

**THE GRAND CONDOMINIUM ASSOCIATION, INC.**  
**PLEASE READ CAREFULLY INSTRUCTIONS AND ACKNOWLEDGMENTS**

- A. Please deliver or forward by mail, the attached completed "Application for Resale" to THE GRAND CONDOMINIUM ASSOCIATION, INC., 1717 North Bayshore Drive, Miami, Florida 33132, Attention: The Management office, Phone:(305) 374-2822, Ext. 6020.
- B. Please include with your application a copy of your executed purchase and sale agreement or contract for the subject condominium unit, a check in the amount of \$100.00 payable to the Grand Condominium Association, Inc.
- C. Applicant understands, agrees and acknowledges that the Purchaser is purchasing the unit subject to all rules and regulations of the Condominium, and likewise, subject to all of the terms, conditions and covenants of the Declaration of Condominium of which the above unit is a part, specifically, but not limited to, covenants and conditions concerning children, pets, sales, transfers and assessments.
- D. Applicant understands that no representations or agreements made by salesmen, or others are to be binding upon the Association, unless expressly given in writing, by the Association.
- E. Per the Grand Condominium Documents, the Association has thirty (30) days to process and approve/disapprove the application.
- F. Only one pet weighing 50 pounds or less when fully grown, is allowed. A pet deposit of \$1,000 is required. The pet must be pre approved, registered and issued a "Pet tag". Contact the Association office at Ext. 6020.
- G. **THE ASSOCIATION MUST RECEIVE A CLOSING STATEMENT IMMEDIATELY UPON CLOSING. YOU MAY FAX TO (305) 530-0016 OR MAIL TO:**  
**The Grand Condominium Association, Inc.**  
**Attn.: Management Office**  
**1717 N. Bayshore Drive**  
**Miami, Florida 33132**

FOR PROSPECTIVE PURCHASER'S SIGNATURE:

**I UNDERSTAND I AM RESPONSIBLE FOR THE MONTHLY MAINTENANCE FEE PAYMENTS REGARDLESS OF WHETHER I RECEIVE COUPONS OR LATE NOTICES. I ALSO AGREE TO FURNISH THE ASSOCIATION WITH A COPY OF THE WARRANTY DEED OR CLOSING PAPERS AFTER CLOSING.**

\_\_\_\_\_  
Signature of Prospective Purchaser

Authorization to release banking, credit, residence and employment information.

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

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

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

**\*\*\* ESTOPPEL INFORMATION MUST BE REQUESTED THREE (3) WORK DAYS IN ADVANCE TO ACCOUNTING DEPARTMENT.**

## FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

**THE GRAND CONDOMINIUM  
ASSOCIATION, Inc. ("The Association")**

**AS OF April 2015  
(REVISED)**

- Q:** What are my voting rights in the Condominium Association?
- A:** You are entitled to one vote for each unit that you own to be cast in accordance with the provisions of the Bylaws and Articles of Incorporation of the Association. See Article VI of the Bylaws, Article III of the Articles of Incorporation, and Section 21.3 of the Declaration of Condominium for further reference.
- Q:** What restrictions exist on my right to use my unit?
- A:** The Association's Declaration of Condominium "(Declaration)" sets forth various restrictions on your right to use your unit including restrictions regarding occupancy, use of the common elements, nuisances, exterior improvements and signs. For these and other restrictions upon the use of units and common elements reference should be made to the Declaration, particularly sections 12, 23, 24, 30, 34, 36, 37 and the Association's Rules and Regulations.
- Q:** What restrictions exist on the leasing of my unit?
- A:** In addition to any restriction permitted by law, section 23 Declaration provides that you must notify the Board of Directors of your intention to sell or lease your unit. The Association has the option to purchase or lease your unit upon the same terms and conditions as stated in your notice. See section 23 of Declaration.
- Q:** How much are my Assessments to the Condominium Association for my unit type and when are they due?
- A:** The monthly maintenance Assessment for your unit type is set forth on the attached schedule and is due on the first day on each month. In addition, Special Assessments may be imposed from time to time by the Board of Directors as necessary.
- Q:** Do I have to be a member of any other Association? If so, what is the name of the Association and what are my voting rights in this Association? Also, how much are my Assessments?
- A:** No. You may determine your monthly Assessment by contacting the Management office.
- 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 other mandatory membership Association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.
- A:** No

**NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.**

**THE GRAND CONDOMINIUM  
RESALE APPROVAL APPLICATION  
\$100.00 PROCESSING FEE REQUIRED**

Unit Number: \_\_\_\_\_ Sales Price: \_\_\_\_\_ Date: \_\_\_\_\_

Current Owner: \_\_\_\_\_

New Purchaser: \_\_\_\_\_

**IF UNIT IS BEING PURCHASED BY CORPORATION, THE PRESIDENT AND SECRETARY OF THE CORPORATION AND PRINCIPAL SHAREHOLDERS MUS BE SHOWN:**

\_\_\_\_\_  
\_\_\_\_\_

Please list below who will occupy the unit (Please be sure to include yourself)

\_\_\_\_\_  
\_\_\_\_\_

Please tell us where you would like the Association to mail all correspondence, late notices, etc.

\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE HISTORY**

Present address: \_\_\_\_\_

Name & Address of Landlord or Mortgage Co. \_\_\_\_\_

Phone: \_\_\_\_\_ Dated of Residency from \_\_\_\_\_ to \_\_\_\_\_

Previous address: \_\_\_\_\_

Name & Address of Landlord or Mortgage Co. \_\_\_\_\_

Phone: \_\_\_\_\_ Dated of Residency from \_\_\_\_\_ to \_\_\_\_\_

**EMPLOYMENT & BANK REFERENCES**

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How Long \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How Long \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**CHARACTER REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**VEHICLE INFORMATION**

Number of cars to be parked here: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No. \_\_\_\_\_ State: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, **CALIBER ONE CONSULTING, LLC.** Herein referred to as Association and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or a investigate consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but no limited to indebtedness, mode of living present and previous employers and/or employment contacts, driving record/license, validity of social security number, personal references, criminal record, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorized the Association may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the Association to furnish the above mentioned information.

I hereby affirm that my answers to all question on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld and facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in ori8ginal, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the Association at any time during my occupancy with the Association.

By signing below, I acknowledge understanding of the purpose of this Authorization form and its intended use.

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### APPLICANT INFORMATION

PRINT NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER LICENSES NUMBER: \_\_\_\_\_ DRIVERS LICENSED STATE: \_\_\_\_\_

**IMPORTANT:** The Following information will be used by **CALIBER ONE CONSULTING, LLC.** for identification purposes only to perform a background check. This information will not be used as part of decision process of your prospective Associations.

Maiden, other and/or former Name(s) \_\_\_\_\_

Race/National Origin: \_\_\_\_\_ Gender: Male /Female Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Condominium Association, Inc**

**1717 North Bayshore Drive . Miami, Florida 33132-1148 | Telephone: (305) 374-2822**

**EMERGENCY CONTACT FORM**

NAME(S): \_\_\_\_\_

UNIT NO.: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL NO.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

OWNER (  )                      TENANT (  )

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-mail address: \_\_\_\_\_

**AN EMERGENCY KEY IS LOCATED AT:**

NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**AN EMERGENCY KEY IS LOCATED AT:**

SECURITY: (  )                      OTHER: (  )

CONTACT NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**IF ANYONE IN YOUR HOUSEHOLD HAS ANY SPECIAL NEEDS OR DISABILITIES, PLEASE NOTE BELOW**

\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

If you are away from your residence at The Grand, for an extended period of time, please leave contact information at security or Customer Services. Advise these parties prior to your expected departure and return and they will keep this information in our records

**PLEASE RETURN THIS EMERGENCY CONTACT FORM TO CUSTOMER SERVICES OR FAX TO 305-530-0016**



## PACKAGE RELEASE AND WAIVER

THE UNDERSIGNED owner(s) of Unit \_\_\_\_\_ at The Grand, a Condominium, hereby remise, release, acquit, satisfy, and forever Discharges, judgements, claims and demands whatsoever, in law or in Equity, and hereby waive all actions, causes of actions, suits, sums of Money, covenants, contracts agreements, promises, damages, judgements, claims and demands whatsoever, in law or in equity, which said owner(s) ever had, now has, or whichever any personal representative, sucesor, heir or assign of said owner(S) hereafter can, shall or may have against The Grand Condominium Association, Inc. Its officers, Director, employess abd agets, for, upon or by reason of any manner, cause or thing arising out by any employeess, servant or agento f the Grand Condominium Association, Inc. Of said owner(s), as same is in furtherance of special services gratuitously performed by Tge Grand Condominium Association, Inc. Upon reques of said owner(s).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Owner's Tenant

By executing below, the applicant(s) and the condominium unit owner(s) recognize and agree that the Association shall be permitted to investigate the information supplied by applicant(s), including a full investigation of the applicant(s) character, credit, general reputation, personal characteristics, police arrest record, and mode of living, as possible. The applicant(s) represents that the information supplied to the Association is truthful and accurate.

Applicant(s) and condominium unit owner(s) also acknowledge the Association's rule that one pet weighing less than fifty (50) pounds (when fully grown) shall be permitted in the subject Condominium unit and, by your execution below, the applicant(s) and condominium unit owner(s) understand and agree that violation of this rule, as well as violation of any and all other rules of the Association or the constituent condominium documents for The Grand, a Condominium, shall be grounds for immediate eviction of the applicant(s), together with any and all other remedies to which the Association is entitled. Applicant(s) hereby agrees that he/she/they have received a copy of the Rules and Regulations of the Association, and the constituent condominium documents of The Grand, a Condominium, and agree to abide by same, as may be amended from time to time.

