

NAME EVERGRENE - MANSIONS WEST Condo  Homeowner Assn   
 Property Address HOOD ROAD & MILITARY TRAIL  
 Mailing Address \_\_\_\_\_  
 Total # of Units 69 # of Bldgs 23 # of Units per Bldg 3 # of Floors 2 Elevator NO  
 Security?  Security/Access Phone # 561-691-1684 Annual Meeting Date FEBRUARY  
 Fees \$ 558.00 Per QTR Other Fees SEE REMARKS  
 Fees Cover: Bldg Ins  Cable  CAM  Roof  Paint  Garbage  Water   
 Security  Sewer  Pest Control  \* Reserves  Other \_\_\_\_\_  
 HO Insurance Carrier TEQUESTA AGENCY Phone 561-746-4546  
 Rec. Facilities: Tennis  Pool  Clubhouse  Golf  Boating  Other \_\_\_\_\_  
 Addt'l fee for use of facilities?  YES If so, how much \$ \_\_\_\_\_ per \_\_\_\_\_  
 Claim Adult housing status? Yes  No  Pets permitted? Y  N  Weight N/A No. 2  
 Vehicle or other restrictions NO COMMERCIAL VEHICLES, BOATS OR TRAILERS

# Parking spaces per unit: STREET Open \_\_\_\_\_ Covered \_\_\_\_\_ Garage   
 Yard sign permitted? Yes  No  Type MASTER ASSOC GUIDELINES Size \_\_\_\_\_

BUYERS TENANTS

Prospects need approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Personal interview required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fee involved in approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> \$ <u>100.00</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> \$ <u>100.00</u>
Paid to whom? <u>MANSIONS WEST</u>	How long does it take for approval? <u>14 DAYS</u>	
Capital Contribution (Buyer) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. _____	Common Area Security Deposit (Tenants) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. _____	
Any time requirements on lease? <u>MIN: 4 months</u> <u>MAX: N/A</u>	<u>TIMES PER YEAR? 2</u>	
Person to contact for application forms <u>LYDIA MOMANY</u>	Phone <u>561-626-1981 X 223</u>	
	Title/Position	

Application available online? NO

Property Management Co <u>LYDIA MOMANY</u>	<u>561-626-1981 X 223</u>	
Name	Phone	Fax
and/or		
Name	Phone	Fax

Remarks: 3 FEES - 1) MASTER, 2) CLUB, 3) MANSIONS WEST. CAPITAL CONTRIBUTION OF 1 QTR ASSESSMENT NEEDS TO BE PAID THE MASTER/CLUB \$1181.43. \*ANNUAL TERMITE BOND, FIREANTS IN LAWN AND BI-MONTHLY PERIMETER SPRAY OF BUILDING. MASTER ASSOCIATION AND CLUB ACCOUNTING, 561-626-1981, EXT 223 LYDIA MOMANY. TENANT/NEW OWNER MUST BE APPROVED BY THE MANSIONS EAST BEFORE APPLYING TO THE EVERGRENE MASTER ASSOCIATION.

This information supplied by <u>LYDIA MOMANY</u>	<u>561-626-1981 X 223</u>	<u>06/12</u>
Name	Title/Position	Phone Date

Association Email: [Lydia@ourevergrene.com](mailto:Lydia@ourevergrene.com)

Association website: NONE

**WARNING: Please see Important Statement In Front of Book**