parties.

IT BEING FURTHER understood, acknowledged and agreed by the undersigned that the performance of the maintenance, repair, replacement or protection of the undersigned's Unit or its contents and use and operation of the tools, equipment or vehicles by an employee of The Galleon Condominium Apartments, Inc. is solely for the personal benefit of the undersigned, with no connection whatsoever to the business of The Galleon Condominium Apartments, Inc., that the employee of The Galleon Condominium Apartments, Inc. is working as an independent contractor for the undersigned, after working hours and outside the scope of his employment with The Galleon Condominium Apartments, Inc. and the undersigned assume(s) all risks whatsoever arising out of or concerning the performance of those services and use of those tools, equipment, or vehicles, whether inherent, known, unknown, patent, or latent.

THE UNDERSIGNED FURTHER AGREES to indemnify, defend and hold harmless The Galleon Condominium Apartments, Inc. its members, employees, officers, governors and agents from any and all demands, claims, damages, actions, causes of action, controversies and expenses, including attorney's fees and costs, whether caused in whole or in part such parties' own negligence, but excluding such parties' fraud or intentional or willful misconduct, for death, disease, illness, personal injury or property damage or loss, including loss of use thereof and theft, arising out of or concerning the performance of those services and use and operation of those tools, equipment and vehicles by an employee of The Galleon Condominium Apartments, Inc. to maintain, repair, replace or protect the undersigned's Unit or its contents. It being acknowledged and understood by all parties that this release, waiver and indemnification is a condition to allowing the employee to perform those services and use those tools, equipment and vehicles.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING, IF YOU SIGN THIS DOCUMENT YOU WILL BE RELINQUISHING ANY RECOURSE YOU MAY HAVE AGAINST THE ASSOCIATION FOR ANY WORK PERFORMED BY AN ASSOCIATION EMPLOYEE TO YOUR CONDOMINIUM UNIT AND FOR DEATH OR INJURY TO PERSONS OR PROPERTY, INCLUDING YOURSELF OR THIRD PARTIES.

Applicant Signature: _____ Spouse Signature: _____

Date: _____ Date: _____

No Harassment Policy

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THE GALLEON CONDOMINIUM APARTMENTS, INC.
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The Galleon Condominium Association does not and will not tolerate harassment of our members (apartment owners), lessees, employees, or applicants. The term "harassment" includes, but is not limited to slurs, jokes, and other verbal, graphic, or physical conduct relating to an individual's race, color, sex, religion, national origin, citizenship, age or disability. "Harassment" also includes sexual advances, requests for sexual favors, offensive touching and other verbal, graphic or physical conduct of a sexual nature.

VIOLATIONS OF THIS POLICY WILL SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISCHARGE.

If you feel that you are being harassed in any way by a coworker, an owner, a lessee or a vendor, you should notify the Manager immediately. The matter will be thoroughly investigated, and where appropriate, disciplinary action will be taken.

Our manager and security supervision are covered by this policy and prohibited from engaging in any form of harassing conduct. Further, no Manager, supervision or Governor or other personnel has the authority to suggest to any employee or applicant that the individual's employment, continued employment, or future advancement will be affected in any way by the individual's entering into (or refusing to enter into) any form of personal relationship with the supervisor or member of management. Such conduct is a direct violation of this policy.

If you believe that a member of management or a Governor has acted inconsistently with this policy, if you are not comfortable bringing a complaint regarding harassment to your immediate supervisor or if you believe that your complaint concerning a coworker or owner has not been handled to your satisfaction, please immediately contact the President of the Board of Governors.

YOU WILL NOT BE PENALIZED IN ANY WAY FOR REPORTING SUCH IMPROPER CONDUCT.

Please do not assume that the Association is aware of your problem. Bring your complaints and concerns to our attention so that we can resolve them.

I have read the policy as outlined above and understand it.

Applicant Signature: _____

Spouse Signature: _____

Date: _____

Date: _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
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Fitness Center General Release Agreement

Upon the opening of the Fitness Center, each resident and each guest to use the Fitness equipment will be required to sign a "Release" and return it to the Management Office and/or a Security Officer before use of facilities.

