

Sales Package

For

1000 Venetian Way Condominium

Property Manager: David Bannister
Admin. Assistant: Dargel Napoles
Engineer: William Johnsen

Phone: 305-374-5074
Fax: 305-403-4399

Web: <http://www.1000venetian.com>
Email: Manager@1000venetian.com

1000 Venetian Way
Miami, Florida 33139

1000 Venetian Way Condominium Association Inc

Sales Checklist

PRIOR TO APPROVAL:

- Application.
- Pet Registration.
- Confidential Resident Information Sheet.
- Indemnification and Release Form.
- Certificate of Voting Member Signed.
- \$100.00 application fee. Check payable to 1000 Venetian Way, non refundable.
- Copy of Contract.

AFTER APPROVAL:

- Copy or Settlement Statement and Warranty Deed.
- Interview with Property Manager prior to move in.
- \$100.00 moving fee. Check payable to 1000 Venetian Way.
- \$1000.00 dollars deposit for moving in.
- Reserve the elevator at least 24 hour in advance to moving in.
- Hallway inspection prior to move in
- Hallway inspection after move in is completed
- \$1000.00 dollars deposit check returned if no damages to common areas.

FOR OFFICE RECORDS:

- Update Names in Mail room?
- Update information in Continental Connect System.
- Update hardcopy of information for office and guards.
- Upload copy of Settlement statement to Continental Connect System.
- Upload copy of Warranty Deed to Continental Connect System.
- Upload copy of Voting Certificate to Continental Connect System.
- Upload copy of Application to Continental Connect System.
- Upload copy of Pet Registration to Continental Connect System.
- Upload copy of Confidential Resident Information Sheet to Continental Connect System.
- Upload copy of Indemnification and Release Form to Continental Connect System.
- Upload copy of Sales Contract to Continental Connect System.
- If new owner wants to be part of newsletter, send email(s) to mailing list.



Application for Residency

Apt No _____ Occup Date _____ Term Date _____ Date _____

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Emergency contact (**Name/Phone**)

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone (____) _____ To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone (____) _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone (____) _____

Reason For Moving _____

Have you ever been evicted from any leased property? _____ If Yes, Provide detailed explanation. (**Use reverse side of this application**)

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Date of employment _____ Gross weekly salary \$ _____

Previous employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Dates of employment _____ Gross weekly salary \$ _____

Spouses employer _____ Supervisor _____

Position _____ Phone (____) _____ Salary \$ _____

PERSONAL REFERENCES

Name _____ Phone (____) _____ Phone (____) _____

Name _____ Phone (____) _____ Phone (____) _____

Name _____ Phone (____) _____ Phone (____) _____

BANK INFORMATION

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

CREDIT REFERENCES

Creditor _____ Account No _____ Mo Payment \$ _____

Creditor _____ Account No _____ Mo Payment \$ _____

Creditor _____ Account No _____ Mo Payment \$ _____

Creditor _____ Account No _____ Mo Payment \$ _____

(If necessary use reverse side of this application to list additional accounts)

VEHICLES

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for credit check processing and verification of the application.
_____ is hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to _____ is true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicants signature _____ Date _____

Spouse's signature _____ Date _____

Interviewed by _____ Date _____

1000 Venetian Way Condominium

Pet Registration

Name: _____ Unit: _____

Pet Name: _____ Breed: _____

Comments: _____

Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____

1000 Venetian Way Condominium
CONFIDENTIAL RESIDENT INFORMATION SHEET

In a continuing effort to improve communication between your property management company (The Continental Group), your Board of Directors and residents, we request all owners completely fill out the form below and return as soon as possible.

Unit Number/Address: _____

Owner's Name(s): _____

Is the Home listed under a Corporation? If yes, please state name and address of Corporation: _____

Will this home be your primary residence? Yes _____ No _____

Secondary Address: _____

Name(s) of full-time occupants (children, live-ins, etc.): _____

IMPORTANT! Please identify which phone numbers listed below you wish to be notified in the event of an emergency or non-emergency through our new system Resident Alert™. You may check both emergency and non-emergency for each number, or select as you wish. Timely messages recorded by our property manager will be broadcast to the number you select:

	Emergency	Non-Emergency
Home Telephone Number: _____	_____	_____
Secondary Telephone Number: _____	_____	_____
Business Telephone: _____	_____	_____
Other (Cell Phone, etc.): _____	_____	_____
Emergency Contact - Phone Number: _____	_____	_____
Emergency Contact- Name: _____		
E-mail Address*: _____@_____		

Please Choose a 4 Digit* **Numerical** PIN Number to Access our community website*. This secure site allows you to check your account balance, view board minutes, read association news, contact management and stay in touch with our community.

* Both PIN and email are required for access.



Forward all Association mailings to:

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

YES

NO

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, deaf, etc.):

I authorize Continental to alert the phone number(s) listed above for urgent and timely alerts. I also submit my PIN to act as a digital signature from our community website (<http://continentalconnect.com/<community-name>>) to view my account balances and authorize guests or workers to enter my property at my discretion.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Please return this form to: 1000 Venetian Way Condominium
1000 Venetian Way
Miami, FL 33139

INDEMNIFICATION AND RELEASE FORM

WHEREAS, the undersigned Unit Owner(s) or Tenant(s) in Unit No. _____ of 1000 Venetian Way Condominium located at 1000 Venetian Way (street address) is/are desirous of having 1000 Venetian Way Condominium Association. (the "Association") and/or The Continental Group, Inc. ("TCG") its authorized agent, perform the following service on my/our behalf and not on behalf of the Association: (Circle if appropriate)

1. Use of key to my/our unit which Association has to allow access to me/us, or my/our guests or tenants if locked out.
2. Use of key to my/our unit which Association has to allow access to contractors who are to perform work in my/our unit.
3. Accept UPS, Federal Express or similar deliveries at front desk.
4. Provide key to my/our unit which Association has to allow access to my/our unit by delivery persons.

WHEREAS, to protect the Association, TCG. their officers, directors, partners, parent company, members, agents and employees (hereinafter the "Association Parties") from any claims, damages, demands, suits, judgments, actions, causes of actions, debts, sums of money, accounts, claims and demands arising out of, or related to, the services performed hereunder on behalf of the undersigned unit Owner(s) or Tenant(s), I/we agree to indemnify and hold harmless the Association Parties from any such actions, demands, suits, etc., and WHEREAS, the Association and TCG are not willing to provide the above referenced services to the undersigned unit Owner(s)/Tenant(s) without the benefit of this Indemnification and Release Form.

NOW THEREFORE, for Ten (\$10.00) and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged by the Association Parties and the undersigned, it is hereby agreed that the undersigned Unit Owner(s) or Tenant(s) hereby agrees/agree to hold harmless and indemnify the Association Parties from any claims, demands, suits, etc., including, but not limited to reasonable attorney's fees and costs whether pre-litigation, or at the trial or appellate levels, if applicable, against it or them by any party, resulting from or related to the performance or the above services for the undersigned and the undersigned hereby releases said Association Parties and will not assert any claims against such Association Parties for services performed hereunder. This indemnification and hold harmless shall apply even in those situations where the claims may result directly or indirectly, in whole or in part from the negligence of the Association Parties. The Association and/or TCG shall have the right to limit or condition performance of the above-referenced services as either of said parties may reasonably determine from time to time in the exercise of its sole discretion.

Witnesses:

Unit Owner(s)/Tenant(s)

Date: _____

**CERTIFICATE OF APPOINTMENT OF VOTING MEMBER
("Voting Certificate")**

To the Secretary of 1000 Venetian Way Condominium Association Inc. ("Association").

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit No. _____ of **1000 Venetian Way Condominium**, have designated _____

(Name of Voting Member)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium, Articles of Incorporation and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (A) Unit owned by individuals who are not married - **A Voting Certificate is required** and must be signed by all owners of the unit designating one of the owners of the Unit as the person entitled to vote.
- (B) Unit owned by a corporation or other legal entity - **A Voting Certificate is required** designating the person entitled to vote, signed by the properly designated officer(s), partner(s) or principal(s) of the respective legal entity.
- (C) Unit owned by a sole owner - **No Voting Certificate is required.**
- (D) Unit owned by a husband and wife - **No Voting Certificate is required.**

This Voting Certificate is made pursuant to the By-Laws and shall revoke all prior Voting Certificates and be valid until revoked by a subsequent Voting Certificate.

DATED the _____ day of _____, _____.

