

MAPLEWOOD ISLE ASSOCIATION, INC.

c/o Brock Property Management, Inc.
P.O. Box 770850 Coral Springs, FL 33077
Office: 954-753-2675 Fax: 954-340-8541
brock@brockpm.com
www.brockpm.com

Property address: _____

Desired Occupancy/Closing Date: _____

Owner:

Purchaser/Tenant:

Phone: _____

Phone: _____

Real Estate Agents Name:

Real Estate Agents Name:

Phone: _____

Phone: _____

Maplewood Isle Association, Inc.

Application for Occupancy - Please Print

Purchase___ Lease___ Desired date of occupancy: _____ Number of adult occupants over the age of 18: _____

Property Address: _____ Have you lived here before? _____

Applicant #1 Name: _____ Phone #: _____

Driver's License #: _____ Social Security #: _____

Current Address: _____

E-mail Address: _____

Current Employer: _____ Phone #: _____

Address: _____

Position: _____ Income: \$ _____ # of Years: _____

Applicant #2 Name: _____ Phone #: _____

Driver's License #: _____ Social Security #: _____

Current Address: _____

E-mail Address: _____

Current Employer: _____ Phone #: _____

Address: _____

Position: _____ Income: \$ _____ # of Years: _____

	Applicant # 1	Applicant #2
* Have you ever been arrested or convicted of a Felony?	___ Yes ___ No	___ Yes ___ No
* Do you intend to operate a business from this unit?	___ Yes ___ No	___ Yes ___ No
* Do you own a commercial vehicle, boat or RV?	___ Yes ___ No	___ Yes ___ No
* Will you have more than 2 vehicles in the household?	___ Yes ___ No	___ Yes ___ No

Character Reference: _____ Phone #: _____

Vehicle(s)

Vehicle #1: Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____

Vehicle #2: Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____

Vehicle #2: Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____

I (we) hereby affirm that this information is true and correct.

Date: _____

Signature of Applicant # 1: _____

Date: _____

Signature of Applicant # 2: _____



HOUSEHOLD NAME(S) _____

Address _____

NUMBERS TO CALL IN ORDER (please put name next to the number)

1) _____ 2) _____ 3) _____

SERVICE COMPANIES ALLOWED ENTRANCE with no advanced call:

LAWN: _____

HOUSEKEEPER: _____

POOL: _____

PEST CONTROL: _____

OTHER: _____

OTHER: _____

OTHER: _____

OTHER: _____

Friends and Family who have “No Call” visitation rights:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*if additional space is needed, please use back

Special Instructions: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

Association Pay (ACH) Authorization

BB&T Association Services (727) 549-1202 or toll free (888) 722-6669

BB&T

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting BBT.com/Payments. If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

To enroll by U.S. mail - Complete the authorization form below and attach a voided check. Mail form to **BB&T Association Services, P.O. Box 2914 Largo, FL 33779-2914**. Continue to make your payments until you are notified by the bank when your automatic payment will start.

Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. This Authorization will remain in effect until BB&T receives written notice from you or your association or its management company to cancel or change it. You hereby authorize BB&T to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to BB&T Toll Free Fax: 866-297-8932. Notice must be received by BB&T on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit BBT.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the BB&T Online Payment System or online at BBT.com/Payments. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact BB&T Association Services Toll Free at 888-722-6669. Doc. ID# 105

Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: BB&T Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check

Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: _____ Unit No. _____

Is the account that is being debited for your homeowner payment funded electronically by a financial agency outside of the U.S. territorial jurisdiction? ☐ Yes ☐ No

Bank Account Owner Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Property Address _____ City _____ State _____ Zip _____

Bank Name _____ Bank Routing No. _____

Checking ☐ Savings ☐ Account No. _____ Check box if account to debit is a business account. ☐

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit the account to collect my association payments b) BB&T to initiate electronic funds transfers by ACH debit entries to the account for the purpose of making those payments and c) the financial institution to withdraw these payments from my account. Doc ID# 105

SIGNED _____ DATE _____

Email _____

BILL PAY ACC#:	SERIAL #:	MGT CO#:	ASSOC#:	FREQ:	DATE REC'D:
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BB&T. Member FDIC

Revision 12/2016

In an effort to improve our gatehouse procedures, we are in need of updated Resident Information forms used by the guards. Please complete the attached and return it to either guard house or by email to: Brock@brockpm.com as soon as possible. If you prefer to type the information, this form is also available on our website as a Word Doc.

