

NAME JONATHAN'S LANDING - RIVERWIND HOA Condo Homeowner Assn

Property Address _____

Mailing Address C/O THE CONTINENTAL GROUP: 2074 W. INDIANTOWN RD #200, JUPITER, FL 33458

Total # of Units 23 # of Bldgs 23 # of Units per Bldg 1 # of Floors Elevator?

Security? Y Security/Access Phone # 747-2800 Annual Meeting Date MARCH

Fees \$ 895.00 Per QT Other Fees JONATHAN'S LANDING MARINA POA - CALL 561-743-2032

Fees Cover: Bldg Ins Cable CAM Roof Paint Garbage Water

Security Sewer Pest Control Reserves Other

HO Insurance Carrier RV JOHNSON Phone 561-745-8894

Rec. Facilities: Tennis Pool Clubhouse Golf Boating Other POOL IS FREE

Add'l fee for use of facilities? Y If so, how much \$ per CALL CLUB

Claim Adult housing status? Yes No Pets permitted? Y N Weight N/A No.

Vehicle or other restrictions PASSENGER CARS ONLY.

Parking spaces per unit: DRIVEWAY Open Covered GARAGE 2

Yard sign permitted? Yes No X Type Size

	<u>BUYERS</u>		<u>TENANTS</u>	
Prospects need approval?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/> \$ <u> </u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> \$ <u> </u>
Paid to whom? _____	How long does it take for approval? _____			
Capital Contribution (Buyer) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. <u> </u>	Common Area Security Deposit (Tenants) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Amt. <u> </u>			
Any time requirements on lease? MIN: N/A	MAX: N/A		Times per year? N/A	
Person to contact for application forms _____	_____		Phone _____	
	Title/Position _____			

Application available online? NO

Property Management Co <u>THE CONTINENTAL GROUP</u>	<u>561-747-5505</u>	<u>561-743-7953</u>
Name	Phone	Fax
and/or		
Individual Contact <u>VIDAR JONSSON</u>	<u>561-745-5505</u>	<u>561-743-7953</u>
Name	Phone	Fax

Remarks: _____

This information supplied by <u>VIDAR JONSSON</u>	<u>MANAGER</u>	<u>561-745-7549</u>	<u>06/12</u>
Name	Title/Position	Phone	Date

Association email: NONE

Association website: NONE

WARNING: Please see Important Statement In Front of Book

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