

DOVER NEW OCCUPANT APPLICATION

Interview Fee is \$100. Bring to interview, or mail to address below.
Applicant Interview Location _____

TOWN SHORES OF GULFPORT NO. 203 INC.,
DOVER HOUSE
3210 59th St S.
Gulfport FL 33707

Unit No. _____ Date _____ In Person _____ By Phone _____

Personal Information

Person(s) to be interviewed (please print):

Name: _____ Phone: _____

Name: _____ Phone: _____

Email address to communicate with Board of Directors:

****COMPLETE EMAIL CONSENT FORM**** Y/N _____

If you will be living at Dover only part of the year, please provide your other address:

Are you being interviewed as (check one):

Owner _____ Tenant/Renter _____ Other(specify) _____

Date of expected occupancy (MM/DD/YYYY) _____

Number of occupants: _____

Emergency Contact Information: (Two are preferred if two Owners)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

My Emergency Contact may authorize entry to my unit (check one):

Yes _____ No _____

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Animals

If you have a pet and/or a service animal, specify type (cat or dog, breed):

Pet: _____ Weight _____

Service Animal: _____ Weight _____

I CERTIFY DOG(S) NOT OVER 20 LBS EACH _____

If you have a Disability Service Animal or Emotional Support Service Animal, please provide a Physician's letter to the Board at your interview, specifying:

- The nature of disability or emotional need.
- How the service animal mitigates the disability or emotional need.
- License information for the service animal.

**** PHYSICIANS LETTER ATTACHED IF NEEDED**** Y/N _____

Be advised that you must abide by all Dover rules and policies regarding pets/service animals including areas on the property where you may walk your animal, clean-up, etc.

Age Requirement

At least one resident is 55 or older (check one):

Yes: _____ No: _____

Provide evidence of age at the interview and provide a photocopy. This can include a driver's license, passport, government issued ID, etc.

****PHOTOCOPY OF AGE PROOF**** Y/N _____

Vehicles

Parking space # conveyed with sale: _____

Each unit is provided with one numbered parking space, either under the carport or in front of the building. One additional vehicle may be parked in a yellow guest space not in front of the building. Spaces in front of building are reserved for guests and workmen.

****COMPLETE VEHICLE FORM**** Y/N _____

Voting Member

One **Owner** shall be designated as the voting member for this property.

**** COMPLETE VOTING CERTIFICATE**** Y/N _____

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Pest Control

Pest Control in Florida is important given our climate. To protect our property, the Board contracts with pest control professionals to periodically (usually every 3 months) inspect and spray both inside units and on common elements. (See the Access to Units Form.)

I/we hereby grant the Board permission to access the unit for pest control (check one):

Yes_____ No_____

If you answered No, please provide the name of your contractor for pest services.

****COMPLETE ACCESS TO UNIT FORM**** Y/N_____ **PROVIDED KEYS** Y/N_____

****PROOF OF TERMITE INSPECTION**** Y/N_____

Home Owner Insurance

*Please provide proof of your condo unit insurance before moving in.

Name of agent: _____

Dover Rules and Regulations

I/We acknowledge that I/we have :

- Reviewed a copy of the Dover #203 Blue Books 1 and 2.
- Reviewed a copy of the Dover House Rules.
- Been advised of any current assessments.
- Been advised of any litigation liability exceeding \$100,000.

****RECEIVED COPY DOVER HOUSE RULES**** Y/N _____

Owner/Tenant Signature and Fee Information

Check payable to Dover #203 Inc. in the amount of \$100.00. Check # _____

Signature _____ Date _____

Received by Board Member: _____ (Print)

_____ (Sign)

Date (MM/DD/YYYY): _____

Dover House

Dover Board of Directors Email Consent Form

1. For purposes of fast and easy communication with all Owners on a given topic, I consent to receive and send email communication with the Dover #203 Inc. Board of Directors as allowed by current Florida Statute utilizing the email address provided by me below.

Owner 1 _____ (Print)

Email _____ Consent Y/N _____

Owner 2 _____ (Print)

Email _____ Consent Y/N _____

2. I agree to the Board sharing my email address with Owners in the Dover Building, e.g., in group emails.

Share my email in group emails: Yes _____ No _____

Owner Signature _____ Unit _____ Date _____

Owner Signature _____ Unit _____ Date _____

NOTE: Communications that are required to be provided in hard copy by current Florida Statute will continue to be hand-delivered or sent by regular mail.

Please return completed form to a Dover Board Directors by hand,
or mail to:

Town Shores of Gulfport #203, Inc. (Dover)
Board of Directors
3210 59th St. South
Gulfport, Fl. 33707

DOVER OCCUPANT VEHICLE(S) FORM

For each vehicle (maximum 2), please specify: (No vehicles with more than 4 wheels)

| | VEHICLE 1 | VEHICLE 2 |
|-----------------|-----------|-----------|
| Make: | | |
| Model: | | |
| Year: | | |
| Color: | | |
| Tag No.: | | |
| State/Province: | | |

**VOTING CERTIFICATE
TOWN SHORES OF GULFPORT #203, INC.
3210 59TH STREET SOUTH, GULFPORT, FL 33707
DOVER BUILDING**

Owners of Record: _____

Unit No: _____

Date: _____

I/we, the undersigned hereby state that I/we are the fee owners of the above referenced condominium unit. I/We do designate:

(Name ONE of your unit's Owners)

As the voting member for the aforementioned condominium unit, it is understood that this certificate shall revoke all prior certificates and shall be considered valid until revoked by a subsequent certificate.

Owner #1 _____

Owner #2 _____

Owner #3 _____

Owner #4 _____

DOVER HOUSE

ACCESS TO UNITS BY BOARD MEMBERS

In May of 2013 at a duly called Board Meeting, the Board of Directors adopted a resolution requiring unit Owners to provide a key or set of keys to be able to access units in an emergency including emergency maintenance to prevent damage to the unit or neighboring units. The Resolution is consistent with the Requirements of Article 20(d) of the Declaration of the Condominium of Town Shores of Gulfport No. 203, Inc. (Dover) and said resolution is consistent with the requirements of Florida Statute 718.111(5).

The resolution was made to place all unit Owners on notice of their contractual and statutory Obligation to ensure the Association has the right to gain access to their units when reasonably necessary and in the case of emergency. Also, access is required to all units periodically for pest control services. If the resident is unavailable when access is needed, a Board Member will let the contractor into the unit to spray for pests.

Therefore, a key for each unit (or two if there are two locks) must be provided by the unit Owner to the Board of Directors of the Association. All keys will be kept in a locked location that is only accessible by a designated Board Member.

So notified on _____(Date) Unit # _____

Owner _____

Owner _____