

**Lakeridge Condominium Association**  
**1776 6<sup>th</sup> Street NW**  
**Winter Haven, FL 33881**  
**Phone: 863-299-1993**  
**E-Mail: [lakeridgemedi@gmail.com](mailto:lakeridgemedi@gmail.com)**

**New Owner/Membership Packet**

01. Membership Application Form
02. New Owner Background Check
03. General Information Letter
04. Affidavit for Documents
05. Voting Member Designation
06. Age Verification
07. Parking Permit/Vehicle Information Form
08. Emergency Contact Information
09. Communication Consent Form
10. Frequently Asked Questions
11. Maintenance Fee Payment Info
12. Current Year Budget
13. House Rules Booklet
14. Articles of Incorporation
15. Declaration of Condominium
16. Bylaws of Condominium
17. Amendments
18. Milestone Inspection Summary Report

**Note:**

Items # 01–12: Available for download on Lakeridge Condominium Assn Website  
Items # 13–18: Available for download on Lakeridge Condominium Assn Website  
\* Association Documents will be delivered to buyer from seller at time of purchase.

**Lakeridge Condominium Association Website: [lakeridgemedi.com](http://lakeridgemedi.com)**

Lakeridge Condominium Association, Inc  
A 55 and Older Community  
1776 6th Street NW #106  
Winter Haven, Florida 33881

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_  
Last First Initial Date of Birth

Spouse name: \_\_\_\_\_  
Last First Initial Date of Birth

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

Number of Years at Above Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Number of Years at Previous Address: \_\_\_\_\_

Are You Employed? \_\_\_\_\_ Self Employed? \_\_\_\_\_ Retired? \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

If Retired, Previous Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Spouse's Current or Previous Employer's Name and Address: \_\_\_\_\_

Name and Age of Children Residing in Your Home:

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

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

Do you own a pet? YES NO

Type of Pet: Dog Cat Bird (Pet Limit of Either One Dog OR One Cat OR One Caged Bird)

Weight of Pet (Current Weight Restriction: 20 Lbs/Maximum): \_\_\_\_\_

Breed of Pet (See Breed Restrictions in House Rules Booklet): \_\_\_\_\_

List three personal references:

Name Address Telephone number

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LAKERIDGE CONDOMINIUM ASSOCIATION, INC  
Membership Application - Continued

A copy of the front page of the sales contract is to be attached to this application, showing the name of the seller(s), the name and contact information of the buyer(s), the expected closing date of the sale, and the reason for purchasing the unit.  
Unit # \_\_\_\_\_; Purchasing as Owner/Occupant ( ) - **OR** - Purchasing as Owner to Lease Unit ( ).

Please notify the Board of Directors in writing, the date and expected time your moving van will arrive so the necessary arrangements can be made to facilitate unloading. If at all possible, the arrival of the moving van should be scheduled for Tuesday through Thursday. Some restrictions apply to other times.

Purchaser(s) represents that the information submitted to the Lakeridge Condominium Association, Inc concerning Purchaser(s) and other occupant(s) is true. As part of the consideration of this agreement, Purchaser(s) consents that the Lakeridge Condominium Association, Inc may make such investigation of Purchaser(s) as may be deemed desirable and Purchaser(s) covenants to hold the Lakeridge Condominium Association, Inc harmless and releases the Lakeridge Condominium Association, Inc from liability on account of such investigation and the Lakeridge Condominium Association, Inc's decision on the information.

APPLICANT(S) SIGNATURE, PRINTED NAME AND DATE

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

**FOR BOARD OF DIRECTORS USE ONLY**

DIRECTOR'S SIGNATURE & PRINTED NAME      DATE      APPROVED      NOT APPROVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **New Owner/Renter/Occupant Background Check Requirement**

For privacy reasons, the required background check will be handled by a third party. Only the form on the following page will be forwarded to The Lakeridge Board once the investigation is complete. This background check must be completed for each Owner and any Occupants prior to the required Board interview. It is recommended that the background check be requested as early as possible as it may take several days. At no time may an adult make their residence at Lakeridge without a background check and new resident interview unless they were a resident prior to the adoption of this process.

The Lakeridge Board understands that indiscretions of youth do not always relate to the current character of the applicant but will expect candor from the applicant during the interview.

Please send this completed form for each applicant, along with a **\$60.00** processing fee for each applicant to the following investigation firm:

CDI Investigations  
Attn: Calvin R. Dennie Jr  
P. O. Box 10982  
St. Pete, Fl. 33733  
(727) 430-2293

# Lakeridge Condominium Association

## New Owner/Renter/Occupant Background Check Form

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

Current Address: \_\_\_\_\_ Since: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Address: \_\_\_\_\_ Since: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional addresses for the last 10 years on the back of this form.

