

HALF MOON BAY CONDOMINIUM ASSOCIATION PHASE I & II

C/o JMD PROPERTIES, INC.
904 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483
561 265 3272 office * 561 265 3660 fax

TO: ALL UNIT OWNERS/REALTORS AND INTERESTED PARTIES
RE: SALES OR RENTAL APPLICATION PACKAGES

1. EACH APPLICANT MUST COMPLETE AND SUBMIT THE APPLICATION, ACCOMPANIED WITH THE PROPER FEES, IN ORDER THAT THE APPLICATION IS PROCESSED. HUSBAND AND WIFE ARE CONSIDERED ONE APPLICANT. PAYMENTS MUST BE MADE AS FOLLOWS, PER APPLICANT:

JMD PROPERTIES	\$ 100.00 (APPLICATION SCREENING)
HALF MOON BAY MASTER ASSOC. INC	50.00 (FRONT ENTRANCE GATE)
HALF MOON BAY MOVING DEPOSIT	100.00 (BUYER)
HALF MOON BAY MOVING DEPOSIT	100.00 (SELLER)

2. ALL SPACES ON THE "APPLICATION FOR OCCUPANCY" FORM MUST BE COMPLETED. ITEMS LEFT BLANK WILL HOLD UP PROCESSING. USE "N/A" IF ITEM IS NOT APPLICABLE.
3. APPLICANT(S) MUST SIGN A FORM STATING THAT: HE/SHE HAS READ AND IS IN RECEIPT OF THE RULES AND REGULATIONS, AND WILL ADHERE TO ALL COVENANTS.
4. PURCHASES ONLY: IF A PURCHASER, THE APPLICANT(S) MUST SIGN A FORM STATING THEY ARE IN RECEIPT OF CONDOMINIUM DOCUMENTS. THE SELLER IS RESPONSIBLE FOR SUPPLYING THE PURCHASER WITH A SET OF CONDOMINIUM DOCUMENTS AND AMENDMENTS THERETO.
5. A COPY OF THE CONTRACT FOR SALE, DEPOSIT RECEIPT OR LEASE, WHICHEVER APPLIES, MUST BE SUBMITTED WITH THE APPLICATION.
6. ATTACH COPY OF DRIVER'S LICENSE FOR EACH APPLICANT.
7. THREE LETTERS OF REFERENCE ON THE APPLICANT(S) BEHALF MUST BE SUBMITTED WITH THE APPLICATION.
8. NOTE: NO PETS.
9. NOTE: NO VEHICLES OF ANY TYPE, OTHER THAN STANDARD AUTOS ARE ALLOWED IN OR ON ANY PART OF OUR CONDOMINIUM PROPERTY AT ANY TIME, FOR WHATEVER REASON. NO MOTOR SCOOTERS, MOTORCYCLES, TRUCKS, PICKUPS, BOATS OR OTHER TYPE OF VEHICLES ARE ALLOWED AND WILL BE SUBJECTED TO FINES AND PENALTIES OUTLINED IN OUR DOCUMENTS.

RETURN THE COMPLETED PACKAGE WITH THE FEES TO:

JMD PROPERTIES, INC
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483
561 265 3272 office * 561 265 3660 fax

YOU WILL BE CONTACTED BY A SCREENING COMMITTEE MEMBER FOR
A PERSONAL INTERVIEW APPOINTMENT.

904 SE 5th Avenue, Delray Beach, Florida 33483 • 561 265 3272 • Fax 561 265 3660 •
www.lmdproperties.com

HALF MOON BAY CONDOMINIUM ASSOCIATION
APPLICATION FOR OCCUPANCY

DATE: _____

PHASE: _____ UNIT: _____ PURCHASE _____ OR LEASE _____ DESIRED OCCUPANCY DATE: _____

IF LEASE, LEASE TERM: _____

CURRENT OWNER INFORMATION

OWNER NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TEL. NO.: _____ CELL, _____ EMAIL: _____

APPLICANT INFORMATION

PURCHASER'S/LESSEE'S NAME: _____

SOCIAL SECURITY NO.: _____ TEL NO. _____ CELL NO., _____

EMAIL ADDRESS(ES) _____

CO-PURCHASER'S/LESSEE'S NAME: _____

SOCIAL SECURITY NO.: _____ TEL NO. _____ CELL NO. _____

EMAIL ADDRESS(ES) _____

NUMBER OF ADULTS (over 18 yrs) OCCUPYING: _____ NUMBER OF CHILDREN (18 yrs.& under): _____

NAME OF OTHER OCCUPANT(S): _____

DO YOU OWN PETS? ___ YES ___ NO

APPLICANT RESIDENCE HISTORY

CURRENT ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ TELEPHONE: _____ HOW LONG? _____

NAME OF LANDLORD OR MORTGAGE CO.: _____

APT. OR CONDO NAME: _____ TEL: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ TELEPHONE: _____ HOW LONG? _____

APT. OR CONDO NAME: _____ TEL: _____

APPLICANT EMPLOYMENT AND BANK REFERENCES

EMPLOYER: _____

TELEPHONE NO.: _____ SUPERVISOR: _____

POSITION HELD: _____ HOW LONG?: _____

904 SE 5th Avenue, Delray Beach, Florida 33483 • 561 265 3272 • Fax 561 265 3660 •
www.jmdproperties.com

APPROX. MO. INCOME: \$ _____

CO-APPLICANT EMPLOYER: _____

TELEPHONE NO.: _____ SUPERVISOR: _____

POSITION HELD: _____ HOW LONG?: _____

APPROX. MO. INCOME:\$ _____

NAME OF BANK/SAVINGS & LOAN: _____

ADDRESS: _____ TEL. NO.: _____

BRANCH: _____ CONTACT PERSON: _____

ACCOUNT NO.: _____ CK.: _____ SAV.: _____ M.M.: _____

CHARACTER REFERENCES

NAME: _____ HOME TEL. NO.: () _____

HOW LONG HAVE YOU KNOWN HIM/HER?: _____ OFFICE TEL. NO.:() _____

ADDRESS: _____

NAME: _____ HOME TEL. NO.:() _____

HOW LONG HAVE YOU KNOWN HIM/HER?: _____ OFFICE TEL. NO.:() _____

ADDRESS: _____

EMERGENCY CONTACT

IN CASE OF AN EMERGENCY CONTACT: _____ TEL.: _____

VEHICLE INFORMATION

MAKE OF CAR: _____ MODEL: _____ YEAR: _____ TAG. NO.: _____

STATE REGISTERED IN: _____ COUNTY: _____

MAKE OF CAR: _____ MODEL: _____ YEAR: _____ TAG. NO.: _____

STATE REGISTERED IN: _____ COUNTY: _____

RECEIPT FOR ASSOCIATION DOCUMENTS AND/OR
RULES AND REGULATIONS

I/WE, THE UNDERSIGNED, owners/tenants received and read a copy of:

- _____ The Rules and Regulations of Half Moon Bay Phase I & II.
_____ The Association Documents and any amendments thereof. (SALE ONLY)

I/ WE, HEREBY AGREE to adhere to all the covenants, rules and regulations legislated during the term of my lease, stay, visit, or length of ownership. I/we also agree to pay any fines levied against me/us as a result of a violation of the rules and regulations or damages to the common areas of the Association and said fine will be collected from the owner's/tenant's security deposit or will be charged against the owner's maintenance account.

I/WE, HEREBY AUTHORIZE JMD PROPERTIES as agent for the Association to obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding my character, backing history, present and prior residential history and past and present employment.

I/WE AGREE to indemnify and hold harmless JMD Properties, Inc. and Association its employees, officers and directors, affiliates, sub contractors and agents from any loss expense, or damage which may result directly or indirectly from information or reports furnished by Straight Arrow Screening

I/We can be reached at the following telephone number(s) for the next fifteen days:

_____ or _____

SIGNATURE: _____

SIGNATURE: _____

By signing, the applicant recognizes that the Association or JMD Properties, Inc. may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association or JMD Properties, Inc. 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.

MAKE SURE YOU HAVE INCLUDED:

1. This Application is COMPLETE. Leave no blanks. Put "NA" in space if applicable.
2. APPLICATION FEES, (non-refundable) for EACH applicant (husband and wife considered one applicant).
3. A copy of the Lease or Purchase Agreement/Deposit Receipt.
4. Received and signed for the documents and or the Rules and Regulations.
5. Copy of driver's license on each occupant, as applicable.
6. Three (3) letters or emails of references.

IT TAKES A MINIMUM OF FIFTEEN (15) DAYS TO PROCESS THIS APPLICATION.

