

Correct

ROLL'S LANDING CONDOMINIUM ASSOCIATION, INC.
23465 Harborview Road ~ Punta Gorda, FL 33980
941-743-9690

PURCHASE APPLICATION

Unit # _____ Closing Date _____ Sale \$ _____

REQUIRED ATTACHMENTS

(Note: The following items must be included for this application to be considered complete)

_____ Purchase & Sales Contract _____ Pet Information (if applicable)
_____ Background Check Form(s) _____ Check for \$150 per Application
_____ Acknowledgement that all parties received Rules and Condo Docs

Title Format: _____ Warranty Deed _____ Trust _____ Other

Occupancy # of Total Occupants _____ # of Pets _____
 _____ Full Time _____ Seasonal Other _____

Buyer _____ Phone _____
Phone _____ Email _____
Email _____

Address (present) _____
Address (prior) _____
Driver's License ID # _____
Driver's License ID # _____

Buyer _____ Phone _____ Email _____
Address (present) _____
Address (prior) _____
Driver's License ID # _____

Vehicle #1 _____	Year _____	Make/Model _____	Color _____	Tag # / State _____
Vehicle #2 _____	Year _____	Make/Model _____	Color _____	Tag # / State _____

Applicant Signature - Date _____

Applicant Signature - Date _____

Make checks payable to: Rolls Landing Condominium Association, Inc.

The Background Check Processing Fee and Transfer fee is \$150.00 with the completed forms

Additional Comments / Information for Buyer(s)

**Until the office receives the required completed forms, no background checks
will be processed or estoppel issued.**

OFFICE USE ONLY:

Title Company _____

Listing Agent _____

Selling Agent _____

Pet Information _____

Estoppel Completed _____

Interview Scheduled _____

Completed _____

Notes _____

Board Approval _____

Date Approved _____

CHECKLIST

*****ITEMS NEEDED TO CLOSE*****

- _____ Application to Purchase Completed, Signed and Dated
- _____ Background Check Forms Completed (NRG Form – 1 per adult occupant)
- _____ \$150.00 Transfer fee and Processing Fee
- _____ Received Rules & Regulations and Signed the Rules & Regulations Agreement
- _____ Pets? If yes, Complete Pet Questionnaire
- _____ Owner Information Sheet
- _____ Frequently Asked Question and Answer Sheet as required by FS 718
- _____ Application Review by Board of Directors for Closing
- _____ Certificate of Approval Issued from Rolls Landing Board of Directors
- _____ Interview Date w/ Manager is scheduled for: _____.
- _____ ACH Form for automatic payment of monthly maintenance fee
- _____ Permission to Enter from Owner.
- _____ Consent to receive Electronic Transmission from Association
- _____ Telephone Directory

*****NEEDED AFTER CLOSING*****

- _____ Insurance Certificate Submitted (Buyer's Homeowner Policy)
 - _____ Board Approval at Noticed Board of Directors Meeting*
-

**ROLLS LANDING CONDO ASSOCIATION
OWNER INFORMATION SHEET**

Name (s): _____

Property Address: _____ Unit #(s): _____

Home Phone#: _____ Fax #: _____

Cell # (& Name) : _____ Cell # (& Name): _____

E-mail Address: _____ E-mail Address: _____

Alternate Mailing Address:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Do You Live At Your Association Address: **Year Round** ____ **Seasonal** ____ **Used For Investment Only** ____

Seasonal Residents: Approximate Dates of Occupancy: _____

Emergency Contact Information: Name: _____ Phone #: _____

Address: _____

Signature of person completing form: _____ Date _____

**BY SIGNING THIS FORM YOU ARE GIVING ROLLS LANDING PERMISSION TO PUBLISH
CERTAIN INFORMATION IN THE ROLLS LANDING DIRECTORY GIVEN TO ALL OWNERS.
YOU ARE ALSO AGREEING TO RECEIVE ASSOCIATION NEWS AND OFFICIAL DOCUMENTS
BY ELECTRONIC TRANSMISSION.**

Please complete this sheet and fax to 941-743-9479 or mail to the following address:

**Rolls Landing Condo Association
23465 Harborview Rd.
Charlotte Harbor, FL 33980
rollslandingoffice@gmail.com**



National Research Group

BACKGROUND CHECKS



Applicant or Employee - 2019

01-01-19



APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.
to Conduct Individual Background Searches and Verifications

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal, driving, and credit histories, verifying education, licensing, and prior employment, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information for employment purposes.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

PRIOR ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The **LAST 10 YEARS** - Include All Dates of Residence

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Please Use Reverse Side If Additional Space is Necessary

Please **SIGN**
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ Date: _____

941-488-8500

800-531-6522

941-488-8505 **FX**



National Research Group

BACKGROUND CHECKS



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With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ Date: _____



941-488-8500

800-531-6522

941-488-8505 **FX**

ROLLS LANDING CONDOMINIUM ASSOCIATION
CONSENT TO RECEIVE ELECTRONIC ASSOCIATION NOTICES

The undersigned, constituting the unit owner/voting member of Unit _____ does hereby consent as follows.

☐ **I WANT TO RECEIVE ASSOCIATION NOTICES ELECTRONICALLY** – BY CHECKING THIS BOX, THE UNDERSIGNED AGREES TO RECEIVE ALL OFFICIAL ASSOCIATION NOTICES AND OTHER CORRESPONDENCE BY ELECTRONIC TRANSMISSION (E.G., E-MAIL). THE UNDERSIGNED ACKNOWLEDGES THAT BY CHECKING THIS BOX THAT THE ELECTRONIC MAIL ADDRESS DESIGNATED SHALL BECOME PART OF THE ASSOCIATION OFFICIAL RECORDS.

The owner may only change the designated email address by completing a new form and forwarding to the Association office.

DATED the _____ day of _____, 202_____.

Designated Electronic Mail Address: _____

Signature of unit owner/voting member: _____

Print Name of unit owner/voting member: _____

THIS CONSENT MAY BE REVOKED ANYTIME IN WRITING.

Return Form To:
ROLLS LANDING CONDOMINIUM ASSOCIATION
c/o Star Hospitality Management
26530 Mallard Way
Punta Gorda, FL 33950
rollslandingoffice@gmail.com

ROLLS LANDING CONDOMINIUM ASSOCIATION
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ROLLS LANDING CONDOMINIUM ASSOCIATION
c/o Star Hospitality Management
26530 Mallard Way
Punta Gorda, FL 33950
rollslandingoffice@gmail.com

ROLL'S LANDING CONDOMINIUM ASSOCIATION INC.

RULES AND REGULATIONS AGREEMENT

I have read and understand the Rules & Regulations for Roll's Landing Condominium's and agree to abide by those rules.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

Please request a copy of Roll's Landing Condominium Association's Declaration of Condominium and By-Laws if you have not been provided a copy.

THE OCCUPANTS OF UNITS SHALL ABIDE BY ALL UNIFORM RULES AND REGULATIONS PROMULGATED BY THE ASSOCIATION CONCERNING OCCUPANCY AND USE OF CONDOMINIUM UNITS AND COMMON ELEMENTS AND AREAS, WHICH RULES AND REGULATIONS SHALL NOT DISCRIMINATE AGAINST ANY UNIT OWNER OR CLASS OF UNIT OWNERS.

THE BOARD OF DIRECTORS, IN CONJUNCTION WITH THE MANAGEMENT COMPANY, HAS BOTH THE RESPONSIBILITY AND AUTHORITY TO ENFORCE THESE RULES.

The Rules and Regulations found in these pages are meant to remind us of the common courtesies that are necessary when a group of people with diverse backgrounds live in such close proximity. To many of us, this may be our first experience in condominium living. Together, we will make this an enjoyable experience and maintain the special feeling of community we have long enjoyed at Roll's Landing.

The following Rules and Regulations shall govern and control the use, occupancy, and enjoyment of the condominium property. These Rules and Regulations must be made available by the owner to any renters or guests.

The Board of Directors may choose to temporarily suspend any one or all of these rules, as appropriate, during any emergency situation for the community.

