



## *Islands of Cocoplum Homeowners Association*

*155 Isla Dorada Boulevard  
Coral Gables, FL 33143  
Tel 305-667-7386 Fax 305-667-6016  
Email: [office@cocoplumhoa.com](mailto:office@cocoplumhoa.com)*

### **REQUIREMENTS FOR MEMBERSHIP**

*The following items are required and must be submitted to the Property Manager's office for processing. Incomplete applications will not be accepted and will be returned.*

- ( ) 1. **A CHECK MADE PAYABLE TO:**  
**COCOPLUM HOMEOWNERS ASSOCIATION**
  - ❖ **\$50,000.00**- *First time buyers.*
  - ❖ **\$10,000.00**- *Homeowners residing for more than 2 years Purchasing a second lot/home (1 time only)*
  - ❖ **\$ 5,000.00**- *For lease applicants.*
- ( ) 2. **COPY OF SIGNED PURCHASE CONTRACT. THE CONTRACT MUST BE UNDER THE NAME OF THE PERSON (S) OR ENTITY THAT IS TO BE NAMED ON THE MEMBERSHIP APPLICATION AND ULTIMATELY APPROVED FOR MEMBERSHIP. ANY PERSON (S) OR ENTITY TO WHOM THE CONTRACT IS ASSIGNED WILL HAVE TO APPLY FOR MEMBERSHIP AND BECOME A MEMBER OF THE ASSOCIATION PRIOR TO ASSUMING TITLE TO THE PROPERTY.**
- ( ) 3. **ANY PURPORTED ASSIGNMENT OF THE PURCHASE CONTRACT SHALL BE MADE PRIOR TO THE SUBMISSION OF THE APPLICATION FOR MEMBERSHIP TO THE ASSOCIATION. IF THE MEMBERSHIP APPLICANT ASSIGNS THE CONTRACT AFTER FINAL APPROVAL IS GIVEN AND DOES NOT HAVE A CONTROLLING INTEREST (51% or more) IN THE ENTITY TO WHOM THE CONTRACT IS ASSIGNED, THEN SUCH ASSIGNEE WILL BE REQUIRED TO SUBMIT A COMPLETED MEMBERSHIP APPLICATION ALONG WITH A CHECK IN THE AMOUNT LISTED ABOVE PRIOR TO ASSUMING TITLE TO THE PROPERTY. IN THE EVENT APPLICANT(S) DOES NOT ACQUIRE TITLE TO THE PROPERTY OR OTHERWISE CONSUMMATE ON THE TRANSACTION THEREFORE, THEN ISLANDS OF COCOPLUM MAY REIMBURSE THE APPLICANT FOR THE PAYMENT MADE, LESS THE AMOUNT INCURRED**

**BY IOC IN CONNECTION WITH PROCESSING THE APPLICATION AND ANY OTHER EXPENSE INCURRED IN CONNECTION THEREWITH**

**THE ASSOCIATION RESERVES THE RIGHT TO PROCEED WITH LEGAL ACTION IN A COURT OF COMPETENT JURISDICTION TO SEEK TO DECLARE A SALE OR TRANSFER OF TITLE VOID IN THE EVENT AN INDIVIDUAL OR ENTITY, OTHER THAN THE PERSON (S) NAMED ON THIS MEMBERSHIP APPLICATION, TAKE TITLE TO THE PROPERTY WITHOUT FIRST OBTAINING APPROVAL BY THE ASSOCIATION.**