904 SE 5th Avenue, Delray Beach, Florida 33483 • 561 265 3272 • Fax 561 265 3660 •
www.jmdproperties.com

HALF MOON BAY CONDOMINIUM ASSOCIATION

PHASES 1 & 11
7050 HALF MOON CIRCLE
HYPOLUXO, FL 33462

UNIT OWNER INFORMATION SHEET

1. UNIT NO.: _____ PHASE: _____
2. OWNER NAME: _____
3. TELEPHONE NO.: _____
4. PROPERTY ADDRESS: _____
5. MAILING ADDRESS: (if same as above check _____ and proceed to number 6)

(street address)

(city)

(state)

(zip code)

6. EMAIL ADDRESS * _____

**The association is attempting to communicate with owners using email. Please supply us with your email address and initial here: _____ for your consent to receive electronic communication.*

7. PEOPLE TO CONTACT IN CASE OF AN EMERGENCY:

(name)

(tel. no.)

(name)

(tel. no.)

8. VEHICLE INFORMATION:

MAKE OF CAR: _____ MODEL: _____ YEAR: _____ TAG.
NO.: _____

STATE REGISTERED IN: _____ COUNTY: _____

MAKE OF CAR: _____ MODEL: _____ YEAR: _____ TAG.
NO.: _____

STATE REGISTERED IN: _____ COUNTY: _____

9. COPY OF DRIVER'S LICENSE OR GOVT. ISSUED ID FOR EACH PERSON RESIDING AT
HALF MOON BAY

10. SIGNATURES:

(name)

(date)

(name)

(date)

RETURN THE COMPLETED PACKAGE WITH THE FEES TO:

JMD PROPERTIES, INC
.904 SE 5TH AVENUE
DELRAY BEACH, FL 33483
561 265 3272 Fax 561 265 3660

904 SE 5th Avenue, Delray Beach, Florida 33483 • 561 265 3272 • Fax 561 265 3660 •

www.jmdproperties.com

HALF MOON BAY
ABBREVIATED RULES & REGULATIONS
PHASE I AND PHASE II
REVISED: FEBRUARY 2012

Owners are entitled to the use of their apartments and the common facilities such as parking areas, porches, elevators, walkways and outside grounds. While owners have exclusive use of these areas, they belong to the Association. As such, the Board does not allow any alterations or other uses without the written permission by the Board as long as they do not conflict with the documents. The following is a capsule of some of the Rules and Regulations which the Board wishes to emphasize. You may wish to read your copy of the complete Rules and Regulations for further clarifications of the following items:

SALES LEASING AND GUESTS

1. The Board **MUST** approve the leasing of units.
2. Owners may not lease their unit during the first year of ownership. After the first year, and with the written approval of the Board of Directors, owners or their brokers or realtors, may lease and or rent their unit one time during any twelve (12) month period and for a minimum of three (3) consecutive months.
A unit owner wishing to rent within the twelve (12) month period and after the (3) three months rental period, may rent such unit for not less than twelve (12) months.
3. Subleasing is not permitted.
4. Guest's stay of over 30 days shall be considered tenants and must be screened and a lease presented to the Association. Immediate family is exempt.
5. Applications for sale, transfer or lease must be presented to the Association at least 30 days prior to effective date.
6. Owners must fill out a guest form for overnight guest/relatives stating arrival date and length of stay. A form can be obtained from any Board Member or the management company.

NOISE/DISTURBANCES

1. No loud noises are allowed that would disturb neighbors between the hours of 11:00 PM and 8:00 AM.
2. Children playing, bicycling, or causing a disturbance in the common area is not allowed.
3. Except the first floor, sound resistant material and or carpeting are required to be placed on floors. A written application to the Board must first be presented to the Board for approval prior to installation.

MOVING AND CONTRACT WORK

1. There shall be no moving in or out of an apartment on a Saturday, Sunday or a holiday. Eighteen-wheeler trucks are not allowed.
2. Contract work is permitted Monday through Friday from 9:00 AM To 5:00 PM, and Saturday between the hours of 9:00 AM and 4:00 PM. No Sunday work is permitted unless an emergency.
3. All requests for variances by owners to common property must be in writing to the Board and be approved by the Board.
4. All contract work to be performed must be reported to the Board of Directors. Required permits per Hypoluxo must be provided to the Board prior to construction work begins. Licensed and insured is required prior to construction.

