



Resale Package

Resale of residential units at Brickell on the River South Tower shall not be subject to the prior written approval from the Association.

The Association does, however, require that the following information be provided to the Management office **2 weeks** prior to closing:

1. Copy of Executed Sales Agreement
2. Copy of Picture ID for all owners or registered corporation members
3. All forms must be signed in resale package (write N/A for forms that do not apply and sign)
4. \$500.00 Move-In/Move-Out Elevator Security Deposit (refundable).
Required only if moving in- separate check)
5. \$250.00 Deposit (refundable) (2 Pets Maximum- 50 pounds combined weight)
6. Attend Orientation prior to closing (if residing in unit)
7. **Immediately after closing- Copy of Warranty Deed and Settlement Statement (new owners will only be registered upon receipt of these documents)**

(All checks payable to Brickell on the River South)

*Forms contained within this resale package (completed and signed); Resident Information/Mailing Address Sheet, Vehicle Registration Form, Emergency Contact Form, Emergency Assistance Survey, Pet Registration Form, Package Receipt Authorization, Access Authorization, Key Release Authorization and Move-In/Move-Out Request Form, Consent to Electronic Voting/Electronic Notice.

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

RESIDENT INFORMATION/MAILING ADDRESS SHEET

Date: _____

Unit # _____ Brickell on the River South Tower

Unit Title Name: _____

Unit Owner / Managing Member 1: _____

Unit Owner/ Managing Member 2: _____

Unit Owner 1:

CELL: (____) _____

WORK: (____) _____

E-MAIL: _____

Owner 's Signature

Unit Owner 2:

CELL: (____) _____

WORK: (____) _____

E-MAIL: _____

Owner 's Signature

PLEASE MAIL ALL CORRESPONDENCE RELATING TO THE PROPERTY TO:

_____ 41 SE 5th Street # _____ Miami, Fl. 33131

_____ The following address- C/O _____

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

VEHICLE REGISTRATION FORM

Owner's Name (s): _____ Unit: _____ South Tower
Owner's Name (s): _____

VEHICLE #1:

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG#: _____ PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

VEHICLE #2:

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG#: _____ PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

BRICKELL
ON THE RIVER
SOUTH TOWER CONDOMINIUM

EMERGENCY CONTACT FORM

Owner's Name: _____

Owner's Name: _____

Unit #: _____ South Tower

Owner's Telephone #(s): _____

In the event of an emergency, Management will attempt to contact the resident(s) noted above. However, if Management is unable to reach the resident(s), Management will make an effort to contact the following individual(s):

Emergency Contact Name & Telephone #(s): _____

Emergency Contact Name & Telephone #(s): _____

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

EMERGENCY ASSISTANCE SURVEY

Please help us update our emergency assistance records by completing the questions below. The emergency assistance record is a compilation of all residents requiring special assistance and including resident information on special need for assistance. Please communicate the arrangements made for care, and specifics of these arrangements below. This information might be helpful for fire or EMT personnel, should they request it while on property for an emergency call.

Name: _____

Unit: _____ South Tower

Name: _____

Telephone: _____

Do you have a disability that would prevent you from exiting the building unassisted should the elevators not be available?

Would you be able to walk down the fire exit stairwell if the elevators were not available?

☐ YES ☐ NO

Are you wheelchair bound?

☐ YES ☐ NO

If yes, please describe the nature of this disability: _____

IN CASE OF EMERGENCY, LIST THE FOLLOWING CONTACTS:

Name: _____

Telephone: _____

Relative Contact Information

Name: _____

Telephone: _____

Physician Contact Information



PACKAGE RECEIPT AUTHORIZATION

THE UNDERSIGNED, resident(s) of Unit # _____ at Brickell on the River South Tower, a Condominium, hereby ☐ authorize(s) ☐ does not authorize the Condominium Association's front desk personnel to accept, receive and sign for any parcels, deliveries, and/or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received. **Packages ONLY accepted under current residents' name per lease agreement.**

Understanding that this authorization is solely for the benefit of the undersigned, I/we hereby release the Condominium Association, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

Executed this _____ day of _____, 20____.

Resident 1:

By: _____ (Print Name)

_____ (Owner's Signature)

Resident 2:

By: _____ (Print Name)

_____ (Owner's Signature)

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

ACCESS AUTHORIZATION

It is standard procedure for the front desk to contact residents prior to granting their visitor(s) access into the premises, except if the visitor has been previously authorized (in writing) by the resident. Otherwise, if the front desk is unable to obtain verbal authorization from the resident, the visitor will be turned away.

Therefore, if an Owner/Tenant wishes to authorize access to their unit during an absence from the property, this form must be used to designate such authorization. Access will be permitted to all parties listed below.

(Note: for your security, authorized visitors must be updated on a yearly basis)

It is the sole responsibility of the Owner/Tenant to make all arrangements for their guest(s) to have access to their unit; the resident must provide unit keys for the authorized party. **Management will not be responsible to provide the below named visitor(s) with keys under any circumstances.**

Owner(s)/Tenant(s) are fully responsible for their guests' actions while at Brickell on the River South Tower, a Condominium and must explain to their guests' that they are required to abide by all governing documents (including Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations).

Owner's Name: _____

Owner's Name: _____

Unit # _____ **South Tower**

Hereby authorize access for the following person(s):

DO NOT CALL UNIT	NAME	EXP. DATE (MAX. 1 YEAR)	REASON FOR AUTHORIZATION
☐			
☐			
☐			
☐			
☐			

Owner's Signature

Date

Owner's Signature

Date

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

KEY RELEASE AUTHORIZATION

Date: _____

Owner's Name: _____ Unit: _____ South Tower

Owner's Name: _____

I, the undersigned, authorize the following individual(s) and/or company (ies) the right to access my unit during my absence, without management personnel.