- ( ) 4. **FOR CORPORATION: ARTICLES OF INCORPORATION AND ALL POWERS OF ATTORNEY, A CERTIFICATE OF INCUMBENCY AND A CERTIFICATE OF GOOD STANDING, AS WELL AS THE SIGNED AND NOTARIZED AFFIDAVIT (ATTACHED) ARE REQUIRED.**
- ( ) 5. **TWO (2) REFERENCE LETTERS FROM BANKS VERIFYING ACCOUNT AND SIGNED BY AN OFFICER OF THE BANK. LETTERS MUST BE NOTARIZED.**
- ( ) 6. **THREE (3) PERSONAL REFERENCES FROM PERSONS KNOWN FOR 5 YEARS OR LONGER THAT HAVE NO FAMILY OR BUSINESS TIES INCLUDE DATES, AN ADDRESS AND PHONE NUMBER OF THE PERSON GIVING THE RECCOMENDATION. THE LETTERS MUST BE NOTORIZED AND NO FORM LETTERS WILL BE ACCEPTED.**
- ( ) 7. **LIST SIX (6) PERSONAL REFERENCES ON APPLICATION (NAMES, ADDRESSES & TELEPHONE NUMBERS).**
- ( ) 8. **APPLICANTS MUST PROVIDE COPY OF DRIVERS LICENSE OR PASSPORT.**
- ( ) 9. **FOR INTERNATIONAL APPLICANTS, PLEASE PROVIDE US WITH:  
1. COUNTRY OF CITIZENSHIP  
2. PASSPORT NUMBER  
3. PLACE OF BIRTH  
4. TYPE OF U.S.A. VISA AND LENGTH OF RESIDENCY IN U.S.A.**
- ( ) 10. **APPLICATION TO MORTGAGE**
- ( ) 11. **EMERGENCY CONTACT INFORMATION FORM.**
- ( ) 12. **VEHICLE REGISTRATION FORM.**
- ( ) 13. **IF THIS IS A RENTAL APPLICATION, THE PROPERTY OWNER MUST SIGN ON PAGE 7 (WHERE INDICATED) AND HAVE HIS SIGNATURE NOTARIZED.**

**TO SIMPLIFY THIS PROCESS, WE WILL DEAL WITH ONLY 1 PERSON THAT CAN BE YOU OR SOMEONE YOU DESIGNATE FOR THIS PURPOSE. PLEASE PRINT THE NAME AND TELEPHONE NUMBER OF THAT CONTACT PERSON BELOW**

**NAME:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

*Once the Management Office receives the application and all related paperwork, processing will begin. Upon approval of the purchase application, the Membership Committee and/or Community Manager must make an appointment with the prospective Member for an interview.*

*The Association requires ten (10) business days to process any application.*

*The Association has 45 days to approve the applicant after a completed package is submitted.*

***Note: The Association requires a copy of the Warranty Deed immediately upon recording.***

Revised 1/24/11



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OF  
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**APPLICATION FORM FOR ADMISSIONS COMMITTEE**

\_\_\_\_\_  
**Date**

MEMBERSHIP FEE \$ \_\_\_\_\_ FROM PROPOSED MEMBER TO ACCOMPANY THIS APPLICATION.

**PROPERTY INFORMATION**

LEGAL DESCRIPTION: COCOPLUM SECTION TWO, PLAT “ \_\_\_\_\_ ”

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CURRENT OWNER \_\_\_\_\_

**TITLE TO BE ISSUED AS: ( ) INDIVIDUAL or ( ) CORPORATION**

**( ) INDIVIDUAL APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DRIVER LIC. # STATE \_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ PASSPORT # \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(If there is no Social Security#)

\_\_\_\_\_  
CO-APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DRIVER LIC. #STATE \_\_\_\_\_

\_\_\_\_\_  
CO-APPLICANT SOCIAL SECURITY # OR PASSPORT # \_\_\_\_\_

\_\_\_\_\_

NAMES, RELATIONSHIP AND AGES OF OTHER MEMBERS RESIDING IN THE HOUSEHOLD. (if over the age of 18 please include, social security and driver's license numbers)

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EMAIL ADDRESS (BUYER):

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**( ) CORPORATION APPLICANT INFORMATION**

CORPORATION NAME: FEIN: STATE OF INC: DATE OF INC:

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APPLICANT NAME: CORP TITLE: DATE OF BIRTH: DRIVER LIC.# STATE:

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SOCIAL SECURITY # PASSPORT # MARITAL STATUS:  
(If there is no Social Security#)

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CO-APPLICANT NAME: DATE OF BIRTH: DRIVER LIC. #STATE

---

CO-APPLICANT SOCIAL SECURITY # OR PASSPORT #

---

NAMES, RELATIONSHIP AND AGES OF OTHER MEMBERS RESIDING IN THE HOUSEHOLD. (if over the age of 18 please include, social security and driver's license numbers)

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EMAIL ADDRESS (BUYER):

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**RESIDENTIAL HISTORY (LAST FIVE YEARS)**

PRESENT ADDRESS: HOW LONG?

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PREVIOUS ADDRESS: HOW LONG?

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**APPLICANTS BUSINESS INFORMATION:**

BUSINESS NAME AND ADDRESS: (PLEASE ACCOUNT FOR THE LAST FIVE YEARS; INCLUDE DATES, NATURE OF BUSINESS & POSITION HELD. TELEPHONE NUMBERS REQUIRED)

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ADDITIONAL INCOME: SOURCE: AMOUNT:

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**BANKING OR FINANCIAL INSTITUTIONS:**

BANK NAME: ADDRESS: PHONE # ACCOUNT # OFFICER NAME

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**CHARACTER REFERENCES:**

NOTE: ASSOCIATION PROHIBITS USE OF RELATIVES, ATTORNEY, ACCOUNTANT, EMPLOYEES, OR BUSINESS PARTNERS AS REFERENCES:

NAME: ADDRESS: TELEPHONE NUMBERS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**NEIGHBORS AND PREVIOUS NEIGHBORS:**

NAME: ADDRESS: PHONE # RESIDENCE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PLEASE LIST AREA CODE/TELEPHONE NUMBER (S) WHERE ASSOCIATION MAY REACH YOU DURING THE NEXT TWO (2) WEEKS:

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SIGNATURE OF APPLICANT: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

**APPLICANTS' TERMS AND CONDITIONS:**

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1. I agree to abide by the Declaration of Covenants and Restriction, Articles of Incorporation, By - Laws and Rules and Regulations of the ISLANDS OF COCOPLUM HOMEOWNERS ASSOCIATION, INC.
2. I fully understand that I must be approved for membership in the ISLANDS OF COCOPLUM HOMEOWNERS ASSOCIATION, INC., by the Membership Committee which will include a personal interview and I agree to abide by their decision.
3. I certify that neither my spouse nor I have not plead guilty to nor been convicted of a felony, nor are we members of any criminal organization.
4. I hereby consent to have inquiries made with reference to my character, financial status, criminal background, business and personal references. Including interviews with any or all of the references listed on this application. I also consent to the forwarding of this information to law enforcement agencies for verification.
5. I agree to provide the ASSOCIATION with all necessary emergency contact information requested.
6. I hereby agree to permit inspectors from the City of Coral Gables, Dade County and the Department of Environmental Resource Management's zoning and code enforcement department access to inspect for any violations or irregularities.
7. I agree to submit any architectural and landscaping plans to the ISLANDS OF COCOPLUM ARCHITECTURAL REVIEW BOARD for approval prior to submitting plans to the City of Coral Gables and agree to abide by the Architectural Boards decision.
8. Islands of Cocoplum Homeowners Association reserve the right to request signed and notarized personal financial statement from the personal CPA or CEO of Corporation.
9. I/We agree that 18% annual interest can be charged if the quarterly maintenance fee is not paid within 90 days of the due dates and that my property may be subject of a lien for this amount plus legal fees.
10. I/We agree to pay all reasonable legal fees and expenses, which Islands of Cocoplum Homeowners Association, Inc. may incur as a result of my/our breach of any provisions of this application or by laws of the association.
11. I/ We agree that if this application is in the name of a corporation, trust or other such entity that I/we may not substitute another individual as the owner/member without the prior approval of Islands of Cocoplum Homeowners Association., Inc.
12. In the event this form is being provided in connection with a lease of a home site to a perspective tenant, then the undersigned owner of said home site agrees to be jointly & severally responsible with the applicant for compliance with the foregoing provisions and any violations thereof including payment for any fees, lines, or penalties provided for above or in the Associations governing documents.

