

PROCESS FOR TRANSFER OF STOCK CERTIFICATE and MOBILE HOME TITLE

PLEASE MAKE SURE ALL INFORMATION THAT IS APPLICABLE TO YOUR
TRANSFER/CHANGE IS SUBMITTED ALTOGETHER AT THE SAME TIME.

A prospective new member must submit the Application for Membership to be approved by the Sales/Rentals Approval Committee ONE MONTH PRIOR TO TRANSFER. New owner/members are required to attend an Orientation.

1. Changing to a TRUST:
 - **A complete copy of the Trust**
2. Adding or deleting a name to your Stock Certificate:
 - **Application for Membership in Co-op (Obtain from www.brinybreezes.us or office)- 2 letters of reference for each new applicant must accompany application if adding a name.** Please do not include family members or the selling owner or realtor. Recommendations from a couple count as one recommendation per applicant.
3. Certified copy of Death Certificate (if applicable).
4. Letters of Administration from Estate (if applicable)
5. Original Stock Certificate
6. Original Title to the Mobile Home
7. Copy of Driver License for all applicants
8. Check for \$100.00 (made out to Briny Breezes, Inc.) for transfer fee.
9. Check for recording fees from PBC – to be determined by number of pages.
10. Background check for all applicants being added to stock certificate (\$50.00 per person)

The new owner/member must read the Briny Breezes By-Laws and the Briny Breezes Rules on the web site at www.brinybreezes.us or can contact brinybookkeeper@gmail.com to receive a copy via email.

When the application paperwork is received, it will be forwarded to the Sales & Rentals Approval Committee for recommendation to the Board of Directors. Upon approval, an Assignment of Lease and the Proprietary Lease will be prepared which will need to be signed, witnessed and notarized. You will then be issued a new Stock Certificate. These documents will then be recorded with the Clerk of Court.

When this process is completed, a packet will be prepared for you to take to the Tax Collectors office in Delray Beach where you will apply for a Real Property sticker, if required, and to DMV in Delray to apply for your new Title to the mobile home, if required. If you cannot be here in person, you will need to give someone Power of Attorney to go to the Delray Offices for you. A Power of Attorney form, for this specific purpose, is available in the Briny Office.

If you are considering this process, please call the office and we will be more than happy to help you.

Briny Breezes, Inc.
561-276-7405

Briny Breezes, Inc.



TELEPHONE (561) 276-7405
5000 NORTH OCEAN BLVD.
BRINY BREEZES, FLORIDA 33435

**APPLICATION FOR MEMBERSHIP IN THE COOPERATIVE
BRINY BREEZES INC.**

THIS FORM MUST BE COMPLETED, SIGNED & RETURNED 14 DAYS BEFORE COMMITTEE MEETING

LOT # _____ DISTRICT _____ COMPLETE APPLICATION RECEIVED _____

Total Mortgage/Loan Amount on Briny Breezes Property: \$ _____ Est. Closing Date _____

Loan Holder: _____ Phone: _____

Closing Agent: _____ Phone: _____

Print exactly how you want your Briny Breezes Inc. Stock Certificate to read. If the Stock Certificate will be put into a trust, please attach a complete copy of the Trust to this application. Briny Breezes Bylaws Article III, Section 3.70 states, "A lease to an individual mobile home site and the related stock certificate may not be held in the name of more than **two (2) natural persons.**"

Applicant Name(s) to be on Stock Certificate: _____

Purchasing From: _____

Applicant(s) Names (If titled to a Trust, this is the Trustee(s)) :

1. _____ BEST PHONE _____

ADDRESS _____

EMAIL _____

2. _____ BEST PHONE _____

ADDRESS _____

EMAIL _____

NAMES OF ALL OTHER PEOPLE WHO WILL BE LIVING IN UNIT OVER 30 DAYS _____

(NOTE THAT ALL PEOPLE AGES 18 AND OVER MUST HAVE A BACKGROUND CHECK)

=====

THIS SPACE FOR OFFICE USE ONLY

Date Received _____

Applicant(s) Names _____

Sales & Rental Committee reviewed this application at its meeting on _____

☐ We recommend that the Board approve this application

☐ We DO NOT recommend approval of this application

Comments:

Signed: _____, Committee Chairperson

**BRINY BREEZES INC.
BACKGROUND CHECK AUTHORIZATION FORM**

PLEASE INCLUDE COPY OF DRIVER'S LICENSES & SOCIAL SECURITY CARD(S) TO CONFIRM IDENTITY.

**If you are a non-US citizen and do not have a Social Security card, please include a copy of current identification card.
Please have readable copy.**

Please notify your Landlord(s), Employer(s) and Character References that we will be contacting them to obtain a reference pursuant to your application.

Please allow 30 days from date the complete application is submitted to the Briny Breezes office.

If either applicant has falsified, deliberately misled, or omitted to mention any information on your application you may not be approved for purchase, lease and/or occupancy.

I/We hereby authorize the release of all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Brown's Background Checks, Inc. This information is to be used for my/our background report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Brown's Background Checks, Inc., Property Manager, and Board of Directors and the Landlord for their exclusive use only.

I/We further state the Authorization Form was signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

I/WE UNDERSTAND THAT ALL APPLICATION FEES ARE REQUIRED AND NONREFUNDABLE REGARDLESS OF THE OUTCOME OF THE APPLICATION.

_____ Applicant's Signature	_____ Date	_____ Applicant's Name Printed	_____ Social Security #
--------------------------------	---------------	-----------------------------------	----------------------------

_____ Applicant's Signature	_____ Date	_____ Applicant's Name Printed	_____ Social Security #
--------------------------------	---------------	-----------------------------------	----------------------------

PLEASE INCLUDE COPY OF DRIVER'S LICENSES & SOCIAL SECURITY CARDS TO CONFIRM IDENTITY.