



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463  
Phone (561) 641-8554 Fax (561) 641-9448

**APPLICATION FOR PURCHASE or LEASE**  
Circle purchase or lease.

ASSOCIATION:

\_\_\_\_\_

ADDRESS OF UNIT: \_\_\_\_\_

OWNERS/REALTOR NAME: \_\_\_\_\_

PHONE NUMBER OF OWNER/REALTOR: \_\_\_\_\_

A separate, non-refundable money order or cashier's check in the amount of **\$100.00 payable to GRS Management Associates Inc.** must accompany this fully completed application, along with appropriate photo I.D before consideration or processing will commence. To ensure proper and timely processing, the forgoing must be received a minimum of 30 days prior to any closing date/move in date.

A fully executed and signed purchase agreement or lease must accompany the application.

**APPLICATION FOR PURCHASE OR LEASE**  
**CIRCLE PURCHASE OR LEASE**

ASSOCIATION: \_\_\_\_\_

ADDRESS OF UNIT: \_\_\_\_\_

\_\_\_\_\_  
Last name                      First name                      Middle                      Birth date

Marital Status:    Single \_\_\_\_\_    Married \_\_\_\_\_    Separated \_\_\_\_\_

\_\_\_\_\_  
Co-applicant last name    First name                      Middle                      Birth date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Expected move in date

Will the above listed person(s) be the only occupants?     Yes     No    If No, list other occupants with Date(s) of Birth below:

NUMBER OF OCCUPANTS TO LIVE IN RESIDENCE \_\_\_\_\_

Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

**RESIDENCE HISTORY**

Current address	City/State	Zip code	
Area code/phone number	own	rent	how long
Name and address of present landlord or mortgage co.			
area code/phone no.	monthly payment		
Previous address (include landlord and apartment community)			
area code/phone no.	how long		

**EMPLOYMENT HISTORY**

Applicant employed by	Supervisors name	How long
Address	Area code/phone number	
Position held	Wage	Per hour/week/bi-weekly/monthly
Applicant previously employed by		
Supervisors name	How long	
Address	Area code/phone number	
Position held	Wage	Per hour/week/bi-weekly/monthly
Co-applicant employed by		
Supervisor name	How long	
Address	Area code/phone number	
Position held	Wage	Per hour/week/bi-weekly/monthly
Co-applicant previously employed by		
Supervisors name	How long	
Address	Area code/phone number	
Position held	Wage	Per hour/week/bi-weekly/monthly

**ADDITIONAL INCOME**

Sources	Amount per year
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**PET INFORMATION**

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Type of pet (Dog/Cat/Bird/Fish)	Breed	Color	Weight
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Type of pet (Dog/Cat/Bird/Fish)	Breed	Color	Weight
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PALM BEACH COUNTY RABIES LICENSE TAG NUMBER

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(Required by Palm Beach County Ordinance 98-22)

**VEHICLE INFORMATION**

If you have any recreational vehicles, (vans, boats, motorcycles) please specify. (NOTE: Certain vehicles may be prohibited.)

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Vehicle make	Model	Year	Color	Tag
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Vehicle make	Model	Year	Color	Tag
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Vehicle make	Model	Year	Color	Tag
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# PARKING FORM

Association Name: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

## Vehicle #1

License # \_\_\_\_\_

Make \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

## Vehicle #2

License # \_\_\_\_\_

Make \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

# HOMEOWNERS ASSOCIATION PET REGISTRATION FORM

**MUST HAVE A CURRENT 5 X 7 COLOR PICTURE AND UPDATED VACCINATION CERTIFICATE**

OWNER/TENANT'S NAME: \_\_\_\_\_  
 OWNER/TENANT'S ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ EVENING NUMBER: \_\_\_\_\_

**ANIMAL INFORMATION:**

Dog(s)  
 Total Number \_\_\_\_\_

AGE: Years   Months	
Dog 1	
Dog 2	
Dog 3	
Dog 4	

Cat(s)  
 Total Number \_\_\_\_\_

AGE: Years   Months	
Cat 1	
Cat 2	
Cat 3	
Cat 4	

**SIZE:**

Dog 1	<input type="checkbox"/> Under 20 lbs.	<input type="checkbox"/> 20-40 lbs.	<input type="checkbox"/> 40-60 lbs.	<input type="checkbox"/> 61-80 lbs.	<input type="checkbox"/> 81-100 lbs.	<input type="checkbox"/> Over 100 lbs.
Dog 2	<input type="checkbox"/> Under 20 lbs.	<input type="checkbox"/> 20-40 lbs.	<input type="checkbox"/> 40-60 lbs.	<input type="checkbox"/> 61-80 lbs.	<input type="checkbox"/> 81-100 lbs.	<input type="checkbox"/> Over 100 lbs.
Dog 3	<input type="checkbox"/> Under 20 lbs.	<input type="checkbox"/> 20-40 lbs.	<input type="checkbox"/> 40-50 lbs.	<input type="checkbox"/> 61-80 lbs.	<input type="checkbox"/> 81-100 lbs.	<input type="checkbox"/> Over 100 lbs.
Dog 4	<input type="checkbox"/> Under 20 lbs.	<input type="checkbox"/> 20-40 lbs.	<input type="checkbox"/> 40-60 lbs.	<input type="checkbox"/> 61-80 lbs.	<input type="checkbox"/> 81-100 lbs.	<input type="checkbox"/> Over 100 lbs.

