

EXCEL MANAGEMENT ASSOCIATES

2510 NW 97th Avenue, Suite 200

Doral, Florida 33172

Ph: 305-436-6655 / Fax: 305-436-6070

Email: administration@excelmanagement.net

An **Original** Police Clearing letter or criminal background check from a reputable company.

**INSTRUCTIONS FOR REGISTRATION OF SALE/ TRANSFER
AT SAGA BAY GARDENS CONDOMINIUM**

UPON SUBMITTAL- PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING

1. **REGISTRATION MUST BE COMPLETED THOROUGHLY OR WILL NOT BE ACCEPTED.**

Authorization for release of information **must be signed.**

2. Registration must accompany a copy **of the Sales Contract**

3. The following must be provided for all registrants 18 years of age or older:

- A **national** criminal background check from a reputable company. Search must include terror watch list, sex offender list and evictions. **If you wish to have Excel Management conduct the background check the cost is \$75.00 payable by cashier's check or money order.**
- A photocopy of a valid **Driver's License or picture I.D.**
- A Copy of the registered vehicle(s) registration.
- Completed Pet form and vaccination records. (If applicable)
- Signed Association Rules and Regulations.

**CERTIFICATES OF REGISTRATION ARE NON-TRANSFERABLE AND ARE ONLY
VALID FOR 30 DAYS.**

**ALL ASSESSMENT FEES MUST BE CURRENT BEFORE SUBMITTING A REGISTRATION
FORM**

NO OCCUPANCY IS PERMITTED UNTIL CERTIFICATE OF REGISTRATION IS GIVEN

**YOU MUST RETURN TO OUR OFFICE WHEN NOTIFIED YOUR REGISTRATION
CERTIFICATE IS READY TO BE PICKED ALONG WITH PARKING RULES/INSTRUCTIONS
AND DECALS IN ORDER TO AVOID BEING TOWED**

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**INSTRUCCIONES FOR REGISTRACION DE VENTA/ TRANSFERENCIA
DE SAGA BAY GARDENS CONDOMINIUM**

AL PRESENTAR LA REGISTRACION, DAR 2 DIAS DE TRBAJO PARA PROCESAR

1. **LA PLANILLA DE REGISTRACION DEBE SER LLENADA COMPLETAMENTE O NO SERA ACEPTADA.** La autorización para solicitar información tiene que ser firmada.
2. Entregar **copia del contrato de venta**
3. Lo siguiente aplica a todos los ocupantes de 18 años y más:
 - Una **carta original de la policía original (Pólíce Clearing Letter)** o de una compañía reputable.
 - Traiga copia de la **Licencia de Manejar ó una Identificación con foto**
 - Copia de la registración de los vehículos(s) registrados.
 - Forma de mascota y registros de vacunación. (si applicable)
 - Reglas y Regulaciones de la Asociación Firmadas.

**CERTIFICADOS DE REGISTRACION NO SON TRANSFERIBLES Y SON
VALIDOS SOLAMENTE POR 30 DIAS.**

**TODAS LAS CUOTAS DE MANTENIMIENTO TIENEN QUE ESTAR AL DIA ANTES DE
APLICAR.**

***NO SE PERMITE MUDARSE HASTA QUE EL CERTIFICADO DE REGISTRACION ESTA
ENTREGADO. DEBE DE REGRESAR A NUESTRA OFICINA CUANDO SE LE NOTIFIQUÉ
QUE SU CERTIFICADO DE REGISTRO ESTA LISTO PARA SER RECOGIDO JUNTO
CON LAS REGLAS Y INTRODUCCIONES DE ESTACIONAMIENTO Y CALCOMANIAS
PARA EVITAR SER REMOLCADO.**

OCCUPANT(S) INFORMATION FORM

Unless all the requested information is provided below the registration will not be processed.

Please print legibly or type all information. **ALLOW SUFFICIENT TIME FOR PROCESSING**

REGISTRATION OF Purchase Occupancy Date: _____

Unit Property Address: _____

REGISTRANT 1:

Name: _____ SS#: _____ DOB _____

Marital Status: _____ Cell Phone: _____

REGISTRANT 2:

Name: _____ SS#: _____ DOB _____

Marital Status: _____ Cell Phone: _____

List Names, relationships, Social Security Number & Date of Birth of **ALL** persons who will occupy the residence over the age of 18, other than registrant 1 and 2.

NAME	RELATIONSHIP	SS #	DOB
1.			
2.			
3.			
4.			

NOTE - PETS: Please note only one pet allowed per household and shall not exceed forty (40) pounds.

1. Species: _____ Weight _____

EMERGENCY CONTACT: REQUIRED

Name: _____ Address _____

Relationship: _____ Phone: _____

Note: No Commercial Vehicles

List ALL cars that will be parked on the premises:

MAKE	STATE	TAG NUMBER	OWNER
1.			
2.			
3.			

Registrant's Acknowledgement – Registration for Sale or Transfer

1. I understand that any violation of the terms, provisions, conditions, and covenants of the **Saga Bay Gardens Condominium** documents may provide cause for immediate action as provided or termination of the leasehold (when/if applicable) under appropriate circumstances.
2. I understand that the acceptance for purchase of a Home at **Saga Bay Gardens Condominium** is conditioned upon the truth and accuracy of the information provided. **OCCUPANCY PRIOR TO REGISTRATION IS PROHIBITED.** Any misrepresentation(s) or false information on these forms may result in the automatic cancellation of this registration.
3. I understand that under the Rules and Regulations of **Saga Bay Gardens Condominium Association Inc.** an investigation of the background may occur regarding the tenant/purchaser. Therefore, I authorize the Association through their agents to make such investigations and I also agree that the information contained will be kept confidential in this and the attached registration form, and that the information herein may be used in said investigations. The Association shall not be held responsible to keep all records regarding the background information confidential and no action or claim by me in connection with the use of the information for the purposes of this Lease or Purchase or any investigations conducted will be made.

I hereby certify that I have read and understand this registration form and have been informed by the Owner of the Unit of the governing documents and regulations related to **Saga Bay Gardens Condominium** further covenant to abide by the terms and condition of said documents, rules and regulations.

Registrant's Name

Registrant's Name

Registrant's Signature

Registrant's Signature

Date

Date

FOR OFFICE USE ONLY

Date Received: _____ Property: _____
Requested by: _____ Telephone: _____
Report Submitted to: _____ Date _____
Address: _____
Date Fee Received: _____

PET REGISTRATION FORM

The term "pets" shall be limited to dogs, cats, birds and tropical fish. All other animals are expressly forbidden unless otherwise allowed by the Association. The total weight of all pets shall not exceed forty (40) pounds. No more than one (1) pet is allowed per Unit, tropical fish excluded.

Resident Name: _____

Address: _____

Tel: Home: _____ Cell: _____ Wk: _____

Breed of Dog/cat _____ Color: _____ Name: _____

Weight of Dog/ cat: _____

Rabies Tag Number: _____ State: _____ Neutered: Yes _____ No _____

Picture of pet, and a current copy of Vaccination Certificate must be attached to this registration.

X _____

SAGA BAY GARDENS

Condominium Association

Registration Note

YOUR REGISTRATION WILL BE PROCESSED UPON RECEIPT OF ALL COMPLETED
AND SIGNED REQUESTED FORMS.

PLEASE ALLOW UP TO 2 BUSINESS DAYS FOR PROCESSING

OCCUPANCY PRIOR TO REGISTRATION IS PROHIBITED AND IS SUBJECTED TO
\$100.00 FINE PER DAY, UP TO \$1,000.00 MAXIMUM, CHARGED ON UNIT
OWNERS ACCOUNT WITH NO ADDITIONAL NOTICE.

REGISTRATION WILL NOT BE PROCESSED IF UNIT HAS A DELINQUENT BALANCE AND/OR
PENDING VIOLATIONS.

THE ASSOCIATION CANNOT ACCEPT NON-ORIGINAL DOCUMENTS OR
DOCUMENTS ALTERED WITH "WHITE OUT" OR "HIGHLIGHTER" MARK

Owner's Signature _____ Date _____

Owner's Name (Print) _____ Date _____

Excel Management Associates, Inc.

2510 NW 97th Avenue, Suite 200

Doral, Florida 33172

Phone (305) 436-6655 / Fax (305) 436-6070

Email: administration@excelmanagement.net

I _____ and _____
resident(s) of property address _____
located at _____ Association , Inc. give
authorization to the Association to use the following phone number(s)
_____ and _____ for
communication with the association in reference to community.

I also give authorization to _____ Association
and Excel Management Associates to use my email address
_____ and _____
to send out electronic communication regarding the community.

Signature _____ Signature _____
Print Name _____ Print Name _____
Date _____ Date _____

SAGA BAY GARDENS

BLDG: _____ **UNIT:** _____

MOVING HOURS AND INFORMATION

MONDAY THRU SATURDAY FROM 8 A.M. TO 5 P.M.
MOVING ACTIVITIES WILL NOT BE ALLOWED ON: SUNDAYS OR HOLIDAYS
NO EXCEPTIONS

EACH UNIT WILL RECEIVE TWO PARKING DECALS
EACH UNIT HAS ONE RESERVED PARKING SPACE.
THE SECOND DECAL DOES NOT GUARANTEE A PARKING SPACE BUT IT GIVES
PERMISSION TO PARK.

HORARIO DE MUDANZAS

DE LUNES A SABADO DE 8 A.M. – 5 P.M.
LAS MUDANZAS ESTAN PROHIBIDAS LOS: DOMINGOS Y DIAS FERIADOS
SIN EXCEPCION

CADA UNIDAD RECIBIRÁ DOS PERMISOS DE PARQUEO.
CADA UNIDAD TIENE UN ESPACIO DE PARQUEO RESERVADO.
EL SEGUNDO PERMISO DE PARQUEO NO GARANTIZA UN
ESPACIO DE PARQUEO, PERO LE DA PERMISO A PARQUEAR.

DECAL \$35 / TRANSPONDER \$50.00 / GATE CARD \$50.00
MONEY ORDERS ONLY MADE OUT TO EXCEL MANAGEMENT