

**BELLE TETTER CONDO ASSOCIATION
APPLICATION FOR LEASE, SALE OR TRANSFER
3000 N University Drive Coral Springs, Fl. 33065**

NAME OF THE CORPORATION: _____

NAME OF BUSINESS: _____

TYPE ALL THE SERVICES YOU WILL PROVIDE: _____

TYPE OF LICENSES HELD: _____

NUMBER OF EMPLOYEES: _____

HOURS OF OPERATION: _____

BUSINESS OWNER NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE PHONE NUMBER: _____

ALTERNATE EMAIL ADDRESS: _____

IF SALE, EXPECTED CLOSING DATE: _____

IF TRANSFER, EXPECTED DATE OF TRANSFER: _____

IF LEASE EXPECTED LEASE START DATE: _____

LEASE EXPERATION DATE: _____

DATE APPROVAL RECEIVED FROM CORAL SPRINGS ZONING BOARD _____

DATE BUSINESS LICENSE(S) RECEIVED FROM CITY OF CORAL SPRINGS _____

BELLE TERRE CONDOMINIUM ASSOCIATION

APPLICATION FOR APPROVAL TO PURCHASE/LEASE A CONDOMINIUM UNIT

Location: 3000 N University Drive, Coral Springs 33065

BTCA Board of Directors: We (I) hereby apply for approval to purchase/lease unit _____ in the Belle Terre Plaza and for membership in the, BELLE TERRE CONDOMINIUM ASSOCIATION Inc. A signed copy of the proposed purchase contract is attached.

I am Purchasing/Leasing this unit with the intention of (select one) Occupy _____ Lease _____

Is a Realtor handling this transaction? ____ Yes ____ No If yes, please enter the following information:

Realtor Name: _____ office _____

Email: _____ Telephone _____

A \$100.00 NON-REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.

In order to facilitate consideration of this application, we (I) represent that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application will justify its' automatic disapproval. We (I) consent to your further inquiry concerning this application, including the references named.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

This application is for (please check one) _____ Purchase _____ Lease

Name of Present Owner: _____

Personal Data on Purchase/Lessee:

Name: _____ Phone: _____

Current Address: -----

City: - _____ State: _____ Zip _____

Email Address: _____ Cell Phone _____

Business Phone _____ Mobil Phone: _____

DOB: _____ SS#: _____ Driver's License # _____

Detail of services being done:

Type licenses held: _____

If retired, former business or profession: _____

Present Landlord: _____ Phone: _____ How Long: _____

Previous Address: _____ City: _____ State: _____ Zip: _____ How Long: _____

Nearest Relative: _____ Phone: _____

Bank Name: _____

Have you ever been in litigation with a Landlord? _____

Have you ever been convicted of a crime including violence to persons or property? If so, give full details: _____

CO/Tenant Information:

Name: _____ Phone: _____

Current Address: _____
_____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone _____

Business Phone _____ Mobil Phone: _____

DOB: _____ SS#: _____ Driver's License #: _____

Type of Business: _____

If retired, former business or profession: _____

Present Landlord: _____ Phone: _____ How Long: _____

Previous Landlord: _____ Phone: _____ How Long: _____

Nearest Relative: _____ Phone: _____

Employer: _____ How Long Employed: _____

Phone: _____ Occupation: _____

Bank Name: _____

Have you ever been in litigation with a Landlord? _____

Have you ever been convicted of a crime including violence to persons or property? If so, give Full details: _____

Current Business Information:

Corporation Name: _____

Business Name: _____ EIN# _____

Principal's Name: _____

Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Cell Phone (_____) _____

Please Choose One - ☐ Corporation ☐ Partnership ☐ Sole Proprietor or ☐ Other _____

Years in business _____

Type of business describe all the services you will providing : _____

Type of Licenses held: _____

Description of business activities: _____

Provide two Business or one personal and one business reference (known for at least 3 years) local if possible. Letter of reference from these Businesses should be attached to the application. Along with a letter of good standing.

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Closing/Move-in date (Must fill in dates that

apply): _____ Move-in date: _____

Expiration of Lease: _____

PREPARED BY:

James W. Earl, Esq.

Glazer & Sachs, P.A.

3113 Stirling Road

Suite 201

Fort Lauderdale, FL 33312

RESOLUTION OF THE BOARD OF DIRECTORS OF BELLE TERRE CONDOMINIUM
ASSOCIATION, INC. REGARDING EXCLUSIVITY OF USE OF UNITS

WHEREAS, the Declaration of Condominium Of Belle Terre, A Condominium (the Declaration), was recorded in book 7166 at page 487 of the official records of Broward County, Florida.

WHEREAS, as an attachment to the Declaration, the Belle Terre Condominium Mutual Exclusivity Agreement (Exclusivity Agreement) was recorded in book 7166 at page 533 of the official records of Broward County, Florida.

WHEREAS, the Exclusivity Agreement provides for the designation of exclusive use rights of professions, professional specialties, and businesses as listed for each unit for the benefit of the owner of unit, and the owner's heirs, successors, and assigns.

WHEREAS, the Exclusivity Agreement provides that the owner of a unit may modify the right of exclusivity by written notice to the Board of Directors of Condominium Association.

WHEREAS, the Exclusivity Agreement provides that the owner of a unit may substitute the reserved designation.

WHEREAS, unit owners have submitted written notice to the Board of Directors modifying or substituting a new claim of exclusivity for their units.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Belle Terre Condominium Association, Inc as follows:

The following units shall have the following described exclusive use rights pursuant to the Exclusivity Agreement:

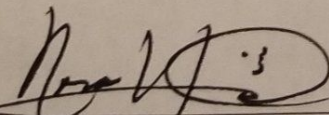
Unit(s)	Exclusive Use
A	Day Spa and wellness facial, hair deviatory, nail, massage, acupuncture, Nutrition, Life coaching, and one hair station.
D	Investments, financial planning, Insurance, Retirement plans, goal-based planning, and business planning.

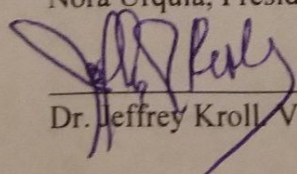
E	Accounting – personal and corporate tax returns, both domestic, trust returns and non-profit returns. Payroll services, write up services, audit services, governmental tax/other filings, applications for governmental grants, and business advisory services.
F	Investment and insurance advisers. Financial planning for individuals and corporations including buy sell advice, retirement plans, employee benefits and estate planning. Securities, mutual funds, life insurance, disability and longterm care.
G	Otolaryngology
H	Full-service hair salon Manicure & pedicures Esthetician, waxing & facials
I	Accounting and CPA services
J, L, N, M, and K	Dermatology and Dermatologic Surgery: diagnosis and treatment of skin problems of all age groups. Dermatologic surgery to biopsy and remove premalignant and malignant lesions on entire body. Mohs surgery for skin cancer. Targeted light therapy for precancers and acne. Biopsy of skin conditions of all age groups. Light therapy of psoriasis and other dermatoses Cosmetic therapies for AGING of face and body including laser therapy, filler injections, and injections of neuromodulators (ex: Botox™). These are the functions of a Medispa.
P	Dentistry: Services for all phases of Dentistry, which includes but is not limited to General Dentistry, Dental Hygiene, Periodontics, Endodontics, Oral Surgery, Dental Implants, Orthodontics, Prosthetics and Cosmetic Dentistry.
Q	financial planning practice includes investment, financial, estate, retirement planning and long-term care planning. The sale of securities, mutual funds, life insurance, and health insurance.
R	Medical: Internal Medicine, Family Medicine, and Geriatrics.

ADOPTED by the Board of Administration this 23rd day of October , 2020.

BELLE TERRE CONDOMINIUM ASSOCIATION, INC.

ATTEST:

By: 
Nora Urquiza, President

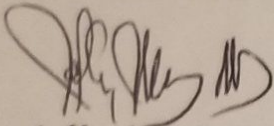

Dr. Jeffrey Kroll, Vice President and Secretary

10-26-2020

To the Board of Directors of Belle Terre Condominium Association

According to the Exclusivity agreement adopted on October 23, 2020, a unit owner can modify his right of exclusivity by submitting a written notice to the Board of Directors.

I am adding LASER HAIR REMOVAL to the services that are already listed in the exclusivity listings for suite J,K,L,M,N.

A handwritten signature in black ink, appearing to read 'Jeffrey Kroll MD', with a stylized flourish at the end.

Jeffrey Kroll MD

Owner of suites J,K,L,M,N