The undersigned as the Owner(s) and/or Lessee(s) of a Unit in the Galleon Condominium, whose residence address is _____ (herein the "Unit Owner(s) and/or Lessee(s)"), being expressly authorized to execute this Release, for and in consideration of the promises and covenants contained herein and other good and valuable consideration received from or on behalf of The Galleon Condominium Apartments, Inc. (herein the "Association"), the receipt and sufficiency of which are hereby acknowledged,

DOES HEREBY agree to unconditionally and irrevocably release, acquit, satisfy, and forever discharge the Association, of and from all, and all manner of action and actions, cause and causes of action, suits, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Unit Owner(s) &/or Lessee(s), any personal representative, successor, heir or assign of Unit Owner(s) and/or Lessee(s), hereafter can, shall or may have, against Association, for, upon or by reason of the use of the facilities, equipment, and the property located in and around the Galleon Condominium Fitness Center (herein "Fitness Center").

Additionally, the undersigned Unit Owner(s) and/or Lessee(s) expressly agrees that his/her presence **and/or the presence of his or her guests**, in or on any Fitness Center facilities or premises, and his or her use **and/or the use by his or her guests** of the Fitness Center facilities, premises, and equipment is entirely voluntary and with a complete and full understanding that any and all such usage involves all manners of hazards and dangers and that the undersigned **Unit Owner(s) and/or Lessee(s) and/or his or her guests** assumes all risks and responsibility for any harm, loss, damage, property damage, personal injury, or death to others resulting from, arising out of, or any way in relation to their use or presence in the Fitness Center facilities, equipment, or property.

The undersigned further hereby expressly agrees to abide by all rules and regulations pertaining to the access and use of the Fitness Center facilities, **which may include, but is not limited to, the requirement that the Unit Owner(s) and/or Lessee(s) must accompany his or her guest while such guest is present at the Fitness Center facilities.** The undersigned shall be responsible for the acts and omissions, whether negligent or willful, of his or her actions and those actions of their tenants or guests, and in the event the acts or omissions of any of the foregoing shall result in any damage to the Fitness Center Facilities, Common Elements or Association Property, or any liability to the Association, the Unit Owner shall be liable to the Association for same. Any charges against the Unit Owner(s) and/or Lessee(s) pursuant to this Agreement shall be deemed to be a special assessment against the Unit and the undersigned Owner(s) and/or Lessee(s), collectible in the same fashion as any other assessment as provided in the Declaration of Condominium for the Association.

IN WITNESS WHEREOF, the undersigned has hereunto set his or her hand this ____ day of _____, 201__.

WITNESSES:

_____ By: _____ (Unit Owner Signature)

_____ By: _____ (Print Name)

By: _____ (Unit Owner Signature)

By: _____ (Print Name)

Affidavit of Exchange of Apartment & Security Keys

9/17/18

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

AS REALTOR FOR THE BUYER OF APARTMENT # _____, I CERTIFY THAT THE FOLLOWING KEYS CHANGED HANDS AT THE CLOSING ON THIS APARTMENT.

1. ☐ APARTMENT DOOR KEYS
2. ☐ MAIL BOX KEYS
3. ☐ SECURITY KEY (FOB) (ALL OUTSIDE DOORS AND GARAGE DOOR OPENER)

REALTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SPOUSE SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SELLER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Special Notice to New Owners

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

IT IS ONE OF THE RULES OF THE BUILDING THAT YOU MUST SUPPLY THE OFFICE WITH A COPY OF YOUR DEED AS SOON AS IT BECOMES AVAILABLE (HUD) IN ORDER TO OBTAIN ADDITIONAL FOBs.

