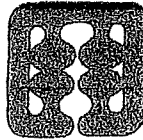


ONE THOUSAND OAKS, INC.
1046 EAST MICHIGAN STREET
ORLANDO, FLORIDA 32806 / (407) 423-7684

LEASING APPLICATION

TO OBTAIN APPROVAL THE APPLICANT AND THE OWNER (OR) THE AGENT FOR THE OWNER MUST ATTEND A BOARD MEETING AND BE APPROVED BY THE BOARD OF DIRECTORS. MEETINGS ARE HELD THE THIRD (3RD) MONDAY OF EACH MONTH AT 7:00 P.M. IN THE CLUBHOUSE.

YOU MUST SUBMIT A COMPLETED APPLICATION SIGNED BY THE LESSOR AND LESSEE ALONG WITH A NON-REFUNDABLE APPLICATION FEE IN THE AMOUNT OF \$100.00, A COPY OF THE LEASE, A SIGNED GATE ACCESS AGREEMENT, EMERGENCY PLANNING PROFILE, SIGNED AND DATED INFORMATION FOR OWNERS AND LESSEES, AND THE INFORMATION UPDATE FORM. PLEASE MAKE CHECK PAYABLE TO P&R HOUSING MANAGEMENT. THE ABOVE LISTED DOCUMENTS AND FEE MUST BE RECEIVED BY THE ASSOCIATION 7 DAYS PRIOR TO THE MEETING.



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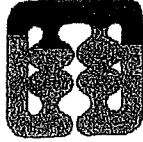
NOTICE IMPORTANT INFORMATION!
PLEASE READ!!!

To all owners and residents,

The Sentricon Stations have all been re-mapped by Falcon Termite and Pest Control. This is the company providing the warranty against subterranean termites. The stations are all located on maps, one map per building, locating all stations (green plastic in the ground usually in the plant beds or perimeter plant beds in the grass). No owner or resident may relocate any of the stations for any reason. If stations are relocated and there is an infestation of subterranean termites the cost to repair the buildings and relocate the stations will be at the owner or residents expense that moved or covered up a station. Please be advised no one other than Falcon Termite and Pest Control with the approval of the owner of Falcon Termite and Pest Control may relocate a Sentricon Station. No potted plants or anything else may cover up the Sentricon Stations.

Also, if an owner or resident is planning on adding plants, trees, sod, patio stones, etc. in the outside ground common area, you must first notify the office manager and this may require approval of the Board. Any changes made without notifying the office manager prior to making any changes to the common areas may require the changes restored back to the original condition at the owner or residents expense.

Thank you for your cooperation.



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NOTICE

All units in three story buildings have interior and exterior fire sprinkler heads.

These cannot be painted. They are inspected every year. Should the inspector find any fire sprinkler heads painted, they will need to be replaced. This is the cost of the unit owner.

Please keep this in mind while remodeling and painting.

**ONE THOUSAND OAKS, INC.
APPLICATION FOR LEASE**

TO BE COMPLETED BY OWNERS(S) AND LESSEE(S). COPY OF SIGNED LEASE AND NON-REFUNDABLE \$ 100 FEE FOR DOCUMENTS MUST ACCOMPANY THIS APPLICATION.

UNIT NUMBER _____ DATE OF APPLICATION _____

OWNER: _____

ADDRESS: _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____

LESSEE	ADDRESS	PHONE NUMBER
LESSEE	ADDRESS	PHONE NUMBER
LESSEE	ADDRESS	PHONE NUMBER

I (We) hereby certify that attached to this Application is a true and correct copy of the proposed Lease executed by me (us), as owner(s), and the undersigned Lessee(s), and there are no other agreements, written or oral, between us. As Owner(s), I (we) hereby warrant and represent that I (we) have delivered to the undersigned Lessee(s) copies of the Declaration of Condominiums, the By-laws, all amendments thereto and all current Rules and Regulations of One Thousand Oaks Condominium and I (we) have advised him (her) (them) that he (she) (they) are subject to all provisions thereof. As Owner(s), I (we) further advised the undersigned Lessee(s) that if he (she) (they) do not abide by same, the Association can take action as provided in the Declaration, By-Laws, and Rules and Regulations. I (we) understand that I (we), as Owner(s), will be responsible for any legal costs incurred by the Association as direct result on enforcing compliance by the prospective Lessee(s).

OWNER(S) RENTAL AGENT: _____ PHONE: _____

ADDRESS: _____

The above person is the Owner's Rental Agent until I (we) notify the Association, in writing, of a change of my (our) Agent.

INFORMATION ON ALL PROSPECTIVE OCCUPANT(S) OF UNIT:

NAME	DATE OF BIRTH	OCCUPANTION AND PLACE OF EMPLOYMENT	SS NUMBER	WORK PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIPTION OF PET(S): (TYPE, BREED, AGE, WEIGHT) _____

DESIRED DATE OF OCCUPANCY: _____

NAME & ADDRESS OF TWO REFERENCES: _____

VEHICLES OF ALL PROSPECTIVE OCCUPANT(S):

MAKE/MODEL/COLOR	TAG NUMBER
_____	_____
_____	_____
_____	_____

As a prospective Lessee(s), I (we) acknowledge that I (we) understand that One Thousand Oaks is a condominium and hereby warrant and represent that I (we) have received from the undersigned Owner(s) copies of the Declaration of Condominium, the By-Laws, all amendments thereto, and all current Rules and Regulations of One Thousand Oaks, and if approved as Lessee(s), I (we) acknowledge that I (we) are subject to all provisions thereof and consent and agree to be bound thereby.

ONE THOUSAND OAKS, INC.
APPLICATION FOR LEASE

The undersigned acknowledge and agree that the Board of Directors of One Thousand Oaks, Inc., upon majority vote and without further consent, approval or action of the Owner(s), may institute legal proceedings against the Owner(s) or Lessee(s), or both, (a) to enforce any provision of the Declaration of Condominium, the By-Laws, all amendments thereto of One Thousand Oaks, the Rules and Regulations of the Condominium, and any applicable Florida Statute, (b) to enjoin any violation of the aforesaid or (c) to evict the Lessee(s) for violation thereof.

Each of the undersigned acknowledges and agrees that they have made the foregoing statements, representations and warranties for the purpose of inducing One Thousand Oaks, Inc., to approve the proposed lease transaction and each of the undersigned agrees that the truth of the statements, representations and warranties herein contained upon which the approval, if given, would not have been otherwise given.

I (We) have received a copy of the One Thousand Oaks Declaration of Condominium, By-Laws and the current Rules and Regulations of the Association and understand and agree to abide by same. The Rules and Regulations require that the intended occupants of the unit must be met and the lease approved by the Board of Directors of One Thousand Oaks, Inc. The Board meets of the 3rd Monday of each month at 7:00 p.m. in the Clubhouse. A non-refundable \$ 100 fee for documents must accompany this form. All paperwork and fees must be received in the office no later than seven days before the Board of Directors meeting. **THE OWNER OR AGENT FOR THE OWNER MUST ATTEND THE BOARD MEETING FOR THE APPROVAL OF THE LESSEE.**

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

LESSEE: _____ DATE: _____

LESSEE: _____ DATE: _____

LESSEE: _____ DATE: _____

Application Conditions

1. One year minimum lease required.
2. Maximum Occupancy-
 - 1 bedroom – 2 persons
 - 2 bedroom – 3 persons
 - 3 bedroom – 4 persons
3. No rooms rented out or transient tenants.
4. No month-to-month tenancy following lease expiration – one year minimum lease renewal.

Gate Device Price:

Gate Devices:	<u>Cost Per Device</u>	<u>Refund Per Device</u>
Proximity Card	\$12.00	\$6.60
Click Card Remote	\$57.00	\$31.50
Key Chain Remote	\$57.00	\$31.50

FOR BOARD USE ONLY:

DOCUMENTATION FEE PAID (\$ 100) NO CHARGE FOR LEASE RENEWAL

LEASE: APPROVED _____ DISAPPROVED _____ DATE _____

AUTHORIZATION FOR AND RELEASE REGARDING BACKGROUND INVESTIGATION

I/We, the undersigned, hereby authorize One Thousand Oaks, Inc. and any agent of One Thousand Oaks, Inc. to contact any references set forth in my/our Application, and credit bureaus, law enforcement agencies, educational institutions, any of my/our previous employers and such other individual (s) and entity (ies) One Thousand Oaks, Inc. in its sole discretion, deems necessary or appropriate to supply any information requested by One Thousand Oaks, Inc. concerning me/us. I/We hereby release One Thousand Oaks, Inc. from any liability for or regarding information obtained or provided pursuant hereto. Applicant (s) acknowledge (s) that false information in my/our Application and any information obtained by One Thousand Oaks, Inc. may constitute grounds for rejection of my/our Application, termination of the right of occupancy and/or forfeiture of all deposits and fees paid to One Thousand Oaks, Inc. I/We understand that the giving of false information may constitute a criminal offense under the laws of this state. I/We hereby affirm that, to the best of my/our knowledge, that all information I/we have provided to One Thousand Oaks, Inc. is accurate and complete. I/We fully understand and agree to the terms of this Release.

I/We authorize the reproduction and delivery of this authorization to facilitate multiple inquires and request each recipient to accept any such reproduction as an original and authorize each recipient to deliver to One Thousand Oaks, Inc. all information requested.

