Welcoming Committee Forms & Miscellaneous Information









Welcome Committee Packet

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HOMEOWNERS' ASSOCIATION, INC. c/o Seacrest Services, Inc. 2101 Centrepark West Drive, Suite 110 West Palm Beach, FL 33409 Phone (561) 697-4990 / Fax (561) 697-4779

Instructions for Sale or Lease of Home

TO: All Owners, Buyers, Renters and Realtors

RE: Sales and Leasing application

- 1. Owner must submit Purchase or Lease agreement in writing to the Association.
- All spaces on the "application for occupancy" form <u>must be completed</u>. If there are any blanks, this will hold up processing. Use "n/a" if it is not applicable. Return Complete Package to Management Company.
- 3. Coral Trace HOA Documents and Resident Handbook are available to all Renters and Buyers. (Online No charge; Hard Copy \$5) <u>www.coraltracehoa.com</u>
- 4. Applicant must sign a form stating that: He/she has read and is in receipt of the HOA Documents and Resident Handbook and that he/she will adhere to the Documents and Resident Handbook of the Association.
- 5. Include a certified, *non-refundable* check or money order in the amount of \$100.
- 6. Checks must be made payable to Coral Trace Homeowners' Association.
- 7. Attach a copy of driver's license for each applicant for identification purposes.
- 8. After the closing, the Purchaser is responsible for providing the HOA with a copy of the Warranty Deed, mailing address, and phone numbers for the mailing of notices, etc. **This information should be supplied to the Management Company**.

Return the completed application to Management Company.

AN INTERVIEW WILL BE SCHEDULED WITH THE WELCOMING COMMITTEE ONCE A COMPLETED APPLICATION IS RECEIVED BY THE ASSOCIATION. To schedule an interview, contact our Property Manager.



APPLICATION FOR OCCUPANCY

Coral Trace requires a NON-REFUNDABLE certified check or money order of \$100 for Processing Fee that must be submitted at the time of application.

ADDRESS	DATE TODAY/_ PURCHASE	OR LEASE		/
ADDRESS	OWNER/SELLER NAME	- PRINT		
PHONE: HOME ()CELL ()E-MAIL:@ PURCHASER/LESSEE NAME - PRINT LAST FIRST M/I PHONE: HOME ()WORK ()CELL ()	LAST ADDRESS			M/I
LAST FIRST M/I PHONE: HOME ()WORK ()CELL ()	PHONE: HOME ()	CELL ()	E-MAIL:	_@
PHONE: HOME ()WORK ()CELL ()	PURCHASER/LESSEE NA	AME - PRINT		
E-MAIL ADDRESS @	LAST	FIRST		M/I
NUMBER OF ADULTS (OVER 18) OCCUPYING				
CHILDREN (THRU 18) NAMES:	E-MAIL ADDRESS			
WILL YOU HAVE A ROOMMATE? HOW MANY? ROOMMATE NAME: PHONE (_) E-MAIL ADDRESS: @ ROOMMATE NAME: PHONE # E-MAIL ADDRESS: @ DO YOU OWN A PET? YES NO NUMBER? TYPE AND WEIGHT OF PET (S) (1) (2) *TWO (2) PETS MAXPETS COMBINED WEIGHT CANNOT EXCEED 60 LBS* ***COMPLETE THE PET REGISTRATION FORM PAGE 53** CITY OF DELRAY BEACH RENTAL PERMIT # (<i>REQUIRED</i>): PURCHASER'S PERMANENT ADDRESS IF NOT ADDRESS LISTED ABOVE: ADDRESS:	NUMBER OF ADULTS (OVE	r 18) occupying		
WILL YOU HAVE A ROOMMATE? HOW MANY? ROOMMATE NAME: PHONE (_) E-MAIL ADDRESS: @ ROOMMATE NAME: PHONE # E-MAIL ADDRESS: @ DO YOU OWN A PET? YES NO NUMBER? TYPE AND WEIGHT OF PET (S) (1) (2) *TWO (2) PETS MAXPETS COMBINED WEIGHT CANNOT EXCEED 60 LBS* ***COMPLETE THE PET REGISTRATION FORM PAGE 53** CITY OF DELRAY BEACH RENTAL PERMIT # (<i>REQUIRED</i>): PURCHASER'S PERMANENT ADDRESS IF NOT ADDRESS LISTED ABOVE: ADDRESS:	CHILDREN (THRU 18) NA	MES:		
ROOMMATE NAME:	WILL YOU HAVE A ROOMM	IATE? HOW	MANY?	
E-MAIL ADDRESS:				
ROOMMATE NAME:				
E-MAIL ADDRESS: @	ROOMMATE NAME:	PF	IONE #	
DO YOU OWN A PET? YESNONUMBER?	E-MAIL ADDRESS:	@		
TYPE AND WEIGHT OF PET (S) (1)	DO YOU OWN A PET? YE	S NO NUMBER?		
TWO (2) PETS MAXPETS COMBINED WEIGHT CANNOT EXCEED 60 LBS **COMPLETE THE PET REGISTRATION FORM PAGE 53** CITY OF DELRAY BEACH RENTAL PERMIT # (<i>REQUIRED</i>):	TYPE AND WEIGHT OF F	PET (S) (1)	(2)	
PURCHASER'S PERMANENT ADDRESS IF NOT ADDRESS LISTED ABOVE: ADDRESS:		*TWO (2) PETS MAXPETS CO	MBINED WEIGHT CANNOT E	XCEED 60 LBS*
ADDRESS:			-	
CITY:				
HOME NUMBER:	CITY:	STATE:	ZIP:	
NAME: RELATIONSHIP: HOME TEL #: OFFICE TEL #: OTHER #:				
NAME: RELATIONSHIP: HOME TEL #:OFFICE TEL #:OTHER #: ADDRESS:EMAIL:		ALTERNATE CONTACT INFO	DRMATION (EMERGENCY US	<u>E)</u>
HOME TEL #:OTHER #:OTHER #: ADDRESS:EMAIL:	NAME	ΡΕΙ ΔΤΙΟΝ	SHID.	
ADDRESS: EMAIL:	HOME TEL #:	OFFICE TFL #:	OTHER #:	
	ADDRESS:	00222 // 0	EMAIL:	

Fill out and Return to HOA



Vehicle Information and Receipt of Documents

NOTE: Owners and all Residents are required to register all vehicles with the HOA.

NOTE: NO PARKING in Guest Spots by Owner or Residents. You are only allowed to park in your Driveway or Garage. Your vehicles "MUST" fit in your driveway.

Vehicle information

1. Name:	Owner: _ Lesser:	_ Roommate:		
MAKE OF CAR:MODEL:	YEAR:	LICENSE PLATE #:		
STATE REGISTERED IN: CTHOA D	ECAL #	_ REVD BY:		
2 Name:	Owner: _ Lesser: _	Roommate:		
MAKE OF CAR:MODEL:	YEAR:	LICENSE PLATE #:		
STATE REGISTERED IN:				
3. Name:	Owner: _ Lesser:	_ Roommate:		
MAKE OF CAR:MODEL:	YEAR:	LICENSE PLATE #:		
STATE REGISTERED IN:				
MAKE SURE YOU HAVE SUPPLIED THE F	OLLOWING:			
1. This COMPLETED application. Put "N/A	A" in space of not app	licable.		
2. Non-Refundable Processing Fee of \$100.				
3. Certified check or money order payable to Coral Trace Homeowners Association.				
4. A copy of the Purchase or Lease Agreement.				
5. A copy of the City of Delray Beach Rental Permit.				
6. Received and signed for HOA documents	e e			
7. <u>A copy of driver licenses for each occupa</u>	nt.			
RECEIPT OF ASSOCIATION I	DOCUMENTS AND/	OR RULES AND REGULATIONS		

I/WE, HEREBY AGREE that I/We have received, read, understand, and will adhere to all HOA Documents, rules and regulations of the HOA.

By signing below, the applicant understands that the Association or Management Company may verify the information supplied by the applicant, and a full disclosure of pertinent facts may be made to the Association.

LOT NO:	PROPERTY ADDRESS:		

Signature: ______Signature: ______Signature: ______Signature: ______Signature: ______Signature: ______Signature: _____Signature: ____Signature: ____Signature:

Fill out and Return to HOA



Pet Registration Form

One Form for Each Pet	
Lot/Gate Card#	
Address	
Name	
Type and Breed of Pet	
*Weight	** STRICTLY ENFORCED**
Color of Pet	
Name of Pet	
Distinct Marking	
Person & Number to call in case any problems occur:	

*Please note: The HOA requires a letter from your veterinarian on his letterhead to verify the pet's weight and proof of current year's shots, as required by law for your pet. Please enclose a photograph of your pet. This would be helpful should the pet get lost.