WATER SHUT OFF WHEN AWAY:

1. Water valves must be turned off when leaving your Apartment for any extended period of time.

PETS

1. Only approved and authorized registered service pets are allowed in Phases I & II and must be approved by the Board. The transfer of approved registered service pets from one unit owner to another unit owner is prohibited.
2. Non registered service pets, including visiting pets of any kind, are not allowed in our buildings, grounds or on or in any part of our properties. Owners shall inform any guests and visitors of this rule as no exceptions will be permitted at any time or for whatever reason.

GENERAL MAINTENANCE AND PREVENTION

1. No advertisement or advertising sign shall be displayed on any window, vehicle or door unless approved by the Board in writing.
2. The Association must have a key to all apartments in the event of an emergency. In the event of an emergency and if the Association has no key, they will call the locksmith and forcibly enter such apartment. Any expenses associated to such entry will be billed to the unit owner.
3. If you are away for an extended period of time during Hurricane season, Patio furniture must be removed and placed within your Apartment. Failure to remove such will be done so by the Association at a cost of \$50.00.
4. If you are away for an extended period of time and or there is a Hurricane warning, Hurricane shutters must be closed and secured. Failure to secure an Apartment and there is Hurricane damage the Unit owner will be responsible for any and all repairs associated and or caused by such unit.
5. Garbage must be ENCLOSED AND SECURED IN A HEAVY RIP FREE PLASTIC BAG and tightly secured prior to disposing into the trash chute. (This is to prevent a possible rodent problem in the trash rooms.)
Portable generators are not allowed. The tapping into the emergency generator during hurricanes, storms or power outages is prohibited.

VEHICLES:

1. All vehicles parked at HMB must be in good condition and repair.
2. Parked vehicles, which cannot operate on their own power or do not have a current valid license plate or one that is leaking fluids must be removed.
3. Working and or repairing cars is prohibited. See further rules associated with parking under Rules and Regulations section titled "Parking."
4. Car wash is for the use of owners and tenants. Do not waste water. Please turn off water when not needed. Water management is a major concern in Florida.

ABBREVIATED RULES
POSTED (Feb. 2012)

O:\HMB\Forms & Procedures\RULES&RBGS 2012 Assoc..doc

Half Moon Bay Condominium Association

Phases I & II

Guidelines For Contractors & Vendors Doing Work At A Unit

1. In general work being performed in a unit requires the review and approval of the Board of Directors.
2. Depending on the work being performed in a unit, a permit(s) issued by the Town of Hypoluxo may be required.
3. Such permit(s) should be displayed in the front window of the unit and NO work should commence prior to obtaining the permit(s). Permit may be displayed on the Front Door if the unit does not have a front window.
4. All Contractors/Vendors must protect the elevators when working at 7020 or 7030 Half Moon Circle. Contractors/Vendors working at the 7020 Building are required to use the West elevator identified as "Commercial Use".
5. If covering the walls and floor of the "Commercial Elevator" is necessary, contractors/vendors should request the coverings from the maintenance person prior to commencing the work in a unit.
6. Contractors/Vendors should begin work NO earlier than 8:00am and MUST cease work by 5:00pm.
7. Contractors/Vendors cannot work on Sundays and National Holidays, with the exception of necessary emergency repairs.
8. Contractors/Vendors are responsible for cleaning dirt/debris from elevators, entrance ways, and walkways; any and all materials must be carted away by the vendor/contractor and may not be placed in the dumpster rooms.
9. Damage to community property is subject to fines. The Association is entitled to recover costs for any and all damages caused by the contractors/vendors; failure to reimburse such expenses by the contractors/vendors to the Association becomes the responsibility of the unit owner.

**HALF MOON BAY CONDOMINIUM ASSOCIATION, INC
PHASES I & II**

**Owner / Tenant Acknowledgement regarding the
HMB Documents and Rules & Regulations.**

I have read and will abide by the Half Moon Bay Documents and Rules & Regulations .

Signature _____

Print Name _____

Resident Unit Number _____ Today's Date ____ / ____ / ____

I have read and will abide by the Half Moon Bay Documents and Rules & Regulations .

Signature _____

Print Name _____

Resident Unit Number _____ Today's Date ____ / ____ / ____

Half Moon Bay Condominium Association Board Member

Signature _____

Print Name _____

Today's Date ____ / ____ / ____

C/o JMD Properties, Inc.
904 SE 5th Avenue, Delray Beach, FL 33483
561 265 3272 office * 561 265 3660 fax
www.jmdproperties.com

HALF MOON BAY

PHONE BOOK OPT-IN FORM

Effective July 1, 2010 Florida Statute 718.111 (12) was revised to limit the information that is accessible to owners under a records request. This change effectively requires an opt-in to publish the phone numbers of residents without the express written permission of each owner. We intend to publish a phone book including the names and addresses of all residents. Only those residents who agree to have their phone number printed will have the number listed in the book. We will assume that residents who do not return this form will have refused permission. Residents who wish to change options after directory publication will have the new option reflected only in future printings.

I, _____ agree to have my phone number published in the Half Moon Bay directory.

Bldg _____ Unit _____.

Signed _____

HALF MOON BAY CONDOMINIUM ASSOCIATION
PHASES I & II

GUEST NOTIFICATION

To be used when guests have been invited to use and given access to the
condominium units at Half Moon Bay -- Phases I & II.

Valid for Thirty (30) days if owner is present.

Valid for One (1) day if owner is absent from condominium unit.

Prior to guest arrival, please submit to:

7050 Half Moon Circle
Elypoluxo, FL 33462

Fax: 561.265.3660
michael@hmdproperties.com

Date: _____

Unit Address: _____

Total Number of Guests: _____

Name(s) of Guest(s): _____

Date of Arrival: _____

Date of Departure: _____

Signature of Owner: _____

Guest Vehicle Information (if applicable):

Year _____ Color _____ Make _____ Model _____ Plate # _____

*Please note a separate Parking Pass must be issued and displayed on the vehicle in
order for guests to park within the Community. Homeowners are reminded that
they are ultimately responsible for their guests. Please ensure your guests are aware
of our Rules & Regulations. Thank you.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBIT)

Please print

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Checking Account or Savings Account (select one)

Routing # (9 digits): _____ Account #: _____

My association is: _____

Name(s): _____

I (we) hereby authorize JMD Properties, Inc., hereinafter called "Company", to initiate debit entries to my (our) account indicated above at the above named banking institution, hereinafter called "Bank", and to debit the same such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 15th of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford the Company and Bank a reasonable opportunity to act upon it.

Signature(s): _____

Date: _____

Homeowner Account Number (Unit/Lot #): _____

0:\JMD\FORMS\ACH Form.docx

ATTACH VOIDED CHECK HERE

HALF MOON BAY MASTER ASSOCIATION

We have been experiencing an increasing number of violations of association rules. The Half Moon Bay Master Board wishes to remind all owners, renters and guests of the following rules in particular:

POOL UMBRELLAS/CHAIRS: Close umbrellas and put chairs back in place when leaving the pool area.

COVER-UPS AND SHOES: It is recommended that cover-ups and shoes be worn to and from the pool area.

GLASS AT THE POOL: Glass is NOT PERMITTED on the concrete pool deck or wooden deck by the Intracoastal water way.

FLOATS: Other than noodles, no other floating devices are allowed in the pool.

FOOD/DRINKS: No food or drinks are allowed within 4 feet of the pool or hot tub.

GRILLS: Clean grills after each use; cleaning tools are provided near the grills.

We recommend that all owners assist in reminding others of the rules when they observe any violations. We are also asking all owners to inform their guests of the rules.

HMB Master Association Board of Directors

Name of owner/renter: _____

Signature: _____

Date: _____

HALF MOON BAY MASTER ASSOCIATION

GATE CHANGE FORM

Effective Date: _____ (circle one) RENTER or Owner
Name: _____ Date: _____
Address: _____ Gate Code: _____
Owner E-Mail Address _____

Check all that apply:

- ___ Gate Change \$50.00
- ___ Gate Card \$50.00
- ___ Gate Clicker \$100.00
- ___ Pool Key \$50.00

Card or Key Number: _____

Previous owner phone number: _____

New owner's phone number: _____

Entered in Syntex ___ Gate File ___ Gate Copy ___ Owner's file ___

ATTENTION: OFFICE

THIS FORM MUST BE COMPLETED IN ITS' ENTIRETY BEFORE IT IS TURNED IN

**HALF MOON BAY MASTER ASSOCIATION
UNIT CHANGE FORM**

Date: ____/____/____

1. Building / Unit Number ____/____ K-HOV PHASES

Name _____

2. New Owner Renter Effective Date: ____/____/____

(Note: Complete Either # 3 or #4)

3. If New Owner List Old Owner _____

4. If Renter List Owner's Name _____

5. Gate Change Fee \$50.00 Collected Yes No