For privacy reasons, the following must be provided on a **separate page**. The Investigator will be the only one to see this additional data. It will not be provided to The Lakeridge Board. Incomplete information may lead to inaccurate results.

1. Social Security Number
2. Driver's License Number
3. Date of Birth
4. Race
5. Any additional Aliases
6. Contact phone number at which the investigator may reach you

The following data is to be completed only by the investigator:

	Never	Last 10 Years	Prior
1. History of Felony Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. History of Assault Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. History of Sexual Assault Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. History of DUI Charges:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Listed on the Sexual Offender List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. History of Incarceration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. History of Evictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. History of Bankruptcies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. History of Foreclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I was able to complete an investigation concerning this individual.
- I was unable to complete an investigation concerning this individual.

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date Completed

Lakeridge Condominium Association, Inc.  
A 55 and Older Community  
1776 6<sup>th</sup> Street NW #106  
Winter Haven, Florida 33881

**GENERAL INFORMATION FOR OWNERS**

Welcome to the Lakeridge Condominium Association. Hopefully your residency will be an enjoyable experience with long lasting memories.

The owners of the units at Lakeridge have organized as the Lakeridge Condominium Association, Inc, a Florida non-profit corporation. Bylaws and House Rules have been established for the benefit and protection of Corporation members. You should have copies of these documents in your possession.

It is the Board's desire to maintain a short resume of pertinent information (a blank form is attached) from each occupant. These records are treated as confidential, and are maintained in the Association office.

We wish you a happy tenancy and sincerely hope that each of you will give the Board of Directors your full cooperation. The condominium Board of Directors, elected by members of the Association, serve on a volunteer basis. The mission of the Board of Directors is to see that the community interest of the Association is adequately addressed, while maintaining the monthly maintenance fees at a minimum.

LAKERIDGE CONDOMINIUM ASSOCIATION, INC  
A 55 AND OLDER COMMUNITY

**AFFIDAVIT**

Date: \_\_\_\_\_

I, or we \_\_\_\_\_ have received and read the following documents issued by Lakeridge Condominium Association, Inc:

1. Articles of Incorporation
2. Declaration of Condominium Ownership
3. By-Laws
4. Amendments
5. House Rules, Regulations and General Information for Owners and Tenants

and hereby agree to abide by the document(s) contents, if the application to reside as an owner or lessee at Lakeridge Condominium Association, Inc is accepted and approved.

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Applicant Signature	Printed Name	Date
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Applicant Signature	Printed Name	Date
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**Lakeridge Condominium Association, Inc.**  
**A 55 and Older Community**  
**1776 6<sup>th</sup> Street NW #106**  
**Winter Haven, Florida 33881**

**VOTING MEMBER DESIGNATION FORM**

To: Lakeridge Condominium Owners

In accordance with the By-Laws of Lakeridge Condominium Association, Inc, Article IV, Section 3, Voting Members: If your condominium has joint ownership, a designated owner, who will be the voting member of the unit, must be listed with the Secretary of the Association.

All owners, single ownership as well as joint ownership, are requested to complete and sign the section below and return it to the Secretary of the Association. Thank you for your cooperation in this matter.

Unit Number: \_\_\_\_\_

Owner - Voting Member: \_\_\_\_\_  
(Print Name)

Signature of Owner - Voting Member:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Co-Owner: \_\_\_\_\_  
(Print Name)

Signature of Co-Owner:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



## LAKERIDGE CONDOMINIUM ASSOCIATION, INC. AGE-VERIFICATION

INSTRUCTIONS: Federal and Florida law requires that Lakeridge Condominium Association, Inc. maintain and update records related to age verification of residents. The process helps to ensure compliance with regulations that govern housing for person 55 years of age or older.

Lakeridge Condominium Association, Inc.  
1776 6<sup>th</sup> St. NW #106  
Winter Haven, FL 33881

Unit \_\_\_\_\_

Owner Name \_\_\_\_\_

Co-Owner Name \_\_\_\_\_

Names and dates of birth of all persons occupying the Unit:

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**Proof of Age Documentation of each occupant (check one and attach a copy):**

- Driver's License     Passport     Birth Certificate     Government issued ID     Affidavit  
 Other (specify): \_\_\_\_\_

I HEREBY CERTIFY that the above-listed information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

**LAKERIDGE CONDOMINIUM ASSOCIATION, INC.**

**PARKING PERMIT APPLICATION**

Date: \_\_\_\_\_

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

Unit Number: \_\_\_\_\_

Assigned Parking Space Number for Unit: \_\_\_\_\_

Primary Vehicle - Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Handicapped Parking Permit Number: \_\_\_\_\_

