



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 Q 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 REALES. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO: **THE FLANDERS Q ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETED, SIGNED** AND PART OF THIS APPLICATION.
- 8) IF YOU ARE PURCHASING THIS PROPERTY FOR INVESTMENT PURPOSES ONLY, OR ARE UNDER THE AGE OF 55; **YOU MUST** FILL OUT PAGE 11 COMPLETELY BEFORE SENDING THIS APPLICATION PACKET IN.
- 9) PERSONAL INTERVIEW REQUIRED FOR ALL PURCHASES.
- 10) NO NEW OWNER MAY LEASE HIS/HER UNIT DURING THE INTIAL TWELVE (12) MONTHS OF OWNERSHIP. NO EXCEPTIONS WILL BE MADE.

**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 LO OK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.**

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, FL. 33445

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

## Resale Information Sheet

ASSOCIATION: FLANDERS Q 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: \_\_\_\_\_

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

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

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

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

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

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 the future.

**Understand that no new owner may lease his/her unit during the initial twelve (12) months of ownership. No exceptions will be made.**

- 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. The present unit owner has the sole responsibility for providing the Association's governing documents to any prospective buyer. They may be purchased from Wilson Management for \$100.00.
- Have enclosed a check in the amount of \$150.00 payable **PER PERSON OR MARRIED COUPLE** to **FLANDERS Q 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 Q 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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## Request for Personal Reference

Association: FLANDERS Q ASSOCIATION, INC.

Unit: \_\_\_\_\_

Dear Sir/Madam:

\_\_\_\_\_ has listed you as a character reference in an application to purchase an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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---

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Signature

Date

Printed Name

Phone/Cell Number

Address

City, State, Zip Code

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## Applicant(s) Information Sheet

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

Association: FLANDERS Q 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: \_\_\_\_\_

### 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 regards 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 contact has your key to your home.



# VOTING CERTIFICATE

(Designation of Voting Member)

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

\_\_\_\_\_ FLANDERS Q 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 in the cover page.**

# Lift Questionnaire

Association Name: FLANDERS Q 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 UNIT OWNERS PAY LIFT ASSESSMENTS**

3. Please check with the Association Board to see if the unit you are interested in is a paid participant of the Lift Group. (whether Common or Limited) and whether or not you will have use of the Lift. You may provide the information needed in paragraph below:

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

questionnaire and understand all information contained within.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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 notarized.

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

To Whom It May Concern:

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

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

We, the undersigned, do hereby waive all social rights to this apartment and will not reside in it.

We wish to waive our social 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:

**DISCLOSURE AND AUTHORIZATION  
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with FLANDERS Q ASSOCIATION, INC., 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 USER ACCOUNT REGISTRATION

**SIGN IN or CREATE AN ACCOUNT at the [kingspointdelray.com](http://kingspointdelray.com) website**

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the Internet have already activated their accounts.
2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.
3. Activate your account by going to the [kingspointdelray.com](http://kingspointdelray.com) website.
  - a. On the "Home Page" click on the "Gate Access/Visitor Management" link in order to sign in or create an account.
  - b. Click on "Create Account" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, click on "Create User" at the bottom of the page. You have now completed your part of the activation process.
  - c. You will be notified when your account has been activated (within 72 hours).
4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.
5. Populate your account by going to the [kingspointdelray.com](http://kingspointdelray.com) website and click on the "Gate Access/Visitor Management" link.
  - a. Click on "Sign In" and enter your user name and password.
  - b. Click on "Sign Me In" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
  - c. The "Permanent" list will be updated on an annual basis.
  - d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.
6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.
7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.