To obtain the information from the website please go to www.maplewoodisle.com. Go to Resident Login, Resources, Documents and on the right hand side you will see "Residents List for Guardhouse". This will allow you to download the form.

Please list the numbers in the order that you prefer to be called.

If there is more than one last name used by your guests (i.e. Smith/Martinez resident), please let us know or provide a sheet for each.

Please make sure to include special instructions (i.e. child/teen may not call guests in).

***Please remember that any person or service company listed will be granted entry without a call.

To improve efficiency, we ask that you please try to notify the guard in advance of food deliveries, UBER, LYFT and any other expected guest not listed.

Stickers- If you purchase/lease a new car and are in need of a sticker you do not need to go to Brock Management. Simply make a copy of the registration that includes the MWI address and turn it into the Guards. A new sticker will be provided by a Board Member.

In recent months there have been several dogs found in the community. In some cases we were unable to determine who they belonged to for several hours. So that your pooch can be reunited with you as soon as possible, we have now started a pet picture book to keep at the guardhouse. If interested, please provide a picture of your dog, his/her name, your name and a number to contact should someone find your dog.

To keep homeowners informed, while operating in a more cost effective and environmentally friendly way, the MWI Board of Directors is requesting that Homeowners agree to receive routine announcements and news via e-mail. This will also allow us to distribute urgent information immediately. Your participation is strictly voluntary, however, in some cases this may be the only means that we communicate on a particular matter. If you wish to be on our email list please complete the attached Opt-In form. Your email will not be shared with anyone.

The permit for the streets and gutters has finally been issued. We expect the work to start in the next few weeks. We will be sure to send out an email prior to the start.

MAPLEWOOD ISLE

ELECTRONIC NOTIFICATION "OPT-IN" FORM

To keep homeowners informed, while operating in a more cost effective and environmentally friendly way, the MWI Board of Directors is requesting that Homeowners agree to receive routine announcements and news via e-mail. This will also allow us to distribute urgent information immediately.

If you agree to Opt-In to email notifications, please provide the following information, sign the form, and return it to either guard- house, or by email to Brock@brockpm.com or by mail to:

Brock Property Management
1244 W. Atlantic Blvd
Coral Springs, FL 33071

This is to confirm that I would like to receive all information regarding Maplewood Isle news ,board meetings, budgets and any other community announcements electronically at the email address below. I recognize that this does not apply to any legal notices or invoices.

Resident Name_____

Address:_____

Email address 1:_____

Email address 2:_____

I understand that I may cease to receive certain information from the Association by US mail except for the documents that may not be disseminated electronically or unless I advise the Board in writing that I would like to opt out of the use of e-mail notification.

I understand that it is my responsibility to notify the Association in writing if my email changes.

Homeowner name:_____ Signature: _____

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PET REGISTRATION FORM

OWNER/LANDLORD: _____

ADDRESS: _____

Street

City

State

Zip

PHONE NUMBER: _____

LEASER/LESSEE: _____

ADDRESS: _____

Street

City

State

Zip

PHONE NUMBER: _____

BREED OF PET: _____

APPROXIMATE FULL GROWN WEIGHT OF PET: _____ pounds

PET'S NAME: _____ AGE: _____

DATE AND TYPE OF MOST RECENT SHOTS/VACCINE(S): _____

Please include a picture of the pet for identification purposes

_____ (✓) I DO NOT OWN A PET (INITIAL HERE): _____

Please remember, all dogs are to be walked in the specified "dog walk area," and the dog owner must pick up all excrement. Dogs must be on a leash at all times.

By my signature below, I verify I have read and understood the above and will abide by the Rules and Regulations set forth in this regard.

Purchaser or Lessee

Date

Purchaser or Lessee

Date

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Acknowledgement of Rules & Regulations

- I certify that I have received and will read a copy of the documents for Maplewood Isle Association, Inc. I agree that I will abide by these Rules and Regulations to the fullest extent.
- I have included a copy of the sales contract or lease contract along with my completed resident packet.
- I will also supply a copy of the warranty deed to the Association not later than **forty-five (45)** days after the closing. This will become part of the documentation for this property.
- I will inform the Association of any additions or deletions made to the lease and/or warranty deed.

