

**Flanders C Association, Inc.**  
**Managed By: Wilson Landscaping & Management Corp.**  
**1300 NW 17<sup>th</sup> Ave. Suite 270**  
**Delray Beach, FL 33445**  
**(561)637-3402 Office (561)637-3407 Fax**

**Instructions for Resale Application – FLANDERS C ASSOCIATION, INC.**

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.
- 2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.
- 5) A **\$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE** IS REQUIRED ON ALL RESLES. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO: **THE FLANDERS C ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE MUST BE SIGNED.

**ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS INTO OUR OFFICE.**

Are you a service member as defined by s.250.01 Florida Statutes: Yes \_\_\_\_\_ No \_\_\_\_\_

The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty and all members of the Florida National Guard and the United States Reserve Forces.

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**Resale Information Sheet**

**ASSOCIATION:** FLANDERS C ASSOCIATION, INC. **UNIT #:** \_\_\_\_\_

Name of current Owner's: \_\_\_\_\_

Current Owner's Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Current Owner's Phone Number: \_\_\_\_\_ Current Owner's Cell Number: \_\_\_\_\_

Current Owner's E-Mail Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Applicant's cell phone: \_\_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate # \_\_\_\_\_

**PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED**

<i>Name</i>	<i>Relationship to Purchaser</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:**

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

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**Purchaser(s) Agreement**

**In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.**

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- PURCHASER(S), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the buyer's responsibility to obtain Condominium Documents from the current owner. They may be purchased from Wilson Management for \$100.00 if necessary.
- Have enclosed a check in the amount of **\$150.00 PER PERSON OR MARRIED COUPLE** payable to **Flanders C Association** as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.

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Applicant's Signature

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Date

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Applicant's Signature

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Date

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**Age Verification Questionnaire**

**Association:** FLANDERS C ASSOCIATION, INC. **Unit:** \_\_\_\_\_

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s)

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Name

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**Applicant(s) Information Sheet**

Applicant's Name: \_\_\_\_\_

Association: FLANDERS C ASSOCIATION, INC. Unit # \_\_\_\_\_

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: \_\_\_\_\_

\_\_\_\_\_

Local Phone: \_\_\_\_\_ Seasonal Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE SPECIFY YOUR MAILING PREFERENCE:

\_\_\_\_\_ Please send all my mail to my local address at all times.

\_\_\_\_\_ Please send all my mail to my seasonal address at all times.

**Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regard to the mailing address.**

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contacts has your key to your home.

# VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

FLANDERS C ASSOCIATION, INC.

\_\_\_\_\_  
(Association Name)

\_\_\_\_\_  
(Unit #)

Do hereby designate that \_\_\_\_\_  
(Insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless

this certificate is terminated or suspended by written notice to the Board of Directors of the

Association.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

\_\_\_\_\_  
Please Print Name

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

\_\_\_\_\_  
Please Print Name

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

\_\_\_\_\_  
Please Print Name

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

\_\_\_\_\_  
Please Print Name

**Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed on the cover page.**

# Lift Information

Association Name: FLANDERS C ASSOCIATION, INC.

1. Is there a Lift in the building? Yes XXX No \_\_\_\_\_

2. Is the Lift a Common Element or Limited Common Element?

**COMMON ELEMENT – ALL 48 UNITS PAY FOR MAINTENANCE AND REPLACEMENT OF THE LIFT.**

3. The lift is designed to transport individuals and groceries. It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.

4. The lift shall not be used by any Licensee, Contractor, or Hired Delivery.

5. The lift should not exceed the 750-pound limit,

6. One (1) wheelchair and two (2) people or three people (3) at any one time. No more than three (3) people.

7. Garbage bags must be tightly sealed to deter spillage on the cab floor.

8. If a wheelchair is used inside the lift, the brakes should be applied to prevent movement while in the lift.

9. **If the lift is damaged due to misuse by an owner, their guest, or their lessee, the owner will be responsible for all costs to repair the lift.**

I / We, as the purchaser(s), \_\_\_\_\_ have read the above  
printed name(s)

and understand all information contained within.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have this form notarized.**

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

To Whom It May Concern:

Regarding the purchase of \_\_\_\_\_

Address: \_\_\_\_\_

We, the undersigned, do hereby waive all rights to reside in this apartment and will not reside in it, unless it is occupied by at least one (1) person over the age of fifty-five (55)..

