

# Gables Estates Club Inc.

7550 SW 57TH Avenue suite 204, South Miami, FL 33143 Office:305-667-9031

Fax: 305-667-9032



## APPLICATION FOR MEMBERSHIP

### PART B: CORPORATE/TRUST/LLC

DATE: \_\_\_\_\_, 20\_\_

LEGAL: Subdivision No.:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat Book: \_\_\_\_\_

Address: \_\_\_\_\_

Present owner: \_\_\_\_\_

Name of corporation purchasing : \_\_\_\_\_

State or country of incorporation: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no.: (\_\_\_\_\_) \_\_\_\_\_ Type of business: \_\_\_\_\_

Names and addresses of Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and addresses of Officers:

President: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

\_\_\_\_\_

Treasurer: \_\_\_\_\_

\_\_\_\_\_

#### LIST ALL SHAREHOLDERS / STOCKHOLDERS (USE SEPARATE PAGE IF NECESSARY):

STOCKHOLDERS / SHAREHOLDERS	ADDRESS	OCCUPATION	# SHARES

- 1.) The undersigned agree to abide by the Charter, By-Laws and Protective Covenants of, and any Rules and Regulations now or hereafter adopted, by Gables Estates Club, Inc.
- 2.) The undersigned agree to submit all architectural and landscaping plans to the Gables Estates Architectural Board for the approval prior to submitting them to the city of Coral Gables and agree to abide by the

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Architectural Board's decision. At present, a fee of \$850. is payable to Gables Estates Club, Inc., to cover this expense. This fee may increase in the future.

- 3.) The undersigned fully understand that they must be approved for membership in the Gables Estates Club, Inc., by its Admissions Committee and/or Board of Governors and they agree to abide by (and to take no steps to in any way challenge) its decision. In order to assist the Admissions Committee in researching its decision, the undersigned agree to promptly supply such additional or further information as may be required by the Admissions Committee in evaluating this request for admission.
- 4.) The undersigned hereby certify that none of them have been convicted of a felony of are any of them a member of any organized crime organization.
- 5.) The undersigned hereby consent to have inquiries made with reference to their character, financial status, and business and personal references, including but not limited to interviews with business and personal references.
- 6.) The undersigned agree that 18% annual interest can be charged if the annual Maintenance fee assessed against the corporation's property is not paid within ninety (90) days after the annual billing date, and that upon such failure, the corporation's property may be made the subject of a lien for this amount, plus all legal fees.
- 7.) The undersigned agree that the individual approved as the voting member in Gables Estates Club, Inc., may not substitute another individual as a voting member without the prior written approval of Gables Estates Club, Inc., which will require a full application for admission for the proposed voting member. The individual approved may not dispose of his/her ownership in the Corporation and his/her liability as a voting member until his/her successor is approved in writing by Gables Estates Club, Inc.

To be signed by the Corporation and all Officers,  
Directors and Stockholders / Shareholders:

_____ (SEAL)	_____ (SEAL)
By: _____ (SEAL)	_____ (SEAL)
_____, President	_____ (SEAL)
_____ (SEAL)	_____ (SEAL)
_____ (SEAL)	_____ (SEAL)

STATE OF FLORIDA            )  
  )  
COUNTY OF DADE            )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, each of whom is personally known to me or who has produced \_\_\_\_\_ as identification and each of whom \_\_did \_\_did not take an oath.

\_\_\_\_\_  
Notary Public, STATE OF FLORIDA

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

My Commission Expires:

STATE OF FLORIDA            )

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COUNTY OF DADE )  
)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, as \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the corporation, who is personally know to me or who has produced \_\_\_\_\_ as identification and who \_\_\_\_ did \_\_\_\_ did not take an oath.

\_\_\_\_\_  
Notary Public, STATE OF FLORIDA

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

My Commission Expires: