

COMMUNITY

INFORMATION

AND FORMS

FREQUENTLY CALLED NUMBERS

<u>Ambulance (Emergency Squad)</u>	634-3800
<u>All Star Animal Removal Specialist</u>	402-0887
<u>Animal Control</u>	744-5660
<u>*Badge / Box Office</u>	387-3447
<u>Bay Shuttle (Rides to Airport)</u>	259-9998
<u>Beekeepers</u>	727-748-2310 or 920-2847 or 671-2488
<u>Clubhouse North</u>	634-9229
<u>Clubhouse South</u>	634-5829
<u>Club link</u>	634-3038
<u>(C.O.A.) Condominium Owners Association</u>	633-1710
<u>Extra Vehicle Storage (Email YARDMASTER33573@GMAIL.COM)</u>	Randy Heath 938-0455
<u>*Front Gate</u>	634-2063
<u>Golf Courses</u>	634-3038
<u>Good Samaritan</u>	634-9283
<u>Hartline Bus</u>	254-4278
<u>Insurance (Master Insurance) Mack, Mack & Waltz:</u>	Fax: 954 640-6226/Phone: 954-640-6225
• <u>Cert of Insurance/Proof of Insurance</u>	877-456-3643 or www.eoidirect.com
<u>Kings Point Warranty (KPW Appliance Service)</u>	633-0061
<u>Master Association (Dana Lin Phillips)</u>	633-6291
<u>Mosquito Control</u>	635-5400
<u>Name Plates: Ken Tilson</u>	355-6611
<u>Pest Control -Terminix</u>	<i>(To schedule a general spray contact FirstService at 642-8990)</i>
<u>Post Office Sun City Center</u>	634-2302
<u>Progressive Waste</u>	248-3802
<u>Safety/Security</u>	387-3461
<u>Sheriff's Office: Non-emergency</u>	247-8200
<u>South Bay Hospital</u>	634-3301
<u>Spectrum (cable company)</u>	855-222-0102
<u>Sun City Community Association</u>	633-3500
<u>Sun City Center Ride</u>	633-6111
<u>Tampa Electric- Repair</u>	223-0800
• <u>Power Outage</u>	877-588-1010
• <u>TECO Gas</u>	275-3700
<u>Tax Collector: Auto/Tag/Dr License</u>	635-5200
<u>Transportation</u>	387-3460 or Tram Office: 387-3470
<u>Verizon: Telephone Repairs</u>	800-483-1000
• <u>New Service</u>	800-483-4200
<u>Vesta</u>	634-9229
<u>Waste Services Inc (Recycle Bins)</u>	248-2820 or 272-5900
• <u>Collection Facility</u>	671-7611
<u>Water Department</u>	272-6680
• <u>Water Use Restrictions</u>	275-?094
• <u>Websites: www.swfwmd.st.fl.us or www.Hillsboroughcounty.org/water/restrictions/home.cfm</u>	-

WHAT THE COA DOES!

COA OFFICE IS MANNED BY VOLUNTEERS - OPEN MON-FRI 9AM-NOON - TELEPHONE 633-1710

ANNUAL COA DUES ARE \$5.00 (Includes COA, Health Services and Library)

FAX MACHINE: 813-633-3821: \$1.00 Outgoing & \$3.00 Out of Country Per **Page**; No Charge Incoming Fax

POSTAGE STAMPS: 20 Stamps per Book at current rate

Provides FREE HART Bus Service: Express Line 75LX to Brandon Mall by showing Kings Point Badge

BULLETIN BOARDS: Provided and maintained for use of Unit Owners to buy and sell personal property, Wanted, Show Tickets and Condos to Sell or Rent.

COPY MACHINES: Provided at Cyber Cafe and both Clubhouses for use of Unit Owners at .05 per copy for Black & White, .25 for Color Copies.

Provides updated **KINGS POINT/SUN CITY CENTER MEMBERSHIP TELEPHONE DIRECTORY**

TWO DISPLAY CASES: Provided in Main Clubhouse for Residents use

GIFTS AND GRANTS: **Makes** Gifts and Grants to various Kings Point Clubs and Organizations for benefit of the Community

AIR COMPRESSOR: Supplied for filling Auto and Golf Cart tires

Cooperation with Sun City Center Community Associations for Community matters

Participates in the Sun City Center Forum and other Agencies for community affairs

Reviews all Legislation for SCC and Kings Point on State, County and Local levels

VOTER REGISTRATION FORMS: Available at the COA Office

FREE NOTARY SERVICE: Provided at the COA Office

SPONSORS AARP TAX HELP PROGRAM: Assists Residents with Free Income Tax Preparation

FLAGS: Donates Flags at both Clubhouses & .North & South Gates + 50' Flagpole dedicated to Deceased Veterans

DOCUMENT SHREDDING: Sponsors personal document shredding twice a year for Residents/Unit Owners only