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at large

**IF RENTAL APPLICATION SIGNATURE OF OWNER MUST BE NOTORIZED:**

\_\_\_\_\_  
OWNERS SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at large



ISLANDS  
OF  
COCOPLUM

**EMERGENCY CONTACT INFORMATION**

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

\_\_\_\_\_

EMAIL ADDRESS (BUYER): \_\_\_\_\_

*OWNER*

*SPOUSE*

PHONE: \_\_\_\_\_

\_\_\_\_\_

FAX: \_\_\_\_\_

\_\_\_\_\_

CELL: \_\_\_\_\_

\_\_\_\_\_

PAGER: \_\_\_\_\_

\_\_\_\_\_

**PERSON WHO CAN BE REACHED IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

HOME \_\_\_\_\_ WORK \_\_\_\_\_

PAGER \_\_\_\_\_ CELL \_\_\_\_\_





ISLANDS  
OF  
COCOPLUM

**VEHICLE REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE \_\_\_\_\_

LICENSE \_\_\_\_\_

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE \_\_\_\_\_

LICENSE \_\_\_\_\_



**APPLICATION TO MORTGAGE**

NAME(S) OF PROPOSED MORTGAGOR (S): \_\_\_\_\_

\_\_\_\_\_

LOT/BLOCK \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

STATE WHETHER THE SUBJECT MORTGAGE IS A FIRST, SECOND, OR THIRD.

WE, THE UNDERSIGNED MORTGAGOR (S) AND MORTGAGEE (S) APPLY TO THE ISLANDS OF COCOPLUM HOMEOWNERS ASSOCIATION, INC. FOR APPROVAL TO PLACE THE ABOVE REFERENCED MORTGAGE ON THE ABOVE REFERENCE LOT/BLOCK. WE ATTACH HERETO A TRUE AND CORRECT COPY OF THE PROPOSED NOTE AND MORTGAGE.

DATE: \_\_\_\_\_

\_\_\_\_\_  
MORTGAGOR

\_\_\_\_\_  
MORTGAGEE

\_\_\_\_\_  
MORTGAGOR

\_\_\_\_\_  
MORTGAGEE

APPLICANTS MUST ATTACH COPIES OF THE PROPOSED MORTGAGE AND NOTE TO THIS APPLICATION.

**FOR CORPORATIONS ONLY**

**AFFIDAVIT**

The undersigned, being first duly sworn according to law does herein affirm and state that:

1. This Affidavit is made in connection with the proposed purchase of Lot\_\_\_\_Block\_\_\_\_Address\_\_\_\_\_ at the Islands of Cocoplum Homeowners Association.
2. Affiant and\_\_\_\_\_will be the sole Occupant(s) of the aforementioned lot and block and there will be no change in the authorized occupant(s) without the prior written approval of the Association.
3. Affiant further agrees that he/she is the President and \_\_\_\_\_ of \_\_\_\_\_ and he/she will not transfer his/her interest in the corporation nor will any transfer of a majority of the shares in the corporation occur without the prior written approval of the Association.
4. Affiant hereby personally guarantees to the Association the prompt Payment when due of all assessments and related expenses (including but not limited to, related collection costs and reasonable attorney's fees) assessed against the owner of the Lot/Block.
5. Affiant represents that he/she has the power to execute this Affidavit on behalf of \_\_\_\_\_ and that this Affidavit is being executed so as to induce the Association to approve the proposed purchase of Lot \_\_\_\_\_ Block\_\_\_\_\_by\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this\_\_\_\_\_day of\_\_\_\_\_, 201\_\_\_\_, by\_\_\_\_\_ The \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ Corporation, on behalf of the Corporation, who is personally known to me or has produced \_\_\_\_\_ As identification and who did/did not take an oath.

\_\_\_\_\_(Seal)  
Notary Public Signature

State of Florida at Large