



**HAWAIIAN GARDENS PHASE VI ASSOCIATION
LOTUS, MARIGOLD, NETTLE & ORCHID GARDENS
PURCHASE APPLICATION
(THIS IS A 55 YEARS OLD OR OLDER COMMUNITY ONLY)**

The attached application for approval form MUST be completed and signed by the applicant(s) and returned to the Community Management Company designed by the Phase along with a \$100.00 check or money order made payable to HAWAIIAN GARDENS PHASE VI ASSOCIATION. This fee is non-refundable.

Ambassador Community Management 7100 West Commercial Blvd. Suite 107, Lauderhill, FL 33319,
954-741-8811 Fax: 954-741-8051 www.ambassadormanagement.com.

In addition, the following items are required to accompany the application form and fee;

CHECKLIST (✓):

1. (); a copy of a signed notice of intention to sell a condominium unit;

2. (); a copy of the signed sale/purchase contract along with a photo ID for each adult occupant. All purchase of apartment (including cash sale) require a minimum of 20% down payment in cleared funds on contract;

3. (); if applicable, a copy of Mortgage Commitment letter from the bank or Mortgage Company, including the terms of loan, rate of interest, & monthly P & I, and a copy of the credit report;

4. (); a copy of a document (for example the two last income tax returns) providing an annual income of at least \$30,000.00 and/or investments and assets to substantiate the capability to meet the financial obligations;

5. (); a copy of completed and signed APPLICATION OF OCCUPANCY form and a signed AUTHORIZATION FORM requested by Associated Credit Reporting, Inc. (Associated Credit Reporting forms are not necessary for a cash sale).

7100 West Commercial Blvd. Suite 107 Lauderhill, FL 33319
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HAWAIIAN GARDENS PHASE VI ASSOCIATION

Lotus, Marigold, Nettle, & Orchid Gardens

A 55 YEAR OR OLDER COMMUNITY

PROCEDURE TO BE FOLLOWED BY UNIT OWNERS DESIRING TO SELL THEIR UNIT

According to the Declaration of Condominium, a unit owner desiring to sell his/her unit must advise the Association of his/her intention and must supply the Association with any information as the Association reasonably require.

NOTICE OF INTENTION TO SELL CONDOMINIUM UNIT

TO: Hawaiian Gardens Phase VI Association
A/s Ambassador Community Management, Inc.
7100 W. Commercial Boulevard, suite 107
Lauderhill, Florida 33319

DATE: _____

UNIT NUMBER: _____

UNIT OWNER(S): _____ Please print.

UNIT OWNER(S): _____ Please print.

In accordance with the regulations established by the Association under Article XIII of the Declaration of Condominium and Chapter Two of the Rules and Regulations of Hawaiian Gardens Phase VI Association, I (we) hereby submit to the Association this notice of intention to SELL the above described unit.

UNIT OWNER(S) SIGNATURE: _____

UNIT OWNER(S) SIGNATURE: _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded Rev 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Hawaiian Gardens Phase 6

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
 Driver's License Number (Secondary Applicant) _____ State Issued _____
 Make _____ Type _____ Year _____ License Plate No. _____
 Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

Ambassador

Community Management, Inc.

7100 West Commercial Blvd. — Suite 107 — Lauderhill, FL 33319

Phone: 954-741-8811 Fax: 954-741-8051

www.ambassadormanagement.com

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HAWAIIAN GARDENS PHASE VI ASSOCIATION
LOTUS, MARIGOLD, NETTLE, & ORCHID GARDENS
APPLICATION FORMS
THIS IS A 55 YEAR OR OLDER COMMUNITY ONLY

The attached application forms MUST be completed in full by each adult applicant.

(Other than Husband/Wife or Parent/Dependant child which is considered one application) and returned to Ambassador Community Management. In addition, the following items and or terms are required to accompany the application forms and fee.