23465 Harborview Road Charlotte Harbor, FL 33980
Office: (941) 743-9690
rollislandingoffice@gmail.com

ROLL'S LANDING CONDOMINIUM ASSOCIATION, INC.
23455 Harborview Road
Port Charlotte, FL 33980
(941) 743-9690 office phone ~ (941) 273-3286 Guard House

Pet Questionnaire

Welcome to Roll's Landing. We hope you enjoy your visit to our community. Please read this information regarding pets.

Do you have a Pet? _____ Yes _____ No Unit # _____

1. Renters and visitors are **not allowed to bring pets** onto Roll's property. Pets will not be allowed past the gate!
2. Picture of Pet or Emotional Support Animal **MUST** be attached. _____
3. Vet immunizations Record **MUST** be attached. _____
4. Proof of weight **MUST** be submitted (1 pet per unit, not to exceed 20 pounds) _____
5. An updated copy of all Rules & Regulations should be in each unit. The office can provide a copy if needed.

I agree to abide by the Rules and Regulations of Roll's Landing. They have been approved by the Board of Directors and are in compliance with the Master Declaration and the Florida Statutes.

Signature above. Date: _____

Signature above. Date: _____

Remember, this is our home; it is not a resort. Please treat Roll's Landing as a home. The above few rules are part of a larger Rules & Regulations document given to all unit owners. Star Management and Security Guards have the authority to enforce these rules.

In case of medical or fire emergency, call 911 and give the Roll's Landing address of 23465 Harborview Road and your unit number. The Guard can be reached at 941-273-3286. Have a great stay and enjoy yourselves.

Sincerely,
The Board of Directors

08/29/2023

ROLL'S LANDING CONDOMINIUM ASSOCIATION, INC.

23465 Harborview Road
Charlotte Harbor, FL 33980

BUILDINGS 2, 6, 7, 8 & 9 QUESTION AND ANSWER SHEET

- Q. What are my voting rights in the Condominium Association?
- A. Each unit owner shall be entitled to one vote. The vote may be cast by either spouse, where a couple is listed as registered owners. Please refer to the Declaration of Condominium; Section 6, "VOTING RIGHTS; OWNERSHIP OF COMMON ELEMENTS".
- Q. What restrictions exist on my right to use my unit?
- A. All units are for single family residential use only, and are not to be used for any commercial business enterprise. Please refer to the Declaration of Condominium; Section 14, "USE RESTRICTIONS". Also refer to the House Rules.
- Q. What restrictions exist on the leasing of my unit?
- A. No unit may be leased during the first two (2) years of ownership and units must be owner occupied. Therefore, no unit owner shall lease a unit more than two (2) times in any one calendar year. No unit may be leased for a period of less than three (3) months. All lessees must abide by the Association Rules and By-Laws. Please refer to the Declaration of Condominium; Section 17, "MAINTENANCE OF COMMUNITY INTEREST".
- Q. How much are my assessments to the Condominium Association for my unit type, and when are they due?
- A. Assessments (**currently \$708.00 & \$770.00**) are due on the first of the month. The monthly assessment is set by the Board of Directors based on the adoption of the Budget each fiscal year. The late fee for payments made after the 10th of the month is \$15.00. Special Assessments may be made from time to time to cover emergency needs that are not anticipated or covered in the Annual Budget. Special Assessments are subject to lien laws and are to be paid as specified by the Board of Directors. Please refer to the Declaration of Condominium; Section 10, "ASSESSMENTS". You should also refer to the By-Laws, SECTION 8, "FISCAL MANAGEMENT".
- Q. Do I have to be a member in any other Association? If so, what is the name of the Association and what are my voting rights in this Association?
- A. No.
- Q. Am I required to pay rent of land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?
- A. No.
- Q. Is the Condominium Association or any other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000.00? (If yes, identify each such case.)
- A. No.

NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES AND EXHIBITS AS WELL AS THE SALES CONTRACT AND THE CONDOMINIUM DOCUMENT

Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669
Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

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 Truist.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 **Truist 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 Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist 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 Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist 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 Truist.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at Truist.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 Truist Association Services Toll Free at 888-722-6669. Doc ID# 109

Truist Bank, Member FDIC.

Keep top section for your records

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

Attach voided check when applicable

Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: _____ Unit 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/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED _____ DATE _____

Email _____ Effective Month for ACH to start _____

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:

Revision 10/2021