SIGNATURES FOR INDIVIDUAL OWNERS

BY: _____
Print Name: _____
BY: _____
Print Name: _____

BY: _____
Print Name: _____
BY: _____
Print Name: _____

SIGNATURES OF CORPORATE OWNERS

Name of Corporation: _____
BY: _____
Print Name: _____
Title: _____

ATTEST: _____
Secretary

***SIGNATURES FOR ENTITY OWNERS
(Partnerships, Trust or other entity)***

Name of Entity: _____
BY: _____
Print Name: _____
Title: _____

Please note that any unit owned jointly by two or more individuals (other than husband and wife) or any unit owned by a corporation or other legal entity must file a voting certificate before a membership meeting or such unit owner will not be permitted to vote.

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

As of February 22, 2005

Name of Condominium:

ONE THOUSAND VENETIAN WAY, A CONDOMINIUM,
1000 Venetian Way, Miami, Florida 33139

Name of Condominium Association:

ONE THOUSAND VENETIAN WAY CONDOMINIUM ASSOCIATION, INC.,
1000 Venetian Way, Miami, Florida 33139

Q: WHAT ARE MY VOTING RIGHTS IN THE CONDOMINIUM ASSOCIATION?

A: Each unit in the Condominium is entitled to one (1) vote on matters to be voted on by Unit Members. (See Page 95, Section 2. MEMBERSHIP VOTING, QUORUM AND PROXIES of the By-Laws in the Declaration of Condominium.)

Q: WHAT RESTRICTIONS EXIST IN THE CONDOMINIUM ON MY RIGHT TO USE MY UNIT?

A: Please refer to the following pages in the Declaration of Condominium

Restriction against further subdividing a private unit	Page 21, Section V
Restriction against nuisances	Page 25, Section XVI
Restrictions concerning signs	Page 25, Section XVII
Right of Entry	Page 26, Section(s) XIX, XX
Recorded Rules & Regulations	Page(s) 173-180

Q: WHAT RESTRICTIONS EXIST IN THE CONDOMINIUM DOCUMENTS ON THE LEASING OF MY UNIT?

A: The right to lease Units is subject to certain regulations (see page 179, Section 33 of the Rules & Regulations in the Condominium Documents.)

Q: HOW MUCH ARE MY ASSESSMENTS TO THE CONDOMINIUM ASSOCIATION FOR MY UNIT TYPE AND WHEN ARE THEY DUE?

A: A schedule of monthly maintenance assessment amounts for each Unit type is attached. Monthly maintenance assessments are due on or before the 1st day of the month when due. A Fifty (\$50.00) Dollar late fee will be charged if payment is not received prior to the 15th of the month.

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, ALSO HOW MUCH ARE MY ASSESSMENTS?

A: No, you do not have to be a member in any other Association.

Q: AM I REQUIRED TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES? IF SO, HOW MUCH AM I OBLIGED 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 SALE CONTRACT AND THE CONDOMINIUM DOCUMENTS.

1000 VENETIAN WAY CONDOMINIUM ASSOCIATION, INC.

CONTRACTORS RULES AND REGULATIONS

- Working hours are Monday to Friday from 9:00am to 4:00pm.
- All contractors must check in at the front desk upon arrival.
- All contractors must check out at the front desk upon finish for the day.
- No work is allowed on holidays.
- All cutting must be done inside the unit.
- No cutting or storing on the balcony or building common areas.
- Management recommends a child's plastic pool be used for wet-saw cutting.
- No trash, boxes or debris can be dropped down the trash chutes.
- No tools, materials or debris, can be placed in the stairwells at any time.
- Contractors may use resident parking space to park, or park outside of the property.
- Parking in front of the lobby is only allowed for loading and unloading.
- If you or your company will be subbing other contractors, you must provide a list of these contractors with the name of their company, names and phones.
- Contractors must access the building only by the service entrances
- Contractors must not use the building restrooms. Contractors are to use a Port-o-Potty provided by their company or resident outside of the building or use the restroom located in the unit that they are working.

ELEVATOR SPECIFICATIONS AND REGULATIONS

	Door	Cab
Height	7'	9'4"
Depth		4'2"
Width	3'2"	6'5"
Weight capacity		2,500 lbs

- Elevator must be reserved 24 hours prior to deliveries.
- Contractors must only use the freight elevator.
- Do not try to keep the door of the elevator open by blocking it. You may hold the door open by pressing the "Door Open" button on the elevator control panel.
- Do not keep the service door open on windy days since the elevator will stop working.
- Use only the elevator if it has the protecting padding on.