



Gables Estates Club Inc.

APPLICATION FOR MEMBERSHIP

A **non-refundable** application fee of \$75,000.00 (as of November 1, 2011) from the Applicant(s) for membership must accompany this Application. The check should be made payable to Gables Estates Club, Inc. The Applicant(s) hereunder agrees that under no circumstances can a prospective purchaser and/or tenant take ownership and/or reside on any property in Gables Estates Club, Inc. prior to the Applicant(s) receiving approval for membership from the Board of Governors. **The Applicant(s) hereunder agrees that under no circumstances can a prospective purchaser and/or tenant take ownership and/or reside on any property in Gables Estates Club, Inc. prior to the Applicant(s) receiving approval for membership from the Board of Governors.**

Each Applicant/s is required to sign a written release authorizing this comprehensive investigation of their background. Please see the release for further details. No Application can be processed without the signed release. An Application can be denied on the basis of any information supplied which is found to be fabricated or unsubstantiated. **Please print the information required below:**

Date: _____, 20__

LEGAL: Subdivision No.: _____
Lot _____ Block _____ Plat Book _____ Address: _____, Coral Gables,
Florida 33156

Present Owner: _____

Name and address of financial institution financing your purchase in Gables Estates:

Purchase Price _____ Anticipated closing date: _____,
20__.

Purchasing or Leasing (please check one)

Real Estate Broker: _____

Phone: (____) _____

Full name of Applicant: _____

AKA: _____

Maiden name: _____

Social security number: _____ Date of birth _____

Driver's License: _____

State/County Issued: _____

Date Issued: _____

Full name of Spouse: _____

AKA: _____

Maiden name: _____

Social security number: _____

Date of birth: _____

Driver's License: _____

State/County Issued: _____

Date Issued: _____

Number of children: _____ Number of children living with Applicant: _____

Names and ages of children: _____

Names and ages of children: _____

Names and ages of children: _____

Applicant's Present Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number (____) _____ No. of years: _____

If the above address is less than ten years:

List all previous addresses for the last ten years, including temporary housing or vacation homes:

Previous address: _____

City: _____ State/Country: _____ Zip Code: _____

No. of years: _____

Previous address: _____

City: _____ State/Country: _____ Zip Code: _____

No. of years: _____

Previous address: _____

City: _____ State/Country: _____ Zip Code: _____

No. of years: _____

Applicant's mailing address, if different from above:

City: _____ State/Country: _____ Zip Code: _____

Is the property intended to be your permanent residence?: Yes No

If not, please indicate your permanent address: _____

City: _____ State/Country: _____ Zip Code: _____

APPLICANT'S EMPLOYMENT:

Business name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (____) _____

Nature of business: _____

Position: _____ No. of years: _____

If the above employment is for less than ten years:

Previous business name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (____) _____

Nature of business: _____

Position: _____ No. of years: _____

SPOUSE'S EMPLOYMENT:

Business name

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (____) _____

Nature of business: _____

Position: _____ No. of years: _____

If the above employment is for less than ten years:

Previous business name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone Number: (____) _____

Nature of business: _____

Position: _____ No. of years: _____

EDUCATIONAL BACKGROUND:

List post secondary educational institutions (Colleges, Universities) attended, Dates of Attendance, Degrees Obtained, Address/Phone of Institution:

Applicant: _____

Spouse: _____

CRIMINAL HISTORY: Please answer the following questions:

Have you or your spouse ever been convicted of or plead guilty to a felony? Yes No

If so, please explain the circumstances: _____

Have you or your spouse ever been convicted of or plead guilty to drug possession or distribution charges? Yes No

If so, please explain the circumstances: _____

LEGAL SUITS/CLAIMS/SETTLEMENTS:

Please list any PERSONAL suits/claims/settlements filed/obtained against you or your spouse (include the name of the Court, adjudication and case number): _____

BUSINESS REFERENCES: (Please submit reference letters for all references and sponsors listed)

1. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

2. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____
Nature of relationship: _____

3. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____
Nature of relationship: _____

PERSONAL REFERENCES (References must be personally acquainted with the Applicant and Spouse but may not be a relative. Neither the Seller, Broker nor Attorney involved in the subject transaction may not act as a Sponsor or a reference):

1. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____
Nature of relationship: _____

2. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____
Nature of relationship: _____

3. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____
Nature of relationship: _____

BANK REFERENCES:

1. Name: _____
Address: _____
City: _____ State/Country: _____ Zip Code: _____
Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

2. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

3. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

SPONSORS (Applicant must have at least two Gables Estates' voting members in good standing, other than the current owner of the Property, as Sponsors):

1. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

2. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

3. Name: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____ Length of relationship: _____

Nature of relationship: _____

List all active corporations and subsidiaries in which Applicant and/or Spouse are listed as an Officer, director and/or agent. If more space is needed, please use a separate sheet of paper.

1. CORPORATE NAME: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____

Date of incorporation: _____ Place of incorporation: _____

Applicant's and/or Spouse's title: _____

Subsidiaries: _____

Tax I.D. Number _____

2. CORPORATE NAME: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____

Date of incorporation: _____ Place of incorporation: _____

Applicant's and/or Spouse's title: _____

Subsidiaries: _____

Tax I.D. Number _____

3. CORPORATE NAME: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____

Date of incorporation: _____ Place of incorporation: _____

Applicant's and/or Spouse's title: _____

Subsidiaries: _____

Tax I.D. Number _____

4. CORPORATE NAME: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Telephone number: (_____) _____

Date of incorporation: _____ Place of incorporation: _____

Applicant's and/or Spouse's title: _____

Subsidiaries: _____

Tax I.D. Number _____

SOCIAL AFFILIATIONS AND/OR CLUBS:

1.Name: _____ Length of Membership: _____

Location: _____

2.Name: _____ Length of Membership: _____

Location: _____

3.Name: _____ Length of Membership: _____

Location: _____

INTERNATIONAL APPLICANTS ONLY:

| | |
|--------------------------------------|--------------------------------------|
| Applicant's name: _____ | Spouse's maiden name: _____ |
| Country of citizenship: _____ | Country of citizenship: _____ |
| Citizen number: _____ | Citizen number: _____ |
| Passport number: _____ | Passport number: _____ |
| Full address: _____ | Full address: _____ |
| Place of birth: _____ | Place of birth: _____ |
| Type of U.S.A. visa: _____ | Type of U.S.A. visa: _____ |
| Length of residency in U.S.A.: _____ | Length of residency in U.S.A.: _____ |

(CONTINUATION FOR ALL APPLICANTS:)

1. I/We 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. I/We agree to submit (and resubmit all modifications or revisions of) all architectural and landscaping plans to the Gables Estates Architectural Board for approval prior to submitting them (and resubmitting them) to the City of Coral Gables, and agree to abide by the Club's Architectural Review Board's decision, even if such decisions is unfavorable to me/us, and even if similar design elements or items of proposed construction may have been approved in the past. I/We further agree that if the Gables Estates Architectural Review Board objects to (or fails to approve) any one or more elements or proposed items of construction of my/our proposed plans, such objectionable (or unapproved) element(s) or item(s) of proposed constructions will not be contained in any plans submitted to the City of Coral Gables for any of its approval processes or required permits. The foregoing agreement shall be specifically enforceable against me/us by injunction or other appropriate action by the Gables Estates Club, Inc., which may seek and obtain a temporary and permanent injunction against my/our submittal to the City of Coral Gables (or any of its boards or departments) of any objectionable plans and against my/our construction of any or all disapproved (or unapproved) elements or items of proposed construction, without the posting by the Gables Estates Club, Inc. of a bond and without any need to show irreparable injury. At present, a fee of \$850. (and \$480. for each revision) is payable to Gables Estate Club, Inc. to cover its expense in reviewing such plans. This fee may increase in the future.

3. I/We fully understand that I/we must be approved for membership in the Gables Estates Club, Inc. by its Admissions Committee, and I/we agree to abide by (and to take no steps to in any way to challenge) its decision. In order to assist the Admissions Committee in reaching its decision, I/we agree to promptly supply such additional or further information as may be required by the Admissions Committee in evaluating this request for admission.

4. I/We hereby certify that I/we have not been convicted of a felony nor am I/are we a member of any organized crime organization.

5. I/We hereby consent to have inquiries made with reference to my/our character, financial status, and business and personal references, including but not limited to interviews with business and personal references.

6. I/We agree that 18% annual interest can be charged if the annual Maintenance Fee assessed against my/our property is not paid within ninety (90) days after the annual billing date, and that upon such failure, my/our property may be made the subject of a lien for this amount, plus legal fees.

7. I/We agree that the individual approved as the voting member in Gables Estates Club, Inc., whether individually or through a corporate, trust or other entity purchase, may not substitute another individual as a voting member without the prior written approval of Gables Estates Club, Inc., after formal application therefor. In the event of corporate, trust or other entity ownership, the individual approved may not dispose of his/her ownership in the corporation, trust or other entity and his/her liability as a voting member until his/her successor is approved in writing by Gables Estates Club, Inc., after formal application therefor.

8. I/We understand that the time within which the Gables Estates Club, Inc. will act upon my/our application depends greatly upon many factors, including without limitation the ability of Gables Estates Club, Inc. to verify my/our background and otherwise obtain the requisite information needed to process this application. In this regard, it is understood that while a minimum of between 30 days to 90 days is the normal period of time to process applications, Gables Estates Club, Inc. may take as much time as it feels is necessary to properly complete its investigation prior to granting or denying this application for membership.

9. I/We agree to pay all reasonable attorney's fees and expenses (at both trial and all appellate levels) which the Gables Estates Club, Inc. may sustain or incur or as a result of my/our breach of any provisions of this Application.

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE

STATE OF FLORIDA)
):ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, STATE OF FLORIDA

Print Name: _____

My Commission Expires:

STATE OF FLORIDA)
):ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, STATE OF FLORIDA

Print Name: _____

My Commission Expires:

Kathleen Richardson

Gables Estates Club, Inc.

Website: <http://gablesstatesclubinc.com>

Email: krichardson@gablesstatesclubinc.com

Office: 305.248.7746