The buyer and the seller must send a copy of the sale-purchase contract to the property management company;

The buyer should send to the property management company a photocopy of the drivers license or passport demonstrating that the buyer is 55 years old or more and provide a home address, phone number and e-mail address;

Unless the buyer is paying cash and on the condition that no mortgage is taken on the unit, in such case, the buyer will sign at the closing date with the lawyer, the Agreement Not to Encumber, attach with this document.

Any buyer not paying cash applying for an approval of sale, will have to provide proof to the property management company of minimum annual income of \$30,000, (in case there are two buyers, a single proof of income is required), and a copy of Mortgage Commitment letter from the bank or Mortgage company including the terms of the loan, rate of interest, & monthly payments.

Every new owner must deposit the equivalent of six months of maintenance fees by check to the order of Hawaiian Gardens Phase VI cashable the day of the closing date with the lawyer, said security deposit will be reimbursed eighteen months later (without interests) provided the owner is current with their monthly maintenance fees.

Every new owner must also provide a check of \$100.00 to the order of Hawaiian Gardens Phase VI cashable the day of the closing date to cover administrative costs. This check is non-refundable.

The certificate of approval of transfer will then be provided only if the file is complete and the certificate is signed by the President of the Phase or his substitute as well as the concerned building President or his substitute.

**TO OBTAIN A COPY OF THE RULES AND REGULATIONS FOR
HAWAIIAN GARDENS PHASE IV – PLEASE CONTACT AMBASSADOR
MANAGEMENT AT 954-741-8811, EXT. 204.**

THEY ARE AVAILABLE IN EITHER ENGLISH OR FRENCH.

HAWAIIAN GARDENS PHASE VI ASSOCIATION
LOTUS, MARIGOLD, NETTLE, & ORCHID GARDENS
PURCHASE APPLICATION

Every new buyer must have signed and initialled this purchase form which includes without being limited to:

- An acknowledgement of and obligation of reading the Regulations of Hawaiian Gardens Phase VI.
Initial (s) _____
- The recognition that Phase VI is a senior community for persons 55 years old or older and to be an owner I (we) must have 55 years old and older.
Initial (s) _____
- The condo leasing procedure.
Initial (s) _____
- The addresses of communication and e-mail addresses including any future modifications thereof.
Initial (s) _____
- The acceptance that nobody can rent their condo within two years of the date of closing the purchase with the lawyer.
Initial (s) _____
- The acceptance on the obligation of installing cork underlay (sound proofing) under ceramic tile on the 2nd and 3rd floors of the Building.
Initial (s) _____
- The acceptance of the definition of blood relatives as defined in the Regulations of Phase VI.
Initial (s) _____
- The acceptance of the obligation of having civil liability insurance in case of legal action.
Initial (s) _____
- The acceptance of the use of the internet and the nano such as defined in the Regulations.
Initial (s) _____
- The acceptance to providing a functional copy of the condo keys to the Board of Officers of the Phase.
Initial (s) _____

- The acceptance that violation of the Declaration of Condominium, By Laws or the Rules and Regulations can result in a legal action before the courts and the expenses of which will be imputed to the guilty person.
Initial (s) _____
- No pets allowed at any time without medical certificate.
Initial (s) _____
- Use of this unit is for single family residence only. No corporations, company, partnership, or trust may purchase an apartment.
Initial (s) _____
- No commercial vehicles, trucks, boats, trailers, motor homes, campers, motorcycles, etc. are permitted to park on the premises.
Initial (s) _____
- Only one (1) assigned parking space available per apartment.
Initial (s) _____
- Only two adult persons per bedroom is allowed to occupy a unit.
Initial (s) _____
- No washers or dryers are permitted in the apartment.
Initial (s) _____

Purchase Application

Unit: _____ Building _____ Address _____

Full Name _____ Date of birth _____

Full Name _____ Date of birth _____

Social Security Number _____ Single _____ in Couple _____

Number of people who will occupy thy unit (adult over 18) _____

Names of people who will occupy the unit _____

Applicant cell number _____ Applicant Email _____

Applicant present address _____

City _____ State _____ Country _____

Driver's license Number (primary applicant) _____ State issued _____

Driver's license Number (secondary applicant) _____ State issued _____

Car makes _____ Year _____ License plate No _____

Applicant's signature _____ date _____

Applicant's signature _____ date _____

HAWAIIAN GARDENS PHASE SIX, INC.

NEW OWNER SCREENING INTERVIEW

New Owner Name: _____

Building/Unit: _____ Closing Date: _____

As a new owner in Hawaiian Gardens Phase Six, I/we confirm that I have met with members of the Board of Administration to review my responsibilities as an owner. In addition to any other information that was discussed during this interview, I/we attest that the following items were specifically discussed with me.

1. I/we acknowledge that I have received the Rules and Regulations for Hawaiian Gardens Phase VI and agree to abide by same.
2. Unit Renovations. As a new owner, certain renovations may be done in the unit. Should I/we decide to install new tile or wood flooring, I/we understand that soundproofing material must be placed under the tile or wood floor to prevent excessive noise. When doing any renovations in the unit, it is the responsibility of the owner to dispose of all construction material. Such material cannot be placed inside the dumpster. You can place construction debris out for bulk pickup - **no sooner than 24 hours before the bulk pickup** - the schedule for bulk pickup is posted on the bulletin board. The maximum weight capacity in the elevator is 1,200 lbs. Please keep this in mind when bringing construction material into the elevator. See Article 6.1 of the Declaration of Condominium.
3. I/we understand that the units are for single-family residency only. No corporations, companies, partnerships or trusts may purchase an apartment. Occupancy is restricted to two adult persons per bedroom.
4. I/we understand that there is one assigned parking space per apartment. No commercial vehicles, trucks, boats, trailers, motor homes, campers, etc. are permitted to park on the premises.
5. Leasing of Units: I/we understand that I/we must own the unit for two years (24 months from the date of closing) before I/we will be allowed to lease the unit. I/we understand that after the two year term, the unit may be leased for no more than six months and one day per year, only one time per twelve month period. I/we understand that the lessee(s) must be 55 years of age or older. The "Short Term Lease Application" must be submitted to the Association, along with picture identification as proof of age and the proper application fees, a minimum of two weeks prior to the arrival of the lessee. See Article 12.5 of the Declaration of Condominium.
6. Guests: No one may occupy my unit in my absence for more than thirty (30) consecutive days in any full calendar year, with the exception of blood relatives. Any guest who is in the apartment in my absence for longer than thirty (30) consecutive days is no longer considered a guest, and they must comply with number 2 above. See Article 3.06 in the Rules and Regulations.

7. Blood Relatives: I/we understand that the term "Blood Relative" is limited to parents, children, grand-children and their spouses as well as brothers and sisters. A Blood Relative may occupy the unit at any time. A list of these persons shall be given to the Association to be kept on record. At least fourth-eight (48) hours before my blood relative is to arrive, I will notify the Association in writing giving the names, relationship and dates the apartment will be occupied. See Article 3.07 of the Rules and Regulations for the full details of this provision.
8. Pets: I/we understand that Pets are not permitted in the unit. This includes visiting pets. See Article 12 of the Declaration of Condominium
9. Insurance: I/we understand that the condominium's insurance does not cover the inside of the unit with the exception of drywall. It is your responsibility to obtain an insurance policy that will cover all appliances, cabinets, floor and wall coverings, sinks, toilets, fixtures, lighting, furniture and personal belongings.
10. I/we will provide the Association with a working key for our unit. I/we understand that this key is for access to our unit in the event of an emergency and is not for the purpose of providing access to ourselves or anyone else in the even we are locked out of our apartment.
11. I/we understand that laundry equipment is not permitted inside any unit.
12. Violations: I/we understand that violating any portion of the Declaration of Condominium or Rules and Regulations may result in legal action at our expense.

