



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

Welcoming Committee Forms & Miscellaneous Information





HOMEOWNERS' ASSOCIATION, INC.
c/o Grant Property Management
851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487
Phone (561) 417-4100 / Fax (561) 417-4101

WELCOME COMMITTEE PACKET

TABLE OF CONTENTS	PAGES
Instructions for Sale or Lease of Home	3
Application for Occupancy	4
Vehicle Registration and Receipt of Documents	5
Pet Registration Form	6
Welcoming Committee Checklist	7
Certificate of Approval	8
Instructions for Operation of Gate System	9
Sales Receipt Form	10
Electronic Communications Disclosure Authorization Form	11
City of Delray Beach Alarm Ordinance	12
Family Definition	13



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

Sales & Lease Application Instructions

1. Owner must submit Purchase or Lease agreement online at: Buyerapplications.com
2. City of Delray Beach Landlord/Rental Permit (City Fee) *Required for all Rental/Leases
3. All items on the "application for occupancy" form **must be completed**.
If there are any blanks, this will hold up processing. Use "n/a" if it is not applicable.
4. Coral Trace HOA Documents and Resident Handbook are available to all Renters and Buyers. (Online – No charge; Hard Copy - \$5) www.coraltracehoa.com
5. Applicant must sign a form stating that: He/she has read and is in receipt of the HOA Documents and Resident Handbook and that he/she will adhere to the Documents and Resident Handbook of the Association.
6. A **NON-REFUNDABLE FEE** is required in the amount of \$200 to Grant Property Management.
7. Attach a copy of the driver's license for each applicant for identification purposes.
8. After the closing, the Purchaser is responsible for providing the HOA with a copy of the Warranty Deed, mailing address, and phone numbers for the mailing of notices, etc.

This information should be submitted to Grant Property Management.

**AN INTERVIEW WILL BE SCHEDULED WITH THE WELCOMING COMMITTEE ONCE A COMPLETED APPLICATION IS RECEIVED BY THE ASSOCIATION.
TO SCHEDULE AN INTERVIEW, CONTACT THE PROPERTY MANAGER.**



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

APPLICATION FOR OCCUPANCY

DATE TODAY ____/____/____

LOT # /GATE CODE ____/____

PURCHASE _____ OR LEASE _____

OCCUPANCY DATE _____

OWNER/SELLER NAME – PRINT

LAST FIRST M/I

ADDRESS: _____

PHONE: _____ E-MAIL: _____

PURCHASER/LESSEE NAME – PRINT

LAST FIRST M/I

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL ADDRESS _____ @ _____

NUMBER OF ADULTS (OVER 18) OCCUPYING _____

CHILDREN (THROUGH 18) NAMES: _____

WILL YOU HAVE A ROOMMATE? _____ HOW MANY? _____

ROOMMATE NAME: _____ PHONE _____

E-MAIL ADDRESS: _____

ROOMMATE NAME: _____ PHONE _____

E-MAIL ADDRESS: _____ @ _____

DO YOU OWN A PET? YES ___ NO ___ NUMBER? _____

TYPE AND WEIGHT OF PET (S) (1) _____ (2) _____

TWO (2) PET MAX – PET COMBINED WEIGHT CAN NOT EXCEED 60 LBS – PET REGISTRATION ON PG 53

CITY OF DELRAY BEACH RENTAL PERMIT NUMBER (REQUIRED) _____

PURCHASER'S PERMANENT ADDRESS IF NOT LISTED ABOVE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME NUMBER: _____ WORK: _____ CELL: _____

ALTERNATE CONTACT INFORMATION (EMERGENCY USE)

NAME: _____ RELATIONSHIP: _____

PHONE: _____ E-MAIL: _____

COMPLETE & RETURN TO HOA



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

VEHICLE INFORMATION

ALL OWNERS/RESIDENTS ARE REQUIRED TO REGISTER ALL VEHICLES WITH THE HOA.

YOU ARE ONLY ALLOWED TO PARK IN YOUR DRIVEWAY OR GARAGE. YOUR VEHICLES "MUST" FIT IN YOUR DRIVEWAY. **NO PARKING IN GUEST SPOTS BY OWNER/RESIDENTS.**

1. Name: _____ Owner: Lesser: Roommate: _____

Make: _____ Model: _____ Year: _____ License Plate #: _____

State Registered In: _____

2. Name: _____ Owner: Lesser: Roommate: _____

Make: _____ Model: _____ Year: _____ License Plate #: _____

State Registered In: _____

3. Name: _____ Owner: Lesser: Roommate: _____

Make: _____ Model: _____ Year: _____ License Plate #: _____

State Registered In: _____

MAKE SURE YOU HAVE SUPPLIED THE FOLLOWING:

1. THIS COMPLETED APPLICATION. PUT "N/A" IN SPACE OF NOT APPLICABLE.
2. A COPY OF THE PURCHASE OR LEASE AGREEMENT.
3. A COPY OF THE CITY OF DELRAY BEACH RENTAL PERMIT.
4. RECEIVED AND SIGNED FOR HOA DOCUMENTS AND RULES AND REGULATIONS.
5. A COPY OF THE DRIVER LICENSES FOR EACH OCCUPANT.

RECEIPT OF ASSOCIATION DOCUMENTS AND/OR RULES AND REGULATIONS

I/WE, HEREBY AGREE that I/We have received, read, understand, and will adhere to all HOA Documents, rules, and regulations of the HOA.

By signing below, the applicant understands that the Association or Management Company may verify the information supplied by the applicant, and a full disclosure of pertinent facts may be made to the Association.

LOT NO: _____ PROPERTY ADDRESS: _____

SIGNATURE: _____ SIGNATURE: _____

COMPLETE & RETURN TO HOA



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

PET REGISTRATION

(MUST COMPLETE ONE FORM PER PET)

LOT/GATE CARD# _____

ADDRESS _____

NAME _____

TYPE / BREED / WEIGHT _____

COLOR OF PET _____

NAME OF PET _____

DISTINCT MARKING _____

THE HOA REQUIRES A LETTER FROM YOUR VETERINARIAN ON HIS LETTERHEAD TO VERIFY THE PET'S WEIGHT AND PROOF OF THE CURRENT YEAR'S SHOTS, AS REQUIRED BY LAW FOR YOUR PET. PLEASE ENCLOSE A PHOTOGRAPH OF YOUR PET. THIS WOULD BE HELPFUL SHOULD THE PET GET LOST.

TWO (2) PET MAX – PET COMBINED WEIGHT CAN NOT EXCEED 60 LBS

I AM AWARE OF AND UNDERSTAND THE CORAL TRACE HOA RESTRICTION FOR PETS. ALL MY PETS ARE LISTED HERE AND DO NOT EXCEED THE COMBINED 60 LB. HOA LIMIT. NOT COMPLYING WITH THE HOA'S PET RULES WILL REQUIRE ME TO IMMEDIATELY AND PERMANENTLY REMOVE MY PET DUE TO A PET VIOLATION.

Signature: _____ Date: _____

Signature: _____ Date: _____



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

WELCOMING COMMITTEE CHECKLIST

LOT #: _____ GATE CODE # _____

ADDRESS: _____

OWNER(S): _____

THE INTERVIEW IS SCHEDULED FOR DATE: _____ TIME: _____ PLACE: _____

INTERVIEWING COMMITTEE MEMBER(S): _____

NAME OF APPLICANT(S): _____

NAME OF APPLICANT(S): _____

_____ Purchaser(s); _____ Lesser(s), Lease Term: from: _____ to: _____

_____ Copy of City of Delray Beach Renter Permit Number: _____

_____ Buyer given copy of Documents and Rule and Regulation Book. **(Fee included)**

_____ Lessee gets a copy of the Resident Handbook - Rules and Regulations. **(Fee included)**

_____ Copy of purchase or lease agreement. **(Required)**

_____ Name requested for gate entry system (13 characters max) _____

_____ Local phone # for gate programming: (_____) _____

Completed by Property Manager

_____ Computer Excel file updated: Date: _____

_____ Gate Computer System updated: Date: _____

_____ Copy of Completed Interview forms to Management Co. Date: _____



HOMEOWNERS' ASSOCIATION, INC.
 c/o Grant Property Management
 851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487
 Phone (561) 417-4100 / Fax (561) 417-4101

CERTIFICATE OF APPROVAL

This letter to certify that the applicant has been approved by Coral Trace Homeowners Association, Inc., a Florida Corporation, not for profit, as the **PURCHASER/LESSEE** of the following described real property in Palm Beach County, Florida:

Buyer Name: _____, **or**
Lessee Name: _____

Has/have been screened and interviewed by the Coral Trace HOA, Inc. as a BUYER / LESSEE of the following described real property in Palm Beach County, Florida:
 Address: _____
 Lot # _____

Conveyed From:
Owner/'s: _____ and/or,
Owner/'s: _____.

Such approval has been given subject to and under the Rules and Regulations of the Coral Trace HOA, Inc. and as authorized by the Coral Trace HOA Board of Directors for the Welcoming Committee Representative to execute this Certificate of Approval on behalf of the HOA.

State of Florida
County of Palm Beach

Sworn to and subscribed before me this _____ day of _____, 2024,
 _____ who is personally known to me or has produced a Florida Drivers' License
 or has provided _____ as identification.

Signature _____

Notary Public – State of Florida

Printed Name _____

Notary Seal



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

HOW TO OPERATE GUEST GATE

- Your gate code is your Coupon Book account number ex. Number 1 = code 001.
- To access the Owner Directory of names, press and hold the “#” to scroll up the alphabet from “A” to “Z” (to find the Owner name)
- The longer you hold the button the faster it will scroll (it will not go scroll past “Z”).
- Press “*” to scroll back through the alphabet from “Z” to “A” (to find owner's name) the longer you hold the button the faster it will scroll (will not go past “A”).
- Once you find the name and code, enter the 3 or 4-digit code on the keypad, this will dial your home phone.
- Press “*.” or “#” to reset the system after the system starts dialing (if you entered something incorrectly), or you want to hang up and try again.
- The directory will not roll over from “Z” to “A” with the “*” button or from “A” to “Z” with the “#” button (scrolling from “A” to “Z” takes 15 sec) and will not go past “Z”.
- If you enter the wrong code 3 times the system will reset - this takes 60 seconds.

QUICK GUEST ENTRY WHEN THEY KNOW THE “THREE OR FOUR-DIGIT” CODE

- Guest drives up to gate entry box.
- They press “*” **and** wait a few seconds, this wakes up the system.
- Then they enter your home code, ex. 412 (Clubhouse code), the system calls your home, and when you answer the phone, they say “Hi! I’m Joe Smith A/C here to fix the Air Conditioner, then you **press “9”** to let them into the community. Next, the Guest gate opens, and they enter the community.

INSTRUCTIONS FOR TELEPHONE SYSTEM

Each resident has been assigned a “three or four-digit” code number that appears with the resident name. A visitor simply scrolls to your name and enters your code number into the keypad. Please give your guest the “three or four-digit” code number and remind them to press the hang-up button/icon **BEFORE** entering your code.

The telephone system uses your 7-digit phone #. When it rings and a visitor advises you that they are at the front gate, push “9” on your telephone to open the gate. You should hear “Please Enter;” if not Press “9” again and the gate should open (the connection remains open for 30 seconds). The connection will terminate automatically after 30 seconds or when you hang up the phone.

It is very important that your phone is **only** in the “TONE” setting. It is the “tone” signal that will open the gate. **ANY OTHER SETTING WILL NOT WORK!**

If you are on the telephone when the visitor attempts to call you, a busy signal will sound, unless you have a call waiting. It is recommended that you subscribe to calling. A call from the front gate will show Coral Trace on the caller ID.

****TO OPEN THE GATE FROM YOUR HOME PRESS THE “9” ON YOUR PHONE****



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

CORAL TRACE – SALES RECEIPT FORM

FOB \$50 - TRANSPONDER \$12 – REC ROOM KEY \$50

HOA RULES BOOK \$5 - HOA DOCUMENTS \$5

DATE: _____ LOT GATE CODE: _____

OWNER'S NAME: _____

CORAL TRACE ADDRESS: _____

PHONE # _____ CELL # _____ OTHER _____

E-MAIL ADDRESS: _____

OUT OF TOWN ADDRESS: _____

OUT OF TOWN PHONE: _____

RENTER'S NAME: _____

PHONE: _____

RENTER'S E-MAIL: _____ OWNER NOTIFIED OF PURCHASE: _____

Transponder Issued:

1. _____

2. _____

3. _____

FOB Issued:

1. _____

2. _____

3. _____

Recreation Key Issued: _____

CHECK # _____ Total Amount \$ _____

Signature: Owner/Renter _____

(Circle one)



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

Electronic Communications Disclosure Authorization Form

Please complete and return this form to authorize Coral Trace Homeowners Association (HOA) to use your email address for general association-related communications. This authorization restricts the use of your email address for only communications for either direct communications from the HOA Board of Directors or its property management company. Your email address will not be shared with any third parties. This voluntary email communication may include but is not limited to, general notices, Regular and Special Board meeting notices, upcoming events, the status of our facilities, educational training, informational events, ads from community sponsors, and similar notices from our current property manager, Seacrest Services, its affiliates and partners, and the Coral Trace Homeowners Association.

We value and respect your privacy. You may acknowledge your consent by:

1. Emailing it to the HOA Board at: BOARD@CORALTRACEHOA.COM & TO THE PROPERTY MANAGER AT GPM@GRANTMGMT.COM

I hereby authorize the Coral Trace Homeowners Association (HOA) to use my email address as described above for association-related communications. I understand that no email communications will be used to replace any official notices required by our governing documents and/or by applicable Florida statutes. Official required HOA notices will continue to be sent to the members via USPS mailing. Coral Trace HOA shall maintain, in accordance with applicable Florida statutes, the electronic mailing addresses of those members who consent to receive notice by electronic transmission. I understand that my authorization will remain in effect until this authorization is revoked in writing to the HOA Board or to its property manager. I agree to promptly notify the Association of any change in my email address(es) to maintain a current address on file. I specifically do not want my email address disclosed as part of any request to review and/or photocopy the association's records and do not consent to any such disclosure.

PLEASE TYPE OR PRINT VERY LEGIBLY. NO HANDWRITING PLEASE, EXCEPT FOR SIGNATURES. RESIDENTS' NAMES _____

CORAL TRACE ADDRESS _____

ARE YOU OWNERS OR RENTERS? _____

IF RENTER, WHO IS UNIT OWNER? _____

MAILING ADDRESS _____

AUTHORIZED EMAIL ADDRESSES: _____

RESIDENT 1 SIGNATURE _____ DATE _____

RESIDENT 2 SIGNATURE _____ DATE _____

RESIDENT 3 SIGNATURE _____ DATE _____

RESIDENT 4 SIGNATURE _____ DATE _____

PHONE NUMBER _____



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101



City of Delray Beach Alarm Ordinance

100 NW 1ST Ave

Delray Beach, Florida 33444

The City of Delray Beach has started using an online registration for alarm permits. There is a yearly charge for the Alarm permit, all information is at the City's website <http://mydelraybeach.com/> below is the direct link.

<https://crywolf.mydelraybeach.com/>

**PLEASE REGISTER YOUR ALARM
IT WILL SAVE YOU MONEY IF YOU HAVE FALSE ALARMS**



HOMEOWNERS' ASSOCIATION, INC.

c/o Grant Property Management

851 Broken Sound Pkwy. NW Suite 102 Boca Raton, FL 33487

Phone (561) 417-4100 / Fax (561) 417-4101

FAMILY DEFINITION:

“Family” shall mean two (2) or more persons living together and interrelated by bonds of consanguinity, marriage, or legal adoption, and/or a group of persons not more than three (3) in number who are not so interrelated, occupying the whole or part of a dwelling as a separate housekeeping unit with a single set of culinary facilities. Any person under the age of 18 years whose legal custody has been awarded to the State Department of Health and Rehabilitative Services or to a child-placing agency licensed by the Department, or who is otherwise considered to be a foster child under the laws of the state, and who is placed in foster care with a family, shall be deemed to be related to and a member of the family for this definition. Occupancies over the number allowed herein shall have twelve (12) months from the date of the enactment of this definition or the termination of the current lease agreement to come into compliance, whichever occurs first.