READ, ACCEPTED AND AGREED:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Unit Owner's Signature

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_



**Condominium Association, Inc.**

**1717 North Bayshore Drive . Miami, Florida 33132-1148 | Telephone: (305) 374-2822**

**PET REGISTRATIONS FORM**

UNIT OWNER OR RESIDENT: \_\_\_\_\_

UNIT #: \_\_\_\_\_

Type or pet (please circle one): DOG                      CAT                      OTHER: \_\_\_\_\_  
(please specify)

Pet's Name: \_\_\_\_\_

Pet Age: \_\_\_\_\_

Pet's Weight: \_\_\_\_\_

Pet's Licence Tag number: \_\_\_\_\_

Pet's license Tag Issuance Date: \_\_/\_\_/\_\_

(Pets shall wear valid Country issued license tag at all times)

Breed (be specific-give complete description, color, ect): \_\_\_\_\_  
\_\_\_\_\_

Please attach photo or pet here

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Owner to Sign Below:

I am aware of The Grand Condominium Association's rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PLEASE RETURN FORM WITH PETS PHOTO AND CURRENT IMMUNIZATION RECORDS TO THE MANAGEMENT OFFICE.**

17.

- a. Only pets that have been approved by and registered with the Association are allowed in common areas.

Pets are only permitted in common areas while leashed and going directly to or from pet owner unit.

No pets are permitted on the recreational pool deck.

No pets of visitors are permitted within the condominium.

- b. Pet registration:

All pets must be preapproved prior to residency approval.

All approved pet owners must pay a refundable property damage deposit of \$1,000.00 to the Association, prior to pet being brought onto property.

All pet owners must provide evidence that pet has a Miami-Dade License tag.

All pet owners must submit Association pet registration form and include photo of pet.

All pets approved must wear Association issued registration tag.

Only one pet per unit will be approved.

- c. Nuisance Pets:

All pet owners are responsible for their pet's behavior; to include

- Noise, barking
- Urinating/defecating on Condominium property
- Odors emanating from unit due to pet
- Aggressive behavior by pet

- d. Control of pet

All pet must be on a leash no longer than 6 feet.

All pets, unless carried in arms of owner, must be transported in service elevators.

No pets are permitted to be left unattended on Residential balconies.

All pet owners must comply with all laws, regulations, ordinances and health codes governing their pet. This includes maintain current licenses and all vaccinations.

Initial \_\_\_\_\_

# RESOLUTION 11- \_\_\_\_\_

## AUTHORING EXERCISE OF RIGHT OF FIRST REFUSAL ON RESALE OF CONDOMINIUM UNITS

**WHEREAS**, pursuant to Article 23 of the Declaration of Condominium of the Grand Condominium, upon the application of any owner seeking approval of the resale of their condominium unit the Association is authorized and to purchase the unit upon the same terms and conditions set forth in the Contract for Sale and Purchase submitted for approval; and

**WHEREAS**, each application for resale constitutes an offer to sell to the Association; and

**WHEREAS**, all resale applications must be considered within (30) days of submission thereof, and it is not possible to have each application considered at a meeting of the Board of Directors; and

**WHEREAS**, the Association has the right to assign its rights to any other member thereof; and

**WHEREAS**, the Board of Directors believes that based upon recent applications, market conditions, and previous experience with non payment of maintenance fees, it is in the best interest of the Association and its members to exercise their rights under Article 23

**NOW THEREFORE**, it is hereby resolved as follows:

1. That upon any submission of an application for resale of a residential condominium unit owner, where it appears to the President or Vice-President in the exercise of their business judgment, that it may be in the best interest

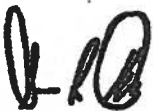
of the Members of the Association to accept any contract submitted for resale, they are hereby authorized to exercise all rights set forth in Article \_\_\_\_ of the Declaration of Condominium of the Grand Condominium Association.

2. Notice of the Application for Resale shall be posted next to the Association mail room. The Notice shall set forth the Unit Number and proposed sale price, closing date and required down payment.
3. Any member qualified pursuant to the procedures set forth in this Resolution desiring to purchase the Unit shall immediately notify the Association Manager within five (5) business days of posting and tender with the notification to the Association the posted deposit amount. Assignments will be granted on a first come first served basis. Upon receipt of the Member's notice and deposit, the Manger shall notify the President and Vice President who shall exercise the Association's right to purchase and notify the seller of same.
4. In order to qualify to purchase a unit under the provisions hereof, the member must be in good standing and current on all condominium fees on every unit owned, managed, or controlled by the Member. The Member must also provide satisfactory proof of their financial ability to close the transaction. No Board Member may directly or indirectly participate financialy in the purchase of any unit pursuant to the provisions hereof.

5. In addition to the sums set forth herein, the Member selected to purchase a unit shall pay to the Association a fee of \$1,000.00 to offset the Association's anticipated administrative expenses.
6. Notwithstanding the foregoing, and as an alternative thereto, the President or Vice President may request the Manager to poll the Board and upon approval of a majority of the Members of the Board of Directors, the Association may elect to purchase the Unit on its own account utilizing Association funds and may thereafter sell or lease the unit.
7. Any grievances of qualified members shall be forwarded to the Manager, who may in his discretion, request that the Board of Directors to reconsider and and/or modify the procedures set forth in this Resolution.

**APPROVED AND ADOPTED** by the Board of Directors this 7 day of July, 2011

THE GRAND CONDOMINIUM ASSOCIATION, INC.



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STUART R. KALB – President

Attest:

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ROBERT LACLE – Acting Secretary