YOU MUST COME DOWN TO THE OFFICE AS SOON AS POSSIBLE AFTER YOU HAVE YOUR CLOSING TO SIGN OFF ON THE SECURITY FOB'S WHICH WERE GIVEN TO YOU BY THE PREVIOUS OWNER AT THE CLOSING. AT THIS TIME WE CHECK OUT THE NUMBERS OF THE FOB'S TO BE SURE WE HAVE THE PROPER FOB'S LISTED AGAINST YOUR APARTMENT. THIS IS NECESSARY INFORMATION FOR SECURITY TO HAVE SHOULD THE FOB'S BECOME LOST OR STOLEN.

APT. #: _____

Fob #1: _____

Fob #2: _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Authorization Agreement for Galleon Association to Collect Rent upon Delinquency in Maintenance Assessments

WHEREAS, _____, (herein "Owner"), is the record owner(s) of Unit _____ located at 4100 Galt Ocean Drive, Ft. Lauderdale, Florida 33308 (herein the "Unit") in The Galleon Condominium Apartments, Inc. (herein the "Condominium"), as described in the Declaration of Condominium of The Galleon, A Condominium, as amended, recorded in the Public Records of Broward County, at Official Records Book 3486, Page 775; and

WHEREAS, The Galleon Condominium Apartments, Inc. (herein "Association") is the entity charged with the operation and management of the Condominium; and

WHEREAS, Owner desires to lease the Unit to _____
(herein "Lessee(s)") pursuant to a lease submitted herewith; and

WHEREAS, the parties desire the approval of the Association for this lease, pursuant to Article VI, as amended, of the Declaration.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the execution and delivery of this Authority Agreement, and the submission of any other documentation required by the Association, assuming the satisfactory result of the standard background investigation of Lessee(s), the Association shall provide the necessary approval for the lease.
2. If, at any time during the pendency or term of the lease, Owner(s) becomes delinquent thirty (30) days or more in the payment of assessments to Association, Owner(s) and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, costs and attorney fees, if any, as may be delinquent. Further, Owner(s) and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner(s) expressly absolves Lessee(s) from any liability to Owner(s) for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds are left over after deduction of amounts owed, the Association shall immediately remit the balance to Owner(s) at the address listed in the Association's records.
3. Should Lessee(s) fail to comply with the demand of the Association within three (3) days of receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner(s), through eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner(s) and Lessee(s) further agree that, if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from Owner(s). Any such costs shall be deemed to be a special assessment against the unit and collectable in the same manner as any special assessment, pursuant to the Declaration of Condominium.

Agreed to this _____ day of _____, 20__.

By: Robert C. Korn, President, BOG

Attest: Board of Governor

Applicant

Spouse

Authorization Agreement for Galleon Association to Collect Rent Upon Delinquency in Maintenance Assessments

9/17/18

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL

(Continued)

(Continued)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ and _____ as President and Secretary of The Galleon Condominium Apartments, Inc., a Florida corporation, on behalf of the corporation. They are personally known to me or have produced _____ as identification and did take an oath.

NOTARY PUBLIC:

sign _____

My Commission Expires:

print _____

State of Florida at Large

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ as **Owner(s)** who (is/are) personally known to me or who (has/have) produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

sign _____

My Commission expires:

print _____

State of Florida at Large

9/17/18

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Rules for All Service Persons