Handicapped Parking Permit Issuing State: \_\_\_\_\_

**IF MORE THAN ONE VEHICLE (Secondary Vehicles may be Parked in Guest Spaces):**

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

Secondary Vehicle - Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Handicapped Parking Permit Number: \_\_\_\_\_

Handicapped Parking Permit Issuing State: \_\_\_\_\_

**If owning additional vehicles, you may continue on the back of the form or request additional form(s) from the LCA Office. Each Unit has one (1) assigned covered parking space. Additional vehicles may be parked in the Guest parking spaces. Parking is for Residential Passenger Vehicles only. Parking of Recreational Vehicles, Motor Homes, Campers, Trailers, etc is not permitted. See the LCA House Rules Booklet and Governing Documents for further information regarding the Parking Rules and Regulations.**

Lakeridge Condominium Association, Inc  
A 55 and Older Community

**INFORMATION FOR USE IN EMERGENCIES**

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Name of Owner(s)

\_\_\_\_\_

Other Occupants

\_\_\_\_\_

Major physical limitations you care to disclose

\_\_\_\_\_

\_\_\_\_\_

Will you need assistance to exit the building in case of emergency?

\_\_\_\_\_

Primary Care Physician/Clinic

\_\_\_\_\_

Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Address

\_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Address

\_\_\_\_\_

Does the Lakeridge Office have keys to your Condominium Unit? (\_\_\_\_) Yes (\_\_\_\_) No

Does anyone else have keys to your Condominium Unit? (\_\_\_\_) Yes (\_\_\_\_) No

If yes, Their Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Do you employ outside assistance (Caregiver, etc)? (\_\_\_\_) Yes (\_\_\_\_) No

If yes, Their Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

I/We, the undersigned, submit this information voluntarily and authorize its use for our benefit in case of emergencies. We will not hold the Lakeridge Condominium Association, Inc Officers, Board of Directors, or any person appointed by the aforementioned, libel in the discharge of any duties performed by them.

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Signature	Printed Name	Date
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Signature	Printed Name	Date
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**LAKERIDGE CONDOMINIUM ASSOCIATION**  
**COMMUNICATION CONSENT FORM**

I consent that the Association may provide their services and communicate with me via USPS mail, e-mail and any other kind of online communications for all official and other communications of the Association.

This authorization shall remain in effect until rescinded in writing by the undersigned.

UNIT NO. \_\_\_\_\_

OWNER(S): \_\_\_\_\_

Print Name

Signature

\_\_\_\_\_

Print Name

Signature

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

OFFICIAL MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

**FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET  
FOR CONDOMINIUM ASSOCIATIONS**

**Lakeridge Condominium Association, Inc**  
Name of Condominium Association

As of: **January 1, 2025**  
Date

Q: What are my voting rights in the condominium association?

A: **One vote per unit. See Declaration of Condominium, Owner - Ownership and By-laws for more details.**

Q: What restrictions exist in the condominium documents on my right to use my unit?

A: **Each unit is to be used as a residence only. No commercial business is to be conducted.**

Q: What restrictions exist in the condominium documents on the leasing of my unit?

A: **Units may not be leased for less than twelve (12) months. Must own the unit one (1) year before leasing. Sub- leasing is not permitted.**

Q: How much are my assessments to the condominium association for my unit type and when are they due?

A: **Monthly assessments are due on the 1st of every month. Monthly assessments are currently \$665.00 per month. Special Assessments are divided equally between the 79 units and notice of such will indicate when the assessments are due.**

Q: Do I have to be a member in any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?

A: **No**

Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?

A: **No**

Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.

A: **No**

**NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.**

# **Lakeridge Condominium Association, Inc**

## **Monthly Condo Maintenance Fee Payments**

**A. Fees are payable on the 1st day of each month. Fees not paid by the 10th day of the month will be considered delinquent.**

**B. There are three options for paying maintenance fees:**

- 1. Automatic Transfer Payments (ACH) (Preferred Method)**
- 2. Mail check & coupon to Truist Bank**
- 3. Deliver check & coupon to Truist Bank**

**C. If paying by check and mailing or delivering payments to Truist Bank, make checks payable to Lakeridge Condominium Association. All checks must be accompanied with a payment coupon. Coupon booklets are delivered to residents by mail from management at the beginning of each year.**

