

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC
215 SE 3RD- 4TH FLOOR OFFICE, HALLANDALE BEACH, FL 33009

June 1, 2024

Re: Prospective Buyer(s) Disclosure

FOR PROSPECTIVE BUYER(S), TITLE COMPANY OR ATTORNEY PURPOSES

To request an Estoppel, please visit Property Keepers website at:

www.property-keepers.com/community-documents-request/

Please be advised of the following disclosure statements:

1. A lien has been placed on the property by the City of Hallandale Beach Special Magistrate due to the failure of the Association to complete all repairs for the 40 year re-certification by the deadline imposed by the City of Hallandale Beach. The lien was recorded on February 9, 2016, Case# 15-1150, Instrument #1131186 in the public records of Broward County. The fine by the City of Hallandale Beach is \$250.00 per day until the repairs are made.
2. In order to keep a community atmosphere and to provide for the protection of the value of the units, the units must be used for single-family residences only.

Board of Directors

Initial: _____

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CITY OF HALLANDALE BEACH, FLORIDA
400 SOUTH FEDERAL HIGHWAY
SPECIAL MAGISTRATE HEARING

CITY OF HALLANDALE BEACH,
FLORIDA,

Petitioner. CASE NO. 15-1150

vs.

FIRST GULFSTREAM GARDEN APTS
CONDO ASSOCIATION
215 SE 3 AVE
HALANDALE BEACH, FL 33009

Respondent.

FINAL ORDER CERTIFYING CODE ENFORCEMENT FINE AND LIEN

THIS CAUSE came on to be heard before the undersigned Special Magistrate on February 4, 2016 as to an administrative hearing certifying code enforcement fine and lien. This cause first came on to be heard before the Special Magistrate by an administrative hearing on December 3, 2015 after due service and notice to Respondent, where the Special Magistrate heard testimony under oath, considered evidence, made findings of fact and conclusions of law, and thereupon issued a Final Order which was reduced to writing and furnished to Respondent. The Final Order found that the Respondent's property contained the following violations:

REMOVE DRAINAGE DOWNSPOUTS THAT WERE INSTALLED WITHOUT A BUILDING PERMIT. DOWNSPOUTS WERE INSTALLED WITHOUT A BUILDING PERMIT AND ARE CAUSING EXCESSIVE FLOODING. OBTAIN REQUIRED BUILDING PERMITS AND UPON COMPLETION ARE REQUIRED TO OBTAIN INSPECTION APPROVALS FOR INSTALLATION OF ANY GUTTERS AND/OR DOWNSPOUT. CITY CODE SECTION 8-31, FBC 105.1.

OBTAİN BUILDING PERMIT AND ALL REQUIRED INSPECTION APPROVALS TO MAKE ALL REQUIRED CONCRETE RESTORATION REPAIRS THROUGHOUT THE PROPERTY. PROVIDE ENGINEER'S REPORT TO INSURE THAT PROPERTY IS IN COMPLIANCE. CITY CODE SECTION 14-6 (1).

REPAIR PARKING LOT AS NEEDED. OBTAIN BUILDING PERMIT AND REQUIRED INSPECTION APPROVALS. CITY CODE SECTION 14-11 (1)(D).

(3)

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**CLEAN AND PAINT BUILDING AS NEEDED. CITY CODE SECTION 14-11
(1)(a)(b)(c).**

The subject violations occurred at the Respondent's property located at 215 SE 3 Avenue. The subject real property is more particularly described as follows: FIRST GULFSTREAM GARDEN APTS CONDO COMMON AREAS. Folio number is 1227-BD.

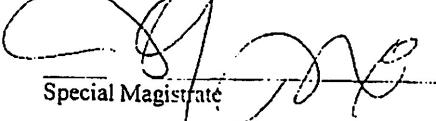
The Final Order required the Respondent to take corrective action to remedy the violation(s) by a set compliance date. Under oath the Code Compliance Officer testified to the Special Magistrate on February 4, 2016 that all required corrective action has not been taken by Respondent by the compliance date set out in the Final Order in this case, and that in fact Respondent's property remains in violation of the CITY'S code. Petitioner stated that as of the date of the hearing, the fine issued in this case reached an accumulated amount of \$250.00. The record indicates that the Respondent has been provided with proper service and notice of the proceeding.