SPONSORS MOTORIZED SCOOTERS IN CLUBHOUSES

COA SPONSORS AN ANNUAL SOOAL for our Members

BINGO MACHINE: Available at the COA Office for Association Parties on request

HEALTH SERVICES

For Information call COA Office - 633-1710

WHEELCHAIRS, 3-WHEEL AND 4-WHEEL WALKERS: Provided (**with a \$50 Refundable Deposit**): also, Manual Walkers, Canes, and Crutches for use by Residents at no Charge. Pick up at COA Office

LIBRARY

.PONSORED AND MAINTAINED BY COA

;ours of Operation: 8AM to 11PM. Many new Large Print Books, Paperbacks, Magazines

A KINGS POINT OWNERS BADGE IS REQUIRED FOR ALL SERVICES

HIGHGATE II ASSOCIATION
WORK ORDER REQUEST

HIGHGATE II NEW E-MAIL ADDRESS-----HIGHGATE2SERVICE@MAIL.COM

OWNERS NAME: _____ DATE _____

UNIT ADDRESS _____

PHONE NUMBER _____ E-MAIL _____

() WORK REQUESTS () IRRIGATION ISSUES () LANDSCAPING ISSUES

WORK DESCRIPTION _____

IF YOU NEED MORE SPACE USE BACK OF

SHEET NO NOT WRITE BELOW THIS LINE

BOARD APPROVED DATE ____-____-____ BOARD DISAPPROVED DATE ____-____-____

WORK GIVEN OUT TO _____

DATE WORK GIVEN OUT _____

DATE WORK COMPLETED _____

TOTAL COST _____

PLEASE COMPLETE FORM AND DROP OFF AT 2013 OR 2016 HEATHFIELD
OR E-MAIL TO [IDGHGATE2SERVICE @MAIL.COM](mailto:IDGHGATE2SERVICE@MAIL.COM)



FirstService
RESIDENTIAL

Kings Point Owner Emergency Information Sheet

Date: _____

Name: _____

Unit Address: _____

Unit No: _____ (Your unit number can be found on your KP resident

badge) Phone No: _____ Cell Phone: _____

E-Mail: _____

Alternate Address and Phone Number (if any) _____

Emergency Contact (Please provide at least two (2) and include name, address, phone number and relationship to you.)

Location of local people with extra key

Please return this completed form to:

**FirstService Residential
1904 Clubhouse Drive Sun
City Center, FL 33573
Phone (813) 642-8990 Fax (813) 642-8790**

Do not use this form to change your mailing address.

FirstService will send a copy of this form to Security

MAILING CHANGE OF ADDRESS FORM

FirstService Residential
1904 Clubhouse Drive
Sun City Center, Florida
33573
Phone: (813) 642-8990 ~ FAX: (813) 642-8790

UNIT OWNER(S) NAME: _____

ASSOCIATION NAME: _____

UNIT ADDRESS: _____

LOCAL PHONE NUMBER: _____ CELL: _____

Email: - _____

—

Signature of requester: _____

Printed Name of requester: _____ Date: _____

New Mailing Address

**This mailing address will be used for all Association business
until changed by the unit owner.**

CHANGE TO:

Street _____

City and State _____ Zip Code _____

Phone Number _____

Previous Mailing Address

CHANGE FROM:

Street - _____

City and State _____ Zip Code _____

Phone Number _____

**KINGS POINT MEMBER ASSOCIATION
REQUEST FOR ALTERATIONS OR IMPROVEMENTS**

ASSOCIATION NAME: _____

OWNERS NAME: _____

UNIT ADDRESS: _____ **UNIT NUMBER:** _____

E-MAIL (limited in use for this request only): _____

PHONE: _____ **ALT. OR CELL:** _____

CONTRACTOR: _____ **PHONE:** _____

ESTIMATED COMPLETION DATE (not to exceed 90 days from request): _____

REQUEST (include Attachments)

INSTRUCTIONS

1. **The executed contractor's proposal along with a sketch of the alteration MUST BE ATTACHED TO THIS FORM** detailing dimensions, materials, colors and distance from the foundation/exterior perimeter of the unit.
2. Alterations or improvements require **prior** written approval by your Board. Prior written consent of adjoining unit owners. **(Verify in your documents under Article XIV Maintenance and Alterations)**
3. Work may not begin until you receive written approval of the Board of Directors and signed Management's Review. Work must be completed within 90 days of approval. It is the unit owner's responsibility to notify the Board of Directors when work is completed.
4. **Unit Owner is responsible for obtaining current license and insurance information (prior to start of any work) for any vendor whose information is not currently on file with Management and included on the Kings Point Contractors List.** Home improvement centers (such as Lowe's or Home Depot) use subcontractors for installation. Please secure the subcontractors name, phone number and a contact name (if possible). A copy of the subcontractor's license and insurance must be secured prior to work beginning.
5. In limited circumstances your governing documents may require a vote of unit owners before changes can be made to the Limited Common Area or Common Area, i.e. approval of 75% or 100% of the total vote of the unit owners. **Signatures are not a substitute for a unit owner vote. Verify in your documents under Article XIV Maintenance and Alterations.** Please check with your CAM/Board of Directors for additional clarification.
6