1. The hours Service Persons may work within the building are from 8:00 AM to 4:00 PM, Monday through Friday. No services will be performed any other hours than the above.
2. We are sorry but in the winter season, we quite often do not have enough parking for service vehicles. The only areas for you to park is the front parking lot or on the street. No exceptions can be made.
3. All service persons loading and unloading must enter through the north lower garage entrance. No trucks, vans or service vehicles are allowed to drive into the garage.
4. A security guard at the receiving station will advise you of the service person's presence, issue them an identification badge, advise them of the Condominium Rules, open the doors and see that the proper elevator is padded.
5. Drop cloths are required whenever you work within the building. If the service person does not have a drop cloth, the building may have on that can be borrowed at the cost of their vehicle key as a deposit.
6. Any malicious damage will be cause for permanent removal of the service company from the building.
7. Any verbal abuse by service persons towards an employee of The Galleon will be cause for permanent removal from the building.
8. Any mess made by the service person will be promptly cleaned up by the service person. If The Galleon has to clean your service person's mess, you will be billed at a rate of \$40.00 per hour for each of the staff it takes. Minimum billing will be \$40.00.
9. Any damages done accidentally by service persons should be reported to Security as soon as possible.
10. Movers must on-load and off-load the elevator and release it immediately for others to use. We are sorry but there are not separate service elevators in the Building to allow more time.
11. All Contractors, service and delivery persons must remove their own trash, old appliances, carpet, etc. There is to be absolutely no construction materials put down the trash chutes nor left on the premises. Any contractor breaking this rule will be charged for all expensed and repairs, plus be restricted from doing any more business in The Galleon.
12. Any remodeling must be pre-approved by the Building Manager.
13. Work of any kind to be done on the balconies must be pre-approved by the Building Manager.
14. A catch basket for debris must be used on the balconies. A loaner will be provided.
15. Realtors are considered "service persons" and they will also be held accountable for their actions. All realtors must register at security before entering the building.
16. Any service vehicle not removed from The Galleon parking lot by 4:00 PM will be towed away at the vehicle owner's expense.

I understand and agree to abide by the Condominium Documents and the Rules and Regulations.

Applicant Signature: _____ Spouse Signature: _____

Date: _____ Date: _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Security Desk Information Form

Please Print Legibly

Owner(s) Apartment#: _____

Owner: _____

Tel#: _____ Mobile/Cellular#: _____

Spouse: _____

Tel#: _____ Mobile/Cellular#: _____

Email: _____

Out of Residence address: _____

Parking Space#: _____

Storage Space #: _____

Vehicle Year: _____

Vehicle Year: _____

Vehicle Make: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Color: _____

State of Registration: _____

State of Registration: _____

License Plate #: _____

License Plate #: _____

Immediate Family Members:

Name: _____

Tel#: _____

Relationship to resident: _____

Name: _____

Tel#: _____

Relationship to resident: _____

Name: _____

Tel#: _____

Relationship to resident: _____

Name: _____

Tel#: _____

Relationship to resident: _____

For Galleon Completion Only: Fitness Waiver Signed and On File _____ Deed and COA Received and on File: _____

9/17/18

**THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)**

Wi-Fi Internet Disclaimer

You are about to access the Internet through a wireless Internet access connection point (the "Service") provided to The Galleon Condominium Apartments, Inc. ("Association"). The purpose of the Service is to provide wireless Internet access to unit owners and their authorized tenants/guests at the Association.

You may use the Service only if you agree to the following terms of service each time you access the Service. In order to access the Service, you must check the box opposite "I Accept the Disclaimer" on the registration/log-in form {Note: You may add some other variation of the phrase "I Accept the Disclaimer"}.

Terms of Service ("TOS")

I. Access to the Service.

The Service is a public service provided by the Association. Your access to the Service is completely at the discretion of the Association, and your access to the Service may be blocked, suspended, or terminated at any time for any legitimate reason, including, but not limited to, violation of this Agreement, actions that may lead to liability for the Association, disruption of access to other Users or networks, or violation of applicable laws or regulations. The Association may revise the TOS at any time. You must accept this Agreement each time you use the Service and it is your responsibility to review it for any changes each time.

This is an open wireless network. Please remember:

- *No network communication is 100% secure.
- *No network communication should be considered private or protected.
- *All communication over this network is subject to monitoring.

II. Acceptable Use of the Service

Your use of the Service and any activities conducted online through the Service shall not violate any applicable law or regulation, the rights of the Association, or any third party. The Association cannot accept any responsibility for any injury or loss that results from inaccurate, unsuitable, offensive, or illegal Internet communications.

III. The Use of the Service for the Following Activities Is Prohibited:

Spamming and Invasion of Privacy of Others: You may not send unsolicited bulk and/or commercial messages over the Internet using the Service or using the Service for activities that invade another's privacy.