**DOG'S NAME:**

Dog 1 Name: \_\_\_\_\_  
 Dog 2 Name: \_\_\_\_\_  
 Dog 3 Name: \_\_\_\_\_  
 Dog 4 Name: \_\_\_\_\_

Cat 1	<input type="checkbox"/> Under 15 lbs.	<input type="checkbox"/> 15-16 lbs.	<input type="checkbox"/> Over 16 lbs.
Cat 2	<input type="checkbox"/> Under 15 lbs.	<input type="checkbox"/> 15-16 lbs.	<input type="checkbox"/> Over 16 lbs.
Cat 3	<input type="checkbox"/> Under 15 lbs.	<input type="checkbox"/> 15-16 lbs.	<input type="checkbox"/> Over 16 lbs.
Cat 4	<input type="checkbox"/> Under 15 lbs.	<input type="checkbox"/> 15-16 lbs.	<input type="checkbox"/> Over 16 lbs.

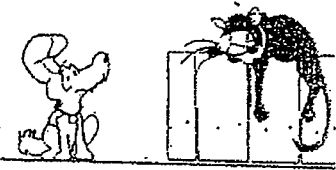
**SEX:**

Dog 1	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Dog 2	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Dog 3	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Dog 4	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female

**CAT'S NAME:**

Cat 1 Name: \_\_\_\_\_  
 Cat 2 Name: \_\_\_\_\_  
 Cat 3 Name: \_\_\_\_\_  
 Cat 4 Name: \_\_\_\_\_

Cat 1	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Cat 2	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Cat 3	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Cat 4	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female



**BREED AND COLOR:**

Dog 1	Primary Breed _____	Secondary Breed _____
Dog 2	Primary Breed _____	Secondary Breed _____
Dog 3	Primary Breed _____	Secondary Breed _____
Dog 4	Primary Breed _____	Secondary Breed _____

Dog 1	Primary Color: _____	Secondary Color: _____	Other Color: _____
Dog 2	Primary Color: _____	Secondary Color: _____	Other Color: _____
Dog 3	Primary Color: _____	Secondary Color: _____	Other Color: _____
Dog 4	Primary Color: _____	Secondary Color: _____	Other Color: _____

**CAT BREED AND COLOR:**  
 Breed (If Known): \_\_\_\_\_

Cat 1	<input type="checkbox"/> Short Hair	<input type="checkbox"/> Medium Hair	<input type="checkbox"/> Long Hair	COLORS: _____
Cat 2	<input type="checkbox"/> Short Hair	<input type="checkbox"/> Medium Hair	<input type="checkbox"/> Long Hair	COLORS: _____
Cat 3	<input type="checkbox"/> Short Hair	<input type="checkbox"/> Medium Hair	<input type="checkbox"/> Long Hair	COLORS: _____
Cat 4	<input type="checkbox"/> Short Hair	<input type="checkbox"/> Medium Hair	<input type="checkbox"/> Long Hair	COLORS: _____

**PALM BEACH COUNTY**  
**RABIES LICENSE TAG NUMBER:**  
 (Required by Palm Beach County Ordinance 98-22)

Dog 1: County License Tag # _____	Cat 1: County License Tag # _____
Dog 2: County License Tag # _____	Cat 2: County License Tag # _____
Dog 3: County License Tag # _____	Cat 3: County License Tag # _____
Dog 4: County License Tag # _____	Cat 4: County License Tag # _____