I/we understand that in addition to the specific items listed above, I/we have received the Declaration of Condominium and the Rules and Regulations and agree to abide by all provisions contained in these Documents, as well as any amendments or additions that may be added in the future.

New Owner Signature: _____ Date: _____

New Owner Signature: _____ Date: _____

Board Officer Signature: _____ Date: _____

NOTE: In the even that a personal interview is not conducted, the applicant/purchaser acknowledges that they understand each of the items listed above.



7100 West Commercial Blvd. Suite 107
Lauderhill, FL 33319
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www.ambassadormanagement.com

OWNER INFORMATION / DOSSIER DU PROPRIÉTAIRE
HAWAIIAN GARDENS PHASE VI ASSOCIATION (HG6)

Please provide the following information in capital letters for our records / SVP fournir les informations suivantes en lettres moulées pour compléter nos dossiers.

HG6 Owner Identification / Identification du propriétaire à HG6

Building / Édifice : _____ Unit Number / Numéro d'unité : _____

Owner name(s) / Nom(s) du (des) propriétaire(s) : _____

Alternate Address (if different from HG6 Condo Address) / **Autre adresse** (si différente de l'adresse de votre condo à HG6) :

Street number and street name / No civique et rue :

Apartment number / numéro d'appartement : _____

City / Ville: _____

Province: _____

Country / Pays: _____

Zip Code (Postal Code) / Code postal : _____

Emergency Contact(s) / Contact(s) en cas d'urgence :

Name / Nom : _____ Phone N° / N° tél.: _____

Name / Nom : _____ Phone N° / N° tél.: _____

Contact Information / Coordonnées de contact

Post Information on HG6 Web Site:
Afficher l'information sur le site web de HG6

At HG6 / À HG6

Phone N° / N° tél. : _____ Yes/Oui: _____ No/Non: _____

Cell Phone N° / N° cell. : _____ Yes/Oui: _____ No/Non: _____

Outside HG6 / À l'extérieur de HG6

Phone N° / N° tél. : _____ Yes/Oui: _____ No/Non: _____

Cell Phone N° / N° cell. : _____ Yes/Oui: _____ No/Non: _____

Email / Courriel: _____ Yes/Oui: _____ No/Non: _____

Signature : _____ Date : _____

Correspondence via email / Correspondance via courriel

If you would like to receive correspondence from Hawaiian Gardens Phase via email, please read the statement below and then sign as authorization to receive this information via your email address:

I hereby authorize Hawaiian Gardens Phase VI to send correspondence to me via my email address. This will apply to meeting notices and official correspondence from the Association. I understand this this does not apply to Annual Coupon books. Also, in the event of an election for Board Members in my Building, I understand that election ballots will be sent via mail. I am providing my email address, and understand that it is my responsibility to inform Ambassador Management of any changes in my email address.

Signature : _____ Date : _____

Si vous souhaitez recevoir la correspondance d'Hawaiian Gardens Phase VI par courriel, svp lire l'énoncé ci-bas et signer pour donner votre autorisation.

Par la présente, j'autorise Hawaiian Gardens Phase VI à m'envoyer la correspondance par courriel. Ceci s'appliquera aux avis de réunions ainsi qu'à toute correspondance officielle de l'Association mais ne s'appliquera pas pour l'envoi des livrets de coupons de paiement. De plus, dans le cas d'élection pour le conseil des directeurs de mon édifice, l'envoi de bulletins d'élection sera fait par courrier. En fournissant mon adresse courriel, je reconnais être responsable d'informer Ambassador Management de tout changement à mon adresse courriel.

Signature : _____ Date : _____

HAWAIIAN GARDENS PHASE VI ASSOCIATION, INC..

_____ Gardens Condominium, Inc.

Lauderdale Lakes, Florida

Owners and Occupiers Census Report

24 CFR 100. 305 & 307

Unit # _____

Dated: _____

Hawaiian Gardens Phase VI Association, and the four condominium buildings located within Hawaiian Gardens Phase VI (Lotus Gardens, Marigold Gardens, Nettle Gardens, Orchid Gardens)) are housing for persons 55 years of age and older. As of this date, I/we are residing in the above listed unit and have lived here since _____.

_____ Date of Birth _____

_____ Date of Birth _____

I/we declare under penalty of perjury under the laws of the United States of America and the State of Florida, that the foregoing is true and correct.

_____ Print Name

_____ Print Name

_____ Dated

_____ Dated

AGREEMENT NOT TO ENCUMBER

This Agreement Not To Encumber (the "Agreement") is by and between and, husband and wife (collectively, "Purchaser") and Hawaiian Gardens Phase VI Association. (The "Association").

Whereas, Purchaser made application to purchase the unit within the Association having an address of, Lauderdale Lakes, Florida 33319 (the "Unit");

Whereas, the Association raised concerns regarding Purchaser's application; and
Whereas, Association has offered to dispense with its concerns if Purchaser enters into this Agreement.

Now therefore, for good and valuable consideration, the receipt of which is acknowledged by both parties, Purchaser and Association agree as follows:

Purchaser shall execute this Agreement and instruct Purchaser's closing agent to record this Agreement immediately after the Deed to the Unit.

Upon receipt of a copy of the fully executed Agreement, the Association shall execute a certificate of approval for Purchaser and forward the same to Purchaser's closing agent for recordation.

In the event that this Agreement is not recorded immediately following the deed, the certificate of approval shall be revoked and the purchase of the Unit shall be null and void.

Purchaser agrees that Purchaser, his successors and/or assigns shall not pledge, mortgage or otherwise encumber the Unit, having a legal description of:

Unit IN HAWAIIAN GARDENS Phase Vi Association, a condominium according to the Declaration of Condominium thereof, recorded in Official Records Book, at Page, of the Public Records of Broward County, Florida, without obtaining the prior, written consent of Association.

This Agreement is effective as of this ____ day of, 201... .

PURCHASER:

ASSOCIATION
Hawaiian Gardens Phase VI Association
By:

Print name: Print title:

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing Agreement Not To Encumber was acknowledged before me this ____ day of
....., 201... by and, who are
personally known to me or provided as identification.

My commission expires:

Notary Public, State of Florida

Name of Notary Public

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing Agreement Not To Encumber was acknowledged before me this ____ day of
....., 201... by as the,of
Hawaiian Gardens Phase VI Association who is personally known to me or provided as
identification.

My commission expires:

Notary Public, State of Florida

Name of Notary Public

HAWAIIAN GARDENS PHASE VI

Lotus Gardens - Nettle Gardens - Marigold Gardens - Orchid Gardens

AUTHORIZATION FOR EMAIL NOTIFICATIONS

DATE: _____ BLDG/UNIT # _____

I HEREBY AUTHORIZE HAWAIIAN GARDENS PHASE VI TO SEND CORRESPONDENCE TO ME VIA MY EMAIL ADDRESS. THIS WILL APPLY TO MEETING NOTICES AND OFFICIAL CORRESPONDENCE FROM THE ASSOCIATION. I UNDERSTAND THAT THIS DOES NOT APPLY TO ANNUAL COUPON BOOKS. ALSO, IN THE EVENT OF AN ELECTION FOR BOARD MEMBERS IN MY BUILDING, I UNDERSTAND THAT ELECTION BALLOTS WILL BE SENT VIA MAIL.

I AM PROVIDING MY EMAIL ADDRESS BELOW, AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM AMBASSADOR MANAGEMENT AND MY BUILDING OFFICERS OF ANY CHANGES IN MY EMAIL ADDRESS.

PRINTED NAME: _____

SIGNATURE: _____

EMAIL ADDRESS: _____