Violating Intellectual Property Law: You may not engage in any activity that infringes or misappropriates the intellectual property of others, including, but not limited to, patents, copyrights, trademarks, service marks, trade secrets, or any other proprietary right of any third party.

Wi-Fi Internet Disclaimer (Continued)

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Transmitting Obscene or Indecent Speech or Materials: You may not use the Service to advertise, solicit, transmit, store, post, display, or otherwise make available obscene or indecent images or other materials.

Transmitting Defamatory or Abusive Language: You may not use the Service to transmit, post, upload, or otherwise make available defamatory, harassing, abusive, or threatening material or language that encourages bodily harm, destruction of property or harasses another.

Hacking or Distribution of Internet Viruses, Worms, Trojan Horses, or Other Destructive Activities: You may not use the Service to illegally or without authorization access computers, accounts, equipment or networks belonging to another party, or attempting to penetrate security measures of another system. Further, you may not use the Service to create and/or send Internet viruses, worms, Trojan Horses, or any other activities that you know or should have known will disrupt or interfere with the ability of others to effectively use the Service.

IV. Disclaimer:

You acknowledge that (i) the Service may not always be uninterrupted or error-free; (ii) viruses or other harmful applications may occur through the Service; (iii) the Association does not guarantee the security of the Service and that unauthorized third parties may access your computer or files or otherwise monitor your connection; and, (iv) the Association will not provide support and/or training related to the use of the network by private individuals.

The Service, and any products or services provided on or in connection with the Service, are provided on an "as is, as available basis" without warranties of any kind, and all warranties, conditions, representations, indemnities, and guarantees with respect to the content or Service and the operation, capacity, speed, functionality, qualifications, or capabilities of the Services, goods or personnel resources provided hereunder, whether express or implied, arising by law, custom, prior oral or written statements by the Association, or otherwise (including, but not limited to, any warranty of satisfactory quality, merchantability, fitness for particular purpose, title and non-infringement) are hereby overridden, excluded and disclaimed. Some jurisdictions do not allow the exclusion of certain warranties, in which case, liability in such jurisdictions shall be limited to the extent permitted by law.

V. No Consequential Damages:

Under no circumstances will the Association, their respective officers, directors, employees, agents, and /or authorized representatives be liable for consequential, indirect, special, punitive or incidental damages or lost profits, whether foreseeable or unforeseeable, based on claims of any individual or entity, including, but not limited to, unauthorized access, damage, or theft of system or data, claims for loss of goodwill, claims for loss of data, use of or reliance on the Service, stoppage of other work or impairment of other assets, or damage caused to equipment or programs from any virus or other harmful application), arising out of breach or failure of express or implied warranty, breach of contract, misrepresentation, negligence, strict liability in tort or otherwise. In no event will the aggregate liability that the Association or its officers, directors, employees or authorized representatives may incur in any action or proceeding exceed. The limitations, exclusions and disclaimers set forth in this section will not apply only if and to the extent that the law or a court of competent jurisdiction requires liability under applicable law beyond and despite these limitations.

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

Wi-Fi Internet Disclaimer (Continued)

VI. Indemnification:

You agree to indemnify and hold harmless the Association from any claim, liability, loss, damage, cost, or expense (including, without limitation, attorney's fees and costs) arising out of or related to your use of the Service, any materials downloaded or uploaded through the Service, any action taken by you in connection with your use of the Service, and/or any violation of any third party's rights or a violation of law or regulation, or any breach of the T O S .

I, _____, the owner/occupant/authorized guest of Unit # _____ hereby agree to the above-referenced Terms of Service for the use of the Internet at the Association.