**NORMANDY ISLES HOMEOWNERS ASSN, INC.  
RULES AND REGULATIONS**

1. Dogs are to be walked on a leash. Immediate removal of feces from the property of the Association is required.
2. Garbage cans and yellow recycling bins to be out of public view within twenty four (24) hours after pickup.
3. No business to be conducted within the confines of Normandy Isles.
4. Speed limit of 25 miles per hour within and upon the roads of Normandy Isles.
5. No service or repair of automobiles within the confines of the community, except in emergency situations (flat tire or changing of battery).
6. Street parking is for guests and to be used on an occasional overflow use only.
7. Commercial vehicles, including trucks rated one ton or less, used by an occupant of a dwelling for transportation to and from such occupant's place of employment may be parked outside of the garage overnight.
8. Roofs and driveways are to be kept clean and driveways free of stains and debris. Houses are to be kept clean, by pressure cleaning and/or having them painted.
9. Lawns are to be kept maintained by keeping grass mowed and hedges and trees trimmed to present a neat appearance. Property irrigation is to be used to maintain landscaping.
10. For sale or rent signs are not permitted.
11. Architectural Review form is required prior to exterior changes made to property. (Including the installation of Satellite dish)
12. No owner or lessee shall create or permit any disturbance that will interfere with the rights, comforts or conveniences of others. No resident or guest shall disturb the peace or engage in any nuisance activity.
13. All properties for Lease must be free of Property Violations and current on Assessments.

**Fines for infractions of the above rules may be levied at \$50.00 per occurrence.** The Directors of the Association reserve the right to change or revoke the existing Rules and Regulations and to make sure additional Rules and Regulations from time, as in their opinion, shall be necessary or desirable for safety and protection of the Association property to assure the comfort and convenience of the members.

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# Olive Tree Property Owners Association, Inc.

C/O G.R.S. MANAGEMENT ASSOCIATES, INC.

3900 Woodlake Blvd • Suite 309 • Lake Worth, FL. 33463

Phone (561) 641-8554 • Fax (561) 641-9448

www.GRSmgt.com

## TELE-ENTRY INFORMATION

To All Homeowners:

This form is ONLY to add and remove names from the "TELEPHONE ENTRY" box at the Jog Rd gate. This box can be used by your guests who would like access to your home. Instructions on how to use the system are incorporated on the Tele-Entry screen and will also be posted in an effort to have clear instructions.

By following the directions on the screen your guests will actually be dialing the phone number on record for your residence. When you receive the call, you will need to press "9" on your phone to open the gate.

If you feel the telephone records are NOT accurate and would like to change or update the Phone Number, please complete the form below and return to GRS Management at:

Fax- 561-641-9448

E-Mail [mhoffman@grsmgt.com](mailto:mhoffman@grsmgt.com)

Or mail to the above address. Please do NOT call us with changes.

**\*\*\*\*\*ALL NAMES ADDED MUST HAVE A NAME TO REMOVE\*\*\*\*\***

Name of Primary Resident to be added to tele entry:

Name to remove from tele entry:

Phone Number to be input into the Tele-Entry system. It can be your Residence Phone Number, it CAN be a Cell Phone Number and it CAN also be a long distance number. (Only one (1) phone number per address):

Address of Resident (Must be Normandy, Fairway, or Enclave address)

Sincerely,  
Mark Hoffman, LCAM  
Property Manager  
Olive Tree POA, Inc.



# Olive Tree Property Owners Association

## Access Control/Barcode System Registration

Check One:

Current Owner

Current Tenant

Check One:

New Owner

New Tenant

**Personal Information:**

Full Name:	Spouse's Name:
Property Address:	Home Phone: <span style="float: right;">Cell:</span>
City <span style="margin-left: 100px;">State:</span> <span style="margin-left: 100px;">Zip:</span>	Business: <span style="float: right;">E-mail:</span>
Name of your Association:	Emergency Contact Name:
Emergency Contact Phone#:	Number of Occupants at Residence:

**Automobile Information:**

**Access Barcode Information (to be completed by Assoc. Mgmt)**

Make / Model/	REMOVE / ADD	License Plate#	Barcode issued (yes/no)	Barcode #

**Authorized Visitors/ Service Personnel/ Permanent Guest- List First & Last Name or Company Name**

Name:	<input type="checkbox"/> Permanent Guest
Name:	<input type="checkbox"/> Permanent Guest
Name:	<input type="checkbox"/> Permanent Guest
Name:	<input type="checkbox"/> Permanent Guest
Name:	<input type="checkbox"/> Permanent Guest
Name:	<input type="checkbox"/> Service Personnel
Name:	<input type="checkbox"/> Service Personnel
Name:	<input type="checkbox"/> Service Personnel
Name:	<input type="checkbox"/> Service Personnel
Name:	<input type="checkbox"/> Service Personnel

**Additional residents**

1)	2)
3)	4)
5)	6)

**Notes/Other Information**

**\*\*YOUR HOA MAINTENANCE FEES MUST BE CURRENT FOR YOUR BARCODE TO BE ACTIVATED.\*\***

The Association will issue two(2) Barcodes to NEW residents free of charge. Each Additional Barcode will be \$20.00

Replacement Barcodes for lost, damaged, change of vehicles, etc... will also be \$20.00.

**COMPLETED FORM GOES TO MARK HOFFMAN**