** Pet Rules: A Total of Two (2) pets, with a total combined weight of 60 lbs.

I am aware of and understand the Coral Trace HOA restriction for pets. All my pets are listed here and do not exceed the combined 60 lb. HOA limit. Not complying with the HOA's pet rules will require me to immediately and permanently remove my pet due to a pet violation.

Signature: Date:



Welcoming Committee Checklist

LOT #:	Gate Co	de #
ADDRESS:		
OWNER(S):		
Interview is scheduled for: Date:	Time:	Place:
Interviewing Committee Member(s):		
Name of Applicant(s):		
Name of Applicant(s):		
Processing Fee (\$ 100) Received; Chec	k #	(non-refundable)
Purchaser(s); Lesser(s), Lease Ter	rm: from:	to:
Copy of City of Delray Beach Renter Per	rmit Number:	
Buyer given copy of Documents and Ru	le and Regulatior	Book. (Fee included)
Lessee gets copy of Resident Handbook	-Rules and Regul	ations. (Fee included)
Copy of purchase or lease agreement. ((Required)	
Name requested for gate entry system	(13 characters ma	ax)
Local phone # for gate programming: ()	_
Completed	by Property Ma	inager
Computer Excel file updated: Date:		

- _____ Gate Computer System updated: Date: _____
- _____ Copy of Completed Interview forms to Management Co. Date: ______



CERTIFICATE OF APPROVAL

[Management Company info inserted here]

Certifies that, said unit is being conveyed to:	
Buyer Name:, or	
Lessee Name:	
Has / have been screened and interviewed by the Coral Trace HOA, Inc. as a BUYER described real property in Palm Beach County, Florida:	R / LESSEE of the following
Address:Lot #	
Conveyed From:	
Owner/'s:and / or,	
Owner/'s:	
Such approval has been given subject to and pursuant to the Rules and Regulations Inc. and as authorized by the Coral Trace HOA Board of Directors for the Welcoming Representative to execute this Certificate of Approval on behalf of the HOA.	
Dated this day of,	
By: Welcoming Committee Representative	
By: Welcoming Committee Representative	



HOMEOWNERS' ASSOCIATION, INC.

How to operate the guest gate

- Your gate code is your Coupon Book account number ex. Number 1 = code 001.
- To access Owner Directory of names, press and hold the "#" to scroll up the alphabet from "A" to "Z" (to find Owner name)
- The longer you hold the button the faster it will scroll (it will not go scroll past "Z").
- Press "* " to scroll back through the alphabet from "Z" to "A" (to find owner name) the longer you hold the button the faster it will scroll (will not go past "A").
- Once you find the name and code, enter the 3 or 4 digit code on keypad, this will dial your home phone.
- Press "*." or " # " to reset system after system starts dialing (if you entered something incorrect), or you want to hang up and try again.
- The directory will not roll over from "Z" to "A" with the " * " button or from "A" to "Z" with the " # " button (scrolling from "A" to "Z" takes 15 sec) and will not go past "Z".
- If you enter the wrong code 3 times the system will reset this takes 60 seconds.

Quick Guest entry when they know the "three or four digit" code

- Guest drives up to gate entry box.
- They press " * " wait a few seconds, this wakes up the system.
- Then they enter your home code, ex. 412 (Clubhouse code), system calls your home, when you answer the phone, they say "HI! I'm Joe Smith A/C here to fix the Air Conditioner, then you **press** "**9**" to let them into the community. Next, the Guest gate opens, and they enter the community.

Instructions for Telephone System

Each resident has been assigned a "three or four digit" code number that appears with the resident name. A visitor simply scrolls to your name and enters your code number into the keypad. Please give your guest the "three or four digit" code number and remind them to press the hang-up button/icon BEFORE entering your code.

The telephone system uses your 7 digit phone #. When it rings and a visitor advises you that they are at the front gate, push **"9**" on your telephone to open gate. You should hear "Please Enter;" if not Press "9" again and the gate should open (the connection remains open for 30 seconds).

The connection will terminate automatically after 30 seconds or when you hang up the phone.

It is very important that your phone is **only** in the "TONE" setting. It is the "tone" signal that will open the gate. Any other setting **will not work!**

If you are on the telephone when the visitor attempts to call you, a busy signal will sound, unless you have call waiting. It is recommended that you subscribe to call waiting. A call from the front gate will show Coral Trace on the caller ID.

To open gate from your home press the " 9 " on your phone

Coral Trace HOA – Sales Receipt Form

FOB \$50 ~~ Transponder \$12 ~~ Recreation Key \$50

HOA Rules Book \$5 ~ HOA Documents \$5

DATE:	LOT//GATE CO	ODE:	
OWNER'S NAME:			
CORAL TRACE ADDRESS:			
PHONE #	CELL #	OTHER	
E-MAIL ADDRESS:			
OUT OF TOWN ADDRESS:			
OUT OF TOWN PHONE #	CELL #	OTHER	
RENTER'S NAME:			
		OTHER	
RENTER'S E-MAIL:	OWNER NO	TIFIED OF PURCHASE:	
Transponder Issued: 1.		FOB Issued	
33			
Recreation Key Issued:			
CHECK # To ***Owner/Renter Signat ***(Circle one)			



Electronic Communications Disclosure Authorization Form

Please complete and return this form to authorize Coral Trace Homeowners Association (HOA) to use your email address for general association-related communications. This authorization restricts the use of your email address for only communications for either direct communications from the HOA Board of Directors or its property management company. Your email address will not be shared with any third parties. This voluntary email communication may include, but is not limited to, general notices, Regular and Special Board meeting notices, upcoming events, status of our facilities, educational training, informational events, ads from community sponsors, and similar notices from our current property manager, Seacrest Services, its affiliates and partners, and the Coral Trace Homeowners Association.

We value and respect your privacy. You may acknowledge your consent by:

- 1. Emailing it to the HOA Board at: <u>board@coraltracehoa.com</u> and to the property manager at <u>frandesvarieux@seacrestservices.com</u>.
- 2. Printing it out and delivering it to our property manager at the HOA office, or mailing it via US mail to Seacrest Services, 2101 Center Park West Dr., #110, West Palm Beach FL 33409, Attn: Customer Service.

I hereby authorize the Coral Trace Homeowners Association (HOA)I to use my email address as described above for association-related communications. I understand that no email communications will be used to replace any official notices required by our governing documents and/or by applicable Florida statutes. Official required HOA notices will continue to be sent to the members via USPS mailing. Coral Trace HOA shall maintain, in accordance with applicable Florida statutes, the electronic mailing addresses of those members who consent to receive notice by electronic transmission. I understand that my authorization will remain in effect until this authorization is revoked in writing to the HOA Board or to its property manager. I agree to promptly notify the Association of any change in my email address(es) to maintain a current address on file. I specifically do not want my email address disclosed as part of any request to review and/or photocopy the association's records and do not consent to any such disclosure.

PLEASE TYPE OR PRINT VERY LEGIBLY. NO HANDWRITING PLEASE, EXCEPT FOR SIGNATURES.

RESIDENTS' NAMES_____

CORAL TRACE ADDRESS_____

ARE YOU OWNERS OR RENTERS?

IF RENTER, WHO IS UNIT OWNER?

MAILING ADDRESS_____

AUTHORIZED EMAIL ADDRESSES:

RESIDENT 1 SIGNATURE	DATE
RESIDENT 2 SIGNATURE	DATE
RESIDENT 3 SIGNATURE	DATE
RESIDENT 4 SIGNATURE	DATE
PHONE NUMBER	



City of Delray Beach Alarm Ordinance

City of Delray Beach 100 NW 1st Avenue Delray Beach, Florida 33444

The City of Delray Beach has started using an online registration for alarm permits.

There is a yearly charge for the Alarm permit, all information is at the City web site is http://mydelraybeach.com/ but below is the direct link.

https://crywolf.mydelraybeach.com/

Please Register your alarm. It will save you money if you have false alarms

FAMILY DEFINITION:

"Family" shall mean two (2) or more persons living together and interrelated by bonds of consanguinity, marriage or legal adoption, and/or a group of persons not more than three (3) in number who are not so interrelated, occupying the whole or part of a dwelling as a separate housekeeping unit with a single set of culinary facilities. Any person under the age of 18 years whose legal custody has been awarded to the State Department of Health and Rehabilitative Services or to a child-placing agency licensed by the Department, or who is otherwise considered to be a foster child under the laws of the state, and who is placed in foster care with a family, shall be deemed to be related to and a member of the family for the purposes of this definition. Occupancies in excess of the number allowed herein shall have twelve (12) months from the date of the enactment of this definition or the termination of the current lease agreement to come into compliance, whichever occurs first.