

NAME HOMESTEAD Condo Homeowner Assn
 Property Address 70 CELESTIAL WAY, JUNO BEACH, FL 33408
 Mailing Address 70 CELESTIAL WAY, JUNO BEACH, FL 33408
 Total # of Units 36 # of Bldgs 2 # of Units per Bldg 18 # of Floors 3 Elevator?
 Security? Security/Access Phone # _____ Annual Meeting Date FEB.-2ND TUES.
 Fees \$ 1,900 Per QTR Other Fees _____
 Fees Cover: Bldg Ins Cable CAM Roof Paint Garbage Water
 Security Sewer Pest Control Reserves Other _____
 HO Insurance Carrier TEQUESTA AGENCY Phone 561-746-4564
 Rec. Facilities: Tennis Pool Clubhouse Golf Boating Other BEACH
 Add'l fee for use of facilities? _____ If so, how much \$ _____ per _____
 Claim Adult housing status? Yes No Pets permitted? Y N Weight _____ No. _____
 Vehicle or other restrictions NO TRUCKS OR OVERNIGHT PARKING.

Parking spaces per unit: 1 Open Covered Garage _____
 Yard sign permitted? Yes No Type _____ Size _____

	<u>BUYERS</u>		<u>TENANTS</u>	
Prospects need approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Personal interview required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fee involved in approval?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> \$ _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> \$ _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> \$ _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> \$ _____
Paid to whom? _____	How long does it take for approval? <u>30 DAYS</u>		Common Area Security Deposit	
Capital Contribution (Buyer) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. _____	(Tenants) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. _____			
Any time requirements on lease? <u>MIN: 3 months</u>	<u>MAX: N/A</u>	Times Per year? <u>N/A</u>		
Person to contact for application forms <u>PATRICIA TURNBULL/SECRETARY</u>	Phone <u>561-622-3749</u>	Title/Position _____		

Application available online? NO

Property Management Co NONE
 Name _____ Phone _____ Fax _____
 and/or
 Individual Contact DONI CALDWELL 561-622-3749 SAME
 Name _____ Phone _____ Fax _____

Remarks: 55+

This information supplied by DONI CALDWELL CAM 561-622-3749 06/12
 Name Title/Position Phone Date

Association email: office@royalhomestead.com Association website: www.royalhomestead.com

WARNING: Please see Important Statement In Front of Book