Applicant Signature:

Date

Spouse Signature:

Date

**THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)**

Fire Department Regulation

I/we _____ the owner(s) in the Galleon apartment # _____ in The Galleon Condominium Apartments, Inc. at 4100 Galt Ocean Drive, hereby acknowledge as per Broward County Fire regulations the following rules and conditions apply:

- a) No item of any nature excluding the equipment required for apartment systems are to be stored in the a/c closet.
- b) The staff of the Galleon will exercise a pre-inspection of the utility room within the ten (10) days preceding the fire departments annual inspection for the purpose of point a
- c) Should an item noted in point (a) be found, the staff is authorized to removed them and place them with due care inside the apartment even in the case of extended absence.
- d) If point (c) applies, I/we hereby exonerate and hold harmless the Galleon, security officers and staff from any and all liabilities.

Applicant Signature

Date

Spouse Signature

Date

INSTRUCTIONS:

1 -All applicants are processed as separate investigations.

9/17/18

For CAN

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION



Applicant Information

Because of obligations under Canadian data protection laws, Applicant Information Company, requires a country specific release form in order to provide a Canadian Credit Report. The Canadian Credit Report cannot be used for employment purposes

PLEASE PRINT (APPLICANT TO COMPLETE)

Surname (Provide previous last name/s prior to application, if applicable):			First Name:		Middle (Second) Name:
Maiden Name or Other Sumames Used (if applicable):			Place of Birth (If other than Canada, please also note date entry):		
Date of Birth (YYYY-MM-DD or 2011-Jan-01)	Sex M/F	Phone #	SIN #		
# Number	Street Name	Apt / Unit #:	City:	Province:	Country: Postal Code:

PREVIOUS ADDRESSES: (Provide if you did not reside at above address for more than five (5) years)

# Number	Street Name	Apt / Unit #:	City:	Province:	Country:	Postal Code:
# Number	Street Name	Apt / Unit #:	City:	Province:	Country:	Postal Code:

THIS RELEASE IS FOR THE PURPOSE OF RESIDENCY AT THE NAMED LOCATION ONLY

--

RELEASE AUTHORIZATION AND WAIVER

By signing this form, I certify that the information set out by me in this application is true and correct to the best of my ability. I am aware and give consent to the release of a Credit Report through Canadian Employment Screening, and its partner to disseminate and transmit the results electronically or in hard copy to a location in/ or outside of Canada. The information is collected and disclosed according to the Federal Privacy Act, MFIPPA, PIPA, PIPEDA and Quebec Privacy Laws. It may also be subjected to applicable International privacy legislation ie. U.S. Patriot Act.

I hereby release and forever discharge all members and employees of Canadian Employment Screening, and its Partners from any and all actions, claims and demands for damages, loss or injury which may hereafter be sustained by myself, as a result of the disclosure of information by Canadian Employment Screening and its partners.

I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:

A. Credit report.

Signed this _____ day of _____, 20____

SIGNATURE OF APPLICANT

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

- 2-Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3-If any question is not answered or left blank, this application may be returned, not processed or not approved.
4-Missing information will cause delays in processing your application.
5-Any misrepresentation, falsification or omission of information may result in your disqualification.
6-Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20 _____ Desired date of occupancy _____

Applicant #1 (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Alien, Green Card, Social Insurance No.)

Applicant #2 (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Alien, Green Card, Social Insurance No.)

Email Address: _____ Maiden Name _____

Number of expected occupants. (Over age 18) _____ (Under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Landlord Email Address: _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Landlord Email Address: _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

Landlord Email Address: _____

(Continued on Back)

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT REFERENCES

A. Applicant #1
Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Applicant #2
Employed by (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

INTERNATIONAL APPLICANTS ONLY

Mother's Full Name, including Maiden Name (Applicant #1) _____

Mother's Full Name, including Maiden Name (Applicant #2) _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

BANK REFERENCES

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

Email Address: _____

2. _____
Name Address Phone (Residential & Office)

Email Address: _____

3. _____
Name Address Phone (Residential & Office)

Email Address: _____

VEHICLE INFORMATION

Driver's License. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant #1 Applicant #2

Date _____ Date _____

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed.
Make sure Authorization Form is completed as indicated.

9/17/18

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental performance history conducted by Applicant Information, 2525 Hollywood Blvd; Hollywood, Florida 33020, Phone: 800-315-8606, Fax: 866-741-3258, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Printed Name: _____
Applicant #1

Signature: _____ **Date:** _____

THE GALLEON CONDOMINIUM APARTMENTS, INC.
OWNER APPLICATION FOR OCCUPANCY APPROVAL
(Continued)

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental performance history conducted by Applicant Information, 2525 Hollywood Blvd; Hollywood, Florida 33020, Phone: 800-315-8606, Fax: 866-741-3258, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Printed Name:

Applicant #2

Signature: _____ **Date:** _____

9/17/18



The Galleon

(954) 563-2497 • Fax: (954) 563-9505

Condominium Apartments, Inc. 4100 Galt Ocean Drive, Fort Lauderdale, Florida 33308

MEMORANDUM

TO: All Unit Owners

FROM: Board of Governors, The Galleon Condominium Apartments, Inc.

DATE: May 8, 2018

Electronic Voting through an Online Voting System

On May 8, 2018 at a properly noticed meeting of the Board of Governors (the "Board") of The Galleon Condominium Apartments, Inc. (the "Association") the Board approved a resolution regarding electronic voting through an online voting system in accordance with Chapter 718 of the Florida Statutes.

Pursuant to Chapter 718 of the Florida Statutes, the Association may conduct elections and other unit owner votes through an online voting system if a unit owner consents, in writing, to online voting. Enclosed with this Memorandum is a Unit Owner Consent Form with which you may provide your written consent to participate in online voting. The online voting portion of the Unit Owner Written Consent Form must be signed by the unit owner entitled to cast the vote for the unit. If you have not designated a voter for your unit, please complete and return the enclosed Designated Voter Certificate together with the Unit Owner Written Consent Form. Please note that a Designated Voter Certificate is not required for units owned by a single, natural person. The Unit Owner Written Consent Form must be properly completed and submitted to the Association at least twenty (20) days prior to a scheduled membership meeting at which a vote of the unit owners will be taken in order for a unit owner to take advantage of the online voting system for such meeting. Please note that the Unit Owner Written Consent Form also provides for the consent of the unit owners to receive all Association notices by electronic transmission, if that is of interest and you have not previously submitted such consent. It also provides a space for you to authorize the publishing of your e-mail address in the Association's unit owner directory.

In addition to this Memorandum, the opportunity to submit the Unit Owner Written Consent Form to participate in online voting will be provided to the unit owners at least thirty (30) days prior to each membership meeting at which a vote of the unit owners will be obtained. The Unit Owner Written Consent Form must be properly completed and submitted to the Association at least twenty (20) days prior to a scheduled membership meeting at which a vote of the unit owners will be taken in order for a unit owner to take advantage of the online voting system for such meeting. Written consents to participate in online voting received after such time will be valid for the next meeting of the unit owners at which a vote of the unit owners will be taken.

Upon the Association's receipt of your completed Unit Owner Consent Form, additional information will be provided to you regarding the establishment of your online voting account at the appropriate time.

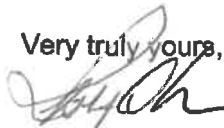
Pursuant to Chapter 718 of the Florida Statutes, the online voting system to be selected must be able to (i) authenticate the unit owner's identity; (ii) authenticate the validity of each electronic vote to ensure that the vote is not altered in transit; (iii) transmit a receipt from the online voting system to each unit owner who casts an electronic vote which must include the specific vote cast, the date and time of submission, and the user identification; (iv) permanently separate any authentication or identifying information from the electronic election ballot, rendering it impossible to tie an election ballot to a specific unit owner; (v) produce an official record that the Association must maintain, which identifies the specific votes cast on each ballot and the date and time of receipt of the electronically submitted ballot; and (vi) store and keep electronic votes accessible to election officials for recount, inspection, and review purposes.

Once a unit owner casts a vote through the online voting system, the unit owner is counted as being in attendance at the membership meeting for the purposes of establishing a quorum. The unit owners may not vote on any Association matter which was not identified in the electronic vote if the quorum was established based upon unit owners voting electronically. Additionally, if online voting is used for an election of the Board, the votes cast electronically cannot be accessed by the Association prior to the scheduled election. In the event the electronic votes are accessed prior to the scheduled election, the election will be deemed void, and the Association will be required to re-notice an election in accordance with Section 61B-23.0021(8), Florida Administrative Code.

For those unit owners who provide their written consent to participate in online voting, you only need do so one time, as such consent is valid until you choose to opt-out of online voting in writing to the Association. The opportunity to opt-out of online voting will be provided to the unit owners at least thirty (30) days prior to each membership meeting at which a vote of the unit owners will be obtained. A copy of the Unit Owner Written Consent Form will be provided at such time. The Unit Owner Written Consent Form must be properly completed and submitted to the Association at least twenty (20) days prior to a scheduled membership meeting at which a vote of the unit owners will be taken in order for a unit owner to opt-out of online voting. Written consents to opt-out of online voting received after such time will be valid for the next meeting of the unit owners at which a vote of the unit owners will be taken.

If you have any questions, please do not hesitate to contact the Management office.

Very truly yours,



Robert C. Korn, President,
Board of Governors
The Galleon Condominium Apartments, Inc.

To the Secretary of The Galleon Condominium Apartments, 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 of Condominium and the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (1) 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).
- (2) Unit owned by A1A Corporation, Inc., a corporation. Voting Certificate must be filed designating person entitled to vote, signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- (3) Unit owned by John Jones only. No voting certificate required.
- (4) Unit owned by John and Jane Doe, husband and wife. Voting Certificate required.

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

DATED this _____ 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.

THE GALLEON CONDOMINIUM APARTMENTS, INC.

UNIT OWNER WRITTEN CONSENT FORM

Written Consent Regarding Online Voting

I, _____, [OWNER OF] or [DESIGNATED VOTER FOR] (Please circle one) Unit No. _____, by my signature below, hereby provide to The Galleon Condominium Apartments, Inc. my written consent to [PARTICIPATE IN] or [OPT-OUT OF] (Please circle one) online voting.

Signature _____

Date _____

NOTE: The unit owner or designated voter of the unit must sign and return this form to the Association at least twenty (20) days prior to a scheduled membership meeting at which a vote of the unit owners will be taken in order to be valid for such meeting. Written consents received after such time shall be valid for the next meeting of the unit owners at which a vote of the unit owners will be taken. Written consent to participate in online voting will be valid until written consent to opt-out of online voting is received by the Association.

Written Consent To Official Notice by Electronic Transmission

I, _____, [OWNER OF] or [DESIGNATED VOTER FOR] (Please circle one) Unit No. _____, by providing my e-mail address below, hereby provide to The Galleon Condominium Apartments, Inc. my written consent to receive official notices of Board and Membership meetings, and any other notices required to be provided to me by Florida Statutes and/or the Governing Documents of the Association, by electronic transmission.

E-Mail Address: _____

NOTE: E-mail addresses used for official notice purposes may be published in the unit owner directory in accordance with Chapter 718, Florida Statutes.

UNIT OWNERS WHO HAVE NOT CONSENTED TO RECEIVE NOTICES BY E-MAIL, BUT WISH TO PROVIDE THEIR CONSENT TO PUBLISH THEIR E-MAIL ADDRESS IN THE UNIT OWNER DIRECTORY, MUST COMPLETE THE FOLLOWING SECTION

Written Consent to Publish E-Mail Address in the Unit Owner Directory

I, _____, [OWNER OF] or [DESIGNATED VOTER FOR] (Please circle one) Unit No. _____, by my providing my e-mail address below, hereby provide to The Galleon Condominium Apartments, Inc. my written consent to have such information published in the unit owner directory.

E-Mail Address: _____

NOTE: Those unit owners who have provided their written consent to receive official notice by electronic transmission are not required to complete this portion of the form because e-mail addresses used for official notice purposes may be published in the unit owner directory in accordance with Chapter 718, Florida Statutes.