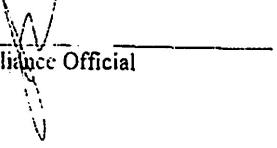
ACCORDINGLY, IT IS HEREBY ORDERED as follows:

1. A fine in the amount of \$250.00 is hereby imposed and shall continue to accrue at the rate of \$250.00 per diem commencing on the date of this order, and it shall run until such time as the Respondent shall bring the subject property into compliance.
2. The fine set forth above shall pursuant to Chapter 162, *Florida Statutes*, constitute a lien against the real property of Respondent located in Broward County, and Petitioner may record a true copy of this order in the public records of Broward County.

DONE AND ORDERED at Hallandale Beach, Florida, Broward County, this 8
day of February, 2016.

CITY OF HALLANDALE BEACH, FLORIDA


Special Magistrate


Code Compliance Official

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY certify that on this day before me, an officer duly qualified to take
acknowledges personally appeared Harry Hippler, Special Magistrate, and
JOSE Campa, Code Compliance Official, respectively, to me known to be the

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persons described in and who executed the foregoing instrument and acknowledged before me that they executed same.

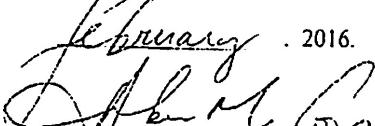
WITNESS my hand and official in the County and State aforesaid this date:

February 8, 2016.

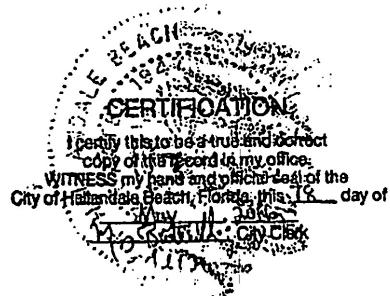
Amber M. Cox
Notary Public, state of Florida
Clerk to the Special Magistrate



Filed with the Secretary of the Code Enforcement Special Magistrate this 9 day of

February 2016.

Amber Cox, Secretary
Code Enforcement Special Magistrate

Any person aggrieved by a final decision of the Code Enforcement Special Magistrate may seek judicial review of that decision in accordance with the Florida Rules of Appellate Procedure.



Initial: _____

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.
215 SE 3RD AVE
HALLANDALE BEACH, FL 33009

OCCUPANT EMERGENCY INFORMATION

OCCUPANT(S)_____

UNIT#_____ **PARKING SPACE#**_____

.....
The following person would know where to contact me or could be called in case of emergency:

Occupant Information: _____ **Owner** _____ **Renter**

Person To Notify In Case Of Emergency:

Name: _____

Relationship: _____

Home Phone#: _____ **Cell#:** _____

Email: _____

Name: _____

Date: _____

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.
A 55+ Adult Condominium Association

FREQUENTLY ASKED QUESTION AND ANSWER SHEET

Q. WHAT ARE MY VOTING RIGHTS IN THE CONDOMINIUM ASSOCIATION?
A. - ONE VOTE PER UNIT.

Q. WHAT RESTRICTIONS EXIST IN THE CONDOMINIUM DOCUMENTS ON RIGHTS TO USE MY UNIT?
A. - OWN YOUR UNIT FOR TWO (2) YEARS BEFORE RENTING. NO RESIDENT MAY BE UNDER THE AGE OF 18 YEARS, AND PRIMARY RESIDENT MUST BE 55+ YEARS IN AGE.

Q. AFTER PURCHASE, CAN I INCLUDE ANOTHER PERSON OR TRANSFER THE UNIT TO ANOTHER PERSON?
A. -NO. TRANSFER OF OWNERSHIP TITLE TO A UNIT IS PROHIBITED WITHOUT WRITTEN APPROVAL OF THE BOARD OF DIRECTORS.