(Print Name Below Signature)

(Print Name Below Signature)

Date of Birth: _____

Date of Birth: _____

Social Security No. _____

Social Security No. _____

Driver License No. _____

Driver License No. _____

State: _____

State: _____

Residential Addresses for past 7 years:

Residential Addresses for past 7 years:

Employers' Name and Address for past 5 years:

Employers' Name and Address for past 5 years:

One Thousand Oaks' Information for Owners and Lessees

Orlando City Code

Sec. 58.926 Commercial and Recreational Vehicle Parking

Prohibited Commercial Vehicles. The parking of commercial vehicles is prohibited on the public streets or on or within privately owned driveways or property within all residential or office districts as established by this Chapter, except for loading or unloading purposes or when parked within a completely enclosed private garage.

Sec. 58.927 Maximum Weight for Commercial Vehicles Parked in Enclosed Private Garage.

In addition to the restrictions above, no commercial vehicle having a gross vehicle load rating exceeding 20,000 pounds may be placed in any location in residential districts, including in a completely enclosed private garage, except for loading or unloading purposes.

A vehicle with magnetic advertisement of a business is also considered a commercial vehicle.

One Thousand Oaks has insurance on the buildings, and it is your responsibility to have insurance on everything within the condo. Insurance companies know exactly what type of insurance you need when you request it.

Before installing cable, new air conditioner or telephone, you must contact the office. No exposed wires are permitted on the exterior of the buildings.

There is only one resident parking space per unit. All vehicles must be registered with the office and have a valid license plate. Vehicles are issued parking permits that must be displayed at all times.

Pets are limited to two per condo. No pets may be kept in a unit without prior authorization from the board. Also, there is a city ordinance that requires all pet owners must pick up after their pets.

There is a pedestrian gate on each side of the main entrance gates. Do not walk through the entrance and exit gates. Obtain a key from the office for the pedestrian gates.

For their protection, children are not permitted to play in the streets. Skateboards, roller skates, and roller blades are prohibited.

At all times, radios and televisions should be turned down to a minimum volume to ensure the comfort of all residents.

Window treatments must be solid white or beige on the exterior side.

Initials _____

One Thousand Oaks' Information for Owners and Lessees

To maintain a uniform and pleasing appearance, no additions or changes to the exterior of the building may be made without prior approval of the board. Any alterations to the buildings must be submitted to the board in writing and approved by the board before the alterations can be done. Please remember that you may observe alterations throughout One Thousand Oaks but these alterations were done with the approval of the board. Any alterations done to the buildings without the board's approval will be corrected at the expense of the unit owner. These alterations also include nailing anything to the siding.

Construction and remodeling work must be done between the hours of 8AM and 9PM only.

The Entrance Gate and Exit Gate are not to be pushed or tampered with. When entering the complex you use the Entrance Gate. When exiting the complex you use the Exit Gate. If the gates are broken by tampering with or improper entering or exiting; the individual responsible for the damage will be responsible for the expense to correct the damage.

The Fire Sprinkler System is considered Common Area. No sprinkler heads are to be altered or painted. If sprinkler heads are altered or painted the repair will be at the expense of the unit owner.

You have received the Rules and Regulations and agree to follow the Rules and Regulations.

_____ Signature	_____ Unit Number	_____ Date
_____ Signature	_____ Unit Number	_____ Date
_____ Signature	_____ Unit Number	_____ Date
_____ Signature	_____ Unit Number	_____ Date

Revised 02/04

REQUEST TO APPROVE AND ISSUE ENTRY GATE DEVICE(S) AND OR ENTRY CODE(S) AND CONSENT TO ENFORCEMENT FOR VIOLATION(S).

(hereinafter referred to as “**Permission Agreement**”)

By executing this permission agreement I and WE, if more than one, jointly and severally, regardless of when any other person executes this Permission Agreement, covenant and agree to pay any and all fees, charges and costs, arising out of or in connection with the execution, collection and/or enforcement of this Permission Agreement incurred by One Thousand Oaks, Inc. (hereinafter referred to as “**OAKS**”), which fees, charges, assessments and costs (regardless of when paid, charged, imposed and/or assessed) shall include, but shall not be limited to

ALL FEES, CHARGES AND COSTS PAID, IMPOSED AND/OR ASSESSED BY ANY COURT FOR ANY AND ALL TRIAL(S) AND APPEAL(S);

ALL FEES, CHARGES AND COSTS OF COLLECTION PAID BY, CHARGED TO, IMPOSED AGAINST AND/OR ASSESSED TO AND/OR AGAINST OAKS AND OTHERS, WHETHER CHARGED, IMPOSED, ASSESSED AND/OR INCURRED BEFORE FILING SUIT, AFTER FILING SUIT, AND DURING AND AFTER EACH TRIAL AND EACH APPEAL; AND

ALL FEES, CHARGES AND COSTS OF ATTORNEYS, WHETHER PAID, CHARGED, IMPOSED AND/OR ASSESSED TO AND/OR INCURRED BY OAKS BEFORE FILING SUIT, AFTER FILING SUIT, AND DURING AND AFTER EACH TRIAL AND EACH APPEAL.

The undersigned further covenant and agree that any request by the undersigned to purchase and/or to use any entry device (s) and/or for the assignment of any entry code (s) or any use of any device (s) or any entry code (s) or any entry code (s) by the undersigned which appear to be or actually is/are intended to circumvent, defeat or impair the purpose of the entry gate features at One Thousand Oaks Condominiums, or is intended to avoid or evade compliance with any procedure, rule, regulation or requirement established for the owners and residents of One Thousand Oaks Condominiums for the issuance of any entry device or assignment of any entry codes shall be subject to further inquiry, justification or unilateral denial as determined by the Board of Directors.

The undersigned further covenant and agree that any abuse of the entry gate or gate procedures for One Thousand Oaks may be subject to possible revocation of use of the gate entry devices and specialized codes, other than the minimum number of approved basic entry devices.

ONE THOUSAND OAKS ANNUAL RESIDENT PROFILE UPDATE

Date: _____

PLEASE PRINT

Unit _____

[Please complete all information. Please do NOT make reference to prior Profile information.]

PLEASE RETURN.



PART A

Owner's Name(s): _____
Owner's Address: _____
Owner's Phone Numbers: Daytime _____ Evening: _____
Cell: _____
E-mail Address: _____

PART B

Names of all residents of Unit: _____

PART C

[If different than PART A, please provide:]

Resident's Phone Numbers: Daytime _____ Evening: _____
Cell: _____
E-mail Address: _____

PART D

Vehicle	Make/ Model /Color	Owner's Name	FL Tag No.	Current FL Decal No.
1				
2				

Pets	Description / Pet's Name	Weight	County License No.	Vaccination Tag No.
1				
2				
Add'l				

PART E

FOR EMERGENCY Contact: _____
Phone Numbers: Daytime _____ Evening: _____
Cell: _____

PLEASE COMPLETE REVERSE SIDE

PART F

OPTIONAL OTHER INFORMATION which you wish the Association to have :
(Back-up Emergency Information; Physician'(s) Name – Telephone Nos.; Allergies;
Veterinarian'(s) Name – Telephone No.; Birth Dates; Anniversaries; etc.)

(The following is to be executed by all Adult Residents of the Unit.)

I (we, if more than one, then jointly and individually,) hereby certify that the information on this Profile Update is true and correct and understand that One Thousand Oaks, Inc. [which includes its Directors, Officers, Property Management Company and its employees (collectively and severally "the Association")] will rely upon the accuracy of the foregoing information. I/we will provide modifications and updates of the foregoing as such change(s) occur. Regardless of the information herein, I (we, if more than one, then jointly and individually,) understand that the Association has no duty or responsibility for attending and/or responding to any medical emergency of any resident or guest(s) of the resident and hereby release the Association from and waive all liability of the Association for all damages, costs and fees for its reliance upon the information in this Profile Update (and any prior information provided to the Association) and all modifications and updates thereto.

(Signature and printed Name)

(Signature and printed Name)

Dated: _____

Dated: _____

**NOTICE OF VACANCY
AND
AUTHORIZATION TO INSPECT CONDOMINIUM**

THE UNDERSIGNED IS AUTHORIZING ONE THOUSAND OAKS, INC. TO ACCESS THE PROPERTY TO PERFORM INSPECTIONS OF THE CONDOMINIUM DURING THE TIME PERIOD THE CONDOMINIUM WILL BE VACANT. THE UNDERSIGNED ALSO RELEASES ONE THOUSAND OAKS, INC. OF ANY AND ALL LIABILITY ASSOCIATED WITH THE INSPECTION OF THE CONDOMINIUM.

NAME OF RESIDENT: _____

PROPERTY ADDRESS: _____

CONTACT PERSON IN CASE OF EMERGENCY: _____

PHONE NUMBER IN CASE OF EMERGENCY: _____

NAME OF INSURANCE COMPANY: _____

INSURANCE AGENT'S NAME: _____

AGENT'S TELEPHONE NUMBER: _____

VACANCY PERIOD: _____ **TO** _____

A KEY HAS BEEN PROVIDED TO THE ASSOCIATION OFFICE: _____

RESIDENT'S SIGNATURE

DATE

RESIDENT'S NAME (PLEASE PRINT)