In addition, I authorize Brickell on the River South Tower Condominium Association, Inc. to release the emergency key of my residence to the persons whose name(s) are listed below, and indemnify Brickell On The River South Tower Condominium Association, Inc. its agents, representatives, and/or employees for any damage and/or loss resulting there from. **(Note: Authorized persons must be updated on a yearly basis)**

Finally, I agree that in the event the emergency key is not returned, or is misplaced by the person(s) listed below, all replacement costs for materials and labor shall be at my expense.

Name(s)	Reason for Authorization	Start Date	Expire Date (max. 1 year)

Owner's Signature

Date

Owner's Signature

Date

**KEYS WILL ONLY BE RELEASED DURING OFFICE HOURS (MONDAY – FRIDAY, 9:00 AM – 5:00 PM).
FOR SECURITY, MANAGEMENT WILL NOT LEAVE KEYS TO BE PICKED UP.**

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

☐ Move In

☐ Move Out

MOVE IN/OUT REQUEST FORM

Resident Name: _____ Unit _____

Resident Name: _____

Requested move date: _____

Requested time period: ☐ 9:00am – 12:45pm * ☐ 12:45pm – 4:30pm **

☐ \$500.00 Refundable Security Deposit, received: _____

Moving Company's name _____

READ CAREFULLY

If the resident causes any damage to any part of the property during a move, or if any of said resident's guest/movers/contractors cause any such damage, that resident is responsible for the full cost to repair those damages and will be billed by the Association accordingly.

A refundable security deposit of \$500.00 is required to secure a reservation for a moving date. This deposit will be deposited by the Association, and returned within 10 days after the move, provided no damage has occurred.

In addition, a \$150.00 special detail security fee is required for all move in & out reservations. All moving companies must provide a Certificate of Insurance, with Brickell on the River South Tower Condominium, 41 SE 5th Street, Miami, FL 33131, as Certificate Holder and Additional Insured. The Certificate of Insurance must include Liability Insurance and Worker's Compensation. All required documentation must be provided before moving contractors will be allowed on property.

Rescheduling must coincide with an available date on the Association receiving area reservation calendar.

Moves must be scheduled no less than 7 days in advance and must be confirmed by Management. Moves are permitted during the following hours only:

Monday - Friday, 9:00am - 4:30pm

Saturday, Sunday, or Holidays - Moving is not permitted

*** MOVERS MUST ARRIVE ON THE PROPERTY BY NO LATER THAN 10:30AM (OTHERWISE, THEY WILL NOT BE ALLOWED ON THE PROPERTY), AND MUST BE OFF THE PROPERTY BY 12:45PM**

**** MOVERS MUST ARRIVE ON THE PROPERTY BY NO LATER THAN 3:00PM (OTHERWISE, THEY WILL NOT BE ALLOWED ON THE PROPERTY), AND MUST BE OFF THE PROPERTY BY 4:30PM**

All moving vehicles must park in the designated receiving area.

MOVING TRUCKS THAT EXCEED THE FOLLOWING DIMENSIONS WILL NOT BE PERMITTED ON THE PROPERTY –

NO EXCEPTIONS: HEIGHT: 12 FT LENGTH: 24 FT

Removal of all packaging materials, boxes, and other trash is the resident's responsibility. Movers MUST remove all such materials from premises. No boxes, furniture, or moving materials will be placed in the building trash chutes or left in the common areas (including hallways). If any boxes, furniture, or moving material is disposed of improperly, the Association will bill the resident for the cost of removing said materials.

I HAVE READ, AND FULLY UNDERSTAND AND AGREE TO THE ABOVE.

Owner's Signature/Date: _____

BRICKELL ON THE RIVER

SOUTH TOWER CONDOMINIUM

PET REGISTRATION FORM

Owner's Name (s): _____

Unit #: _____

Owner's Name (s): _____

Unit owner will provide Management with photograph of pet in order to complete the pet registration process.

**\$250 PET FEE REQUIRED – VERY IMPORTANT – NOT MORE THAN 2 PETS ALLOWED-
PLEASE REVIEW "PET REGULATIONS"**

Pet Information

Name: _____

Species and Breed: _____

Pet Weight: _____ (**Maximum - 50 Pounds combined weight**)

Birth date: _____

Color of Pet: _____

Attach Photo Here

Owner's Signature: _____

Owner's Signature: _____

Date: _____

Building Tag #: _____

CERTIFICATE APPOINTING VOTING MEMBER

To the Secretary of **BRICKELL ON THE RIVER SOUTH TOWER CONDOMINIUM ASSOCIATION, INC.** (the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit No. _____ in **BRICKELL ON THE RIVER SOUTH TOWER, A CONDOMINIUM**, have designated

(Name of Voting Member)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and Bylaws of the Association.

The following example illustrates the proper use of this Certificate:

Unit owned by Overseas, Inc., a corporation. Voting Certificate must be filed naming the person entitled to cast votes for the unit, signed by an appropriate officer of the corporation.

This Certificate is made pursuant to the Declaration and the Bylaws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Date: _____.

Signature for Corporate Owners:

Name of Corporation: _____

By: _____ Title: _____

Print Name: _____

NOTE: This form is not a proxy and should not be used as such. Please be advised that if you previously filed a Certificate Appointing Voting Member with the Secretary of the Association, you do not need to file another Certificate unless you want to change the designation of your Voting Member.