Q. IS A CORPORATION NAME ON THE DEED ACCEPTABLE?
A. -NO.

Q. WHAT RESTRICTIONS EXIST IN THE CONDOMINIUM DOCUMENTS ON THE LEASING OF MY UNIT?
A. -ONE (1) RENTAL PER CALENDAR YEAR.

Q. DO I HAVE TO BE A MEMBER IN ANY OTHER ASSOCIATION?
A. -NO.

Q. HOW MUCH ARE MY ASSESSMENTS?
A. -INFORMATION WILL BE PROVIDED PRIOR TO CLOSING.

Q. AM I REQUIRED TO PAY RENT OF LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES?
A. -YES, INCLUDED IN YOUR MAINTENANCE FEE.

Q. IS THE CONDOMINIUM ASSOCIATION INVOLVED IN ANY COURT CASES IN WHICH IT MAY FACE LIABILITY IN EXCESS OF \$100,000? IF SO, IDENTIFY EACH SUCH CASE.
A. -NONE KNOWN. SEE ESTOPPEL INFORMATION PRIOR TO CLOSING.

THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO THE CONDOMINIUM DOCUMENTS, RULES AND REGULATIONS, PURCHASE/ SALE CONTRACT AND UNIT-OWNER RIGHTS AND RESPONSIBILITIES PUBLISHED BY OFFICE OF FLORIDA CONDOMINIUM AT ITS WEBSITE: WWW.MYFLORIDLICENSE.COM

THE SELLER MUST PROVIDE YOU WITH THE CONDOMINIUM DOCUMENTS, TWO (2) MEDECO SECURITY KEYS, A STORAGE ROOM KEY, AND A POOL/CLUBHOUSE KEY. SEE YOUR REALTOR

SIGNATURE

DATE

SIGNATURE

DATE

1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase:

 - a. I will abide by all the restrictions contained in the Condominium Documents, By-Laws, and Rules and Regulations, which are or may in the future be imposed by FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.
 - b. I understand that sub-leasing or occupancy of this unit is prohibited.
2. I understand that the acceptance for SALE of a unit at FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.
3. I understand that the Board of Directors of FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC. may institute an investigation of my background as the Board may deem necessary. Accordingly, I authorize the Board of Directors and Officers of FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC. will be final, and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

APPLICANT'S SIGNATURE

DATE

CO- APPLICANT'S SIGNATURE

DATE

PRINT APPLICANT'S NAME

PRINT CO- APPLICANT'S NAME

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.

BOARD OF DIRECTORS

I HEREBY ATTEST THAT THERE ARE NO FALSE STATEMENTS IN THIS DOCUMENT. IF THERE ARE ANY ERRONEOUS STATEMENTS OR SIGNIFICANT OMISSIONS IN THE DOCUMENT, I UNDERSTAND THAT THIS DOCUMENT SHALL BE AUTOMATICALLY DENIED.

SIGNATURE

DATE

CO- APPLICANT'S SIGNATURE

DATE

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.
215 S.E. 3RD Ave- 4th Floor Office
Hallandale Beach, FL 33009
e-mail: firstgulfstream@outlook.com

20__ OWNER INFORMATION FORM

PLEASE PRINT

UNIT NO.: _____

OWNER ON TITLE TO UNIT: _____

MAILING ADDRESS: _____

PHONE: _____

**PLEASE PROVIDE PHOTO ID WITH DATE OF BIRTH
(PLEASE COVER YOUR DRIVER'S LICENSE NUMBER)**

Full Time Resident Seasonal Resident

KEYS WITH OFFICE(REQUIRED): YES _____ NO _____

PERSONS AUTHORIZED TO ENTER MY UNIT:

RELATIONSHIP TO OWNER:

PARKING SPACE NO.: _____

NOTIFY IN AN EMERGENCY:

**IN CASE OF AN EMERGENCY, MEDICAL INFORMATION THAT MAY BE USED FOR
EVACUATION PURPOSES. CHECK OFF WHAT YOU NEED:**

Evacuation Assistance Hearing Impaired Sight Impaired
 Wheelchair Assistance Use Oxygen Use Respirator
 Uses walker/cane/crutches Lives with aide/companion

OTHER: _____

Special needs list will be provided to the Fire Dept. for evacuation purposes in an emergency.

All the information on this form is kept in your file for emergency purposes. If you want to include more information, please attach a sheet.

X _____ Date: ___/___/20___
Print Name: _____