Property Address

Signature

Signature

Print Name

Print Name

Date

Date

Welcome to Maplewood Isle

Recently, you purchased a home in Maplewood Isle Association, Inc. The purpose of this letter is to make sure that you are receiving the proper information with regards to the homeowner association services and HOA dues.

Front Gate phone number **954-753-1840**
Back Gate phone number **954-755-8215**

Please call **Brock Property Management**, the Management Company for Maplewood Isle should you have any questions. The telephone number is **954-753-2675**. Here is a list of extensions to better serve you:

Work orders and AMF approvals	Abby	208
Sales/Rental applications	Krystal	202
Accounts Receivable	Victory Accounting	561-739-0997

You should have received **association documents** from the seller prior to signing the contract. The documents contain the rules, regulations and Architectural Modification Guidelines for the community. If you did not, a copy is enclosed with this letter. Please note that you are a member of Maplewood Isle Homeowner's Associations and must adhere to the by-laws of the Community.

If you have not done so, **you need to provide Brock Property Management with a copy of your closing statement or Warranty Deed.** This ensures that we have you registered properly as the owner of your home, and all mail is directed to the proper person and address. You also need to contact us to get decals for your vehicles. Please call Krystal her ext. is 202.

Regular quarterly HOA dues are due on the first of each quarter. Payments not received on time are considered late and you could be turned over to legal and lose your gate privileges. You will receive a coupon book after you close, and we have received a copy of your warranty deed. Checks are to be made payable to **"Maplewood Isle Association"**. All payments are to be mailed to Victory Accounting PO Box 243399, Boynton Beach, FL 33424-3399. Checks may **not** be given to the guards. Please make sure the property address is on the check to ensure you are properly credited.

Trash collection days are Tuesdays and Fridays. **Trash may not be placed out for collection before 6:00 PM on Tues and Friday. All cans must be removed from the street and hidden from view by 6:00 PM the day of collection.** There should be no parking in the cul da sac during the time that the trash is scheduled to be collected. It makes it difficult for WASTE PROS trucks to go in and out of the cul da sacs without driving over and damaging the curbs.

Cable services - Please note that Blue Stream Cable, DIRECTV, Dish Network & AT & T U-Verse are all permitted in the community. If you use a dish service, please note that the satellite Dish must be mounted under the eaves of your home and not visible from the street.

For your information, here are some helpful numbers during your transition: The City of Coral Spring's Main number is 954-344-1001. The City of Coral Springs Water department can be reached at 954-753-0380. You may also need FPL; their number is 954-797-5000.

You should be aware that **any changes to the exterior of your home or lot**, which includes, but is not limited to, house painting, lighting, tree replacement, fences and screen enclosures, **require prior Architectural Committee approval from The Board of Directors.** An Architectural Modification Form (AMF) is attached for your convenience. Please contact us before proceeding. Please be mindful of the following:

- ❖ No parking in the grass at any time
- ❖ All workers must leave the property by 1PM on Saturday and No work can be done on Sunday's
- ❖ No commercial vehicles or boats are allowed in the community
- ❖ Yards must be kept free of debris and must be kept up at all times. We ask that you mow, blow, edge, weed eat, & trim palm trees at least twice a month. Also, keep storm drains free of lawn debris to prevent flooding.
- ❖ All improvements must be permitted by the City of Coral Springs

Move in's and Deliveries:

Move in times, furniture deliveries', appliance deliveries, etc. are only allowed to be done during the hours that the back gate is open. **This is weekdays before 7pm and Saturdays before 1pm.**

Maplewood Isle Association Board of Directors' meetings are held the fourth Monday of each month at Veteran's Hall in Coral Springs 6:30 PM. We do not meet in the summer. Look for the notice posted at the guard house.

If you have any additional questions, please feel free to call Brock Property Management at **954-753-2675**. You can also e-mail them at Brock@BrockPM.com. Or Fax 954-340-8541.

Check out our web site at www.maplewoodisle.com then go to the login request form, fill it out and your login information and password will be emailed to you.