**Current Monthly Maintenance Fees for 2025 are \$ 665.00**

<b>2025 LAKERIDGE CONDOMINIUM ASSOCIATION BUDGET</b>			
For Fiscal Year January 1, 2025 through December 31, 2025			
	<b>2024</b>	<b>2025</b>	<b>Incr (Decr)</b>
<b>Income</b>			
<b>Assessment Revenue</b>			
Assessment Revenue	\$657,954	\$630,861	(\$27,093)
<b>Other Revenue</b>			
Other Income (Rooftop Lease)	\$34,000	\$35,000	\$1,000
<b>Total Income</b>	<b>\$691,954</b>	<b>\$665,861</b>	<b>(\$26,093)</b>
<b>Expense</b>			
<b>Administrative</b>			
Bank Fees	\$790	\$790	\$0
Community Relations	\$2,000	\$2,000	\$0
Contingency	\$18,000	\$35,000	\$17,000
CPA Fees	\$6,000	\$6,500	\$500
Division Fees/Corp. Report	\$377	\$377	\$0
Income Taxes	\$12,000	\$15,000	\$3,000
Legal Fees	\$1,000	\$1,000	\$0
Licenses and Permits	\$250	\$250	\$0
Manager Salary	\$60,000	\$62,000	\$2,000
Office Supplies	\$500	\$500	\$0
Office Computer Software	\$1,200	\$1,400	\$200
Office Equipment	\$1,000	\$1,000	\$0
Payroll Service	\$1,700	\$1,700	\$0
Payroll Taxes	\$5,000	\$5,000	\$0
Postage	\$400	\$500	\$100
Website	\$400	\$400	\$0
<b>Total Administrative</b>	<b>\$110,617</b>	<b>\$133,417</b>	<b>\$22,800</b>
<b>Building Maintenance</b>			
Charging Station Service	\$1,000	\$1,000	\$0
Cleaning Services	\$8,000	\$8,000	\$0
Elevator Maintenance	\$9,000	\$10,000	\$1,000
Elevator Monitoring	\$1,100	\$1,300	\$200
Exterior Building&Grounds Maint./Repairs	\$6,000	\$6,000	\$0
Interior Building Maint./Repairs	\$5,000	\$5,000	\$0
Maintenance Repairs/Supplies	\$8,000	\$8,000	\$0
Plumbing Repairs/Supplies	\$5,000	\$5,000	\$0
Pool Maintenance	\$7,800	\$7,800	\$0
Window Washing		\$5,000	
<b>Total Building Maintenance</b>	<b>\$50,900</b>	<b>\$57,100</b>	<b>\$6,200</b>
<b>Landscape/Grounds Maintenance</b>			
Lawn Maintenance	\$14,400	\$15,600	\$1,200
Fertilization/Weed&Pest Control	\$3,900	\$3,900	\$0
<b>Total Landscape/Grounds Maintenance</b>	<b>\$18,300</b>	<b>\$19,500</b>	<b>\$1,200</b>
<b>Utilities</b>			
Cable	\$61,000	\$63,000	\$2,000
Electricity (building)	\$15,000	\$15,000	\$0
Electricity (street lights)	\$2,000	\$2,100	\$100
Electricity (charging station)	\$350	\$350	\$0
Gas	\$13,000	\$13,000	\$0
Telephone/Internet	\$3,000	\$4,000	\$1,000
Water/Sewer/Garbage	\$30,000	\$30,000	\$0
<b>Total Utilities</b>	<b>\$124,350</b>	<b>\$127,450</b>	<b>\$3,100</b>
<b>Insurance</b>			
D&O	\$1,800	\$1,400	(\$400)
Fidelity Bond	\$800	\$944	\$144
General Liability	\$12,000	\$10,300	(\$1,700)
Property	\$110,000	\$134,000	\$24,000
Umbrella	\$7,500	\$1,270	(\$6,230)
Workman's Comp.	\$800	\$800	\$0
<b>Total Insurance</b>	<b>\$132,900</b>	<b>\$148,714</b>	<b>\$15,814</b>
<b>Reserves</b>			
Pooled Reserve Contribution	\$254,887	\$72,023	
Structural Reserve Contribution		\$107,657	
<b>Operating Expense</b>	<b>\$304,167</b>	<b>\$337,467</b>	<b>\$33,300</b>
<b>Surplus Revenue</b>	<b>\$34,000</b>	<b>\$35,000</b>	
<b>Actual Operating Expense</b>	<b>\$270,167</b>	<b>\$302,467</b>	<b>\$32,300</b>
<b>Total Expense (Including Insurance &amp; Reserves)</b>	<b>\$657,954</b>	<b>\$630,861</b>	<b>(\$27,093)</b>
<b>Annual Assesments (per unit)</b>	<b>\$8,329</b>	<b>\$7,986</b>	<b>(\$343)</b>
<b>Monthly Assessments (per unit)</b>	<b>\$694</b>	<b>\$665</b>	<b>(\$29)</b>
<b>Operating (per month)</b>	<b>\$285</b>	<b>\$319</b>	<b>\$34</b>
<b>Reserves (per month)</b>	<b>\$269</b>	<b>\$190</b>	<b>(\$79)</b>
<b>Insurance (per month)</b>	<b>\$140</b>	<b>\$157</b>	<b>\$17</b>