We wish to waive our rights to:

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

Who will reside in the unit and is at least fifty-five (55) years old. Proof of age will accompany this form.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

Witnessed my hand and official seal at said County and State this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Certificate #:

\_\_\_\_\_  
My Commission expires:

\_\_\_\_\_  
Printed Name of Notary Public:

\_\_\_\_\_  
Signature of Notary:



**Flanders C Association, Inc.**  
**Wilson Landscaping & Management Corp.**

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Office (561)637-3402 Fax (561)637-3407

Flanders C Governing Documents state:

14.5 **Pets.** No animals or pets of any kind shall be kept in any unit or on any property of the Condominium. This subsection 14.5 shall not be amended unless approved by the board of directors of a majority of all the condominium associations located at the Kings Point Project.

I/we \_\_\_\_\_ understand that there are no pets of any kind allowed in the Flanders C Association, Inc.

As purchaser(s) of unit \_\_\_\_\_, I/we agree that we will not have pets of any kind.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. They are personally known to me or have produced \_\_\_\_\_ as identification.

State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

County of \_\_\_\_\_

\_\_\_\_\_  
Printed Name

(seal)

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
My commission expires:

**Flanders C Association, Inc.**  
**Emergency Contact and Mailing Information Form**

It is important that you complete this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur, and it is imperative to contact an out-of-town owner or a local representative. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: \_\_\_\_\_  
 Name of Owner(s): \_\_\_\_\_  
 Local Telephone Number: \_\_\_\_\_  
 Alternate Mailing Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_  
 Alternate Telephone Number: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_  
 Cell Telephone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_  
Color                      Make/Model                      Year                      License  
Plate Number

Does a Board Member have a key to your unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, which Board Member: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_

**Please return this form via U.S. Mail, Fax, or E-mail to:**

Wilson Landscaping and Management Corp.  
 1300 NW 17<sup>th</sup> Ave. Suite 270  
 Delray Beach, FL 33445  
 Tel: (561) 637-3402  
 Fax: (561) 637-3407  
 info@ wilsonmanagement.net

## DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with FLANDERS C ASSOCIATION, INC/WILSON LANDSCAPING & MANAGEMENT CORP., I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) (“Agency”), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**Are you a service member as defined by s. 250.01, Florida Statutes?** Yes  No

*The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.*

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Printed Name: \_\_\_\_\_

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

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

For identification purposes:

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**EACH APPLICANT MUST COMPLETE A SEPARATE DISCLOSURE AND AUTHORIZATION FORM!**



**KINGS POINT**  
GOLF AND COUNTRY CLUB  
*Where Exceptional Lifestyle Begins*

**RENTAL and RESALE INFORMATION**  
**ID OFFICE**  
**561-499-3335 Ext. 136 & 135**  
**Monday – Friday 9:00 AM – 4:00 PM**  
**Closed Saturday and Sunday**

**Fees** (All fees subject to change)

- Capital Contribution & Processing Fee-includes one (1) Resident ID Card & one (1) Barcode  
**\$2,000.00** (Applicable to all resales and transfers of ownership as of January 1, 2025)
- Resident ID \$60.00
- Single Resident ID \$60.00
- Lessee ID \$60.00
- Guest ID \$10.00 (See procedural guide for further details)
- Health Aide ID \$50.00 (Three months)
- Barcode \$10.00
- Saxony RFID Tag \$10.00

**Requirements:** Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included.**

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal and,
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. **Checks payable to: Kings Point Recreation Corp., Inc.**
- **Note:** Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease and,
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

**Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!**

**Kings Point Recreation Area Amenities**

The Recreation facilities consist of three (3) clubhouses, swimming pools, Natatorium, golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a “**NO PET**” community. The Recreation Area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To ensure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the **ID Office located in the Administration Building**.

**PLEASE READ CAREFULLY BEFORE SIGNING!!!!**

\*Signature: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
Seller/Owner Buyer/Tenant

**\*\*\*\*Effective January 1, 2025\*\*\*\***

Note: **Capital Contribution & Processing Fee** of \$2,000.00 *payable to: Kings Point Recreation Corporation, Inc.*, the Not For Profit Corporation organized under Florida Statute 617, authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.

**Kings Point Recreation Area Amenities**

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**PLEASE READ CAREFULLY BEFORE SIGNING!!!!**

**\*Signature:** \_\_\_\_\_ **\*Signature:** \_\_\_\_\_  
Seller/Owner Buyer/Tenant

**\*\*\*\*Effective June 1, 2022\*\*\*\***

**Note: Capital Contribution & Processing Fee** of \$1,800.00 *payable to:* **Kings Point Recreation Corporation, Inc.**, the Not For Profit Corporation organized under Florida Statute 617, authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.

7000 West Atlantic Avenue, Delray Beach, FL. 33446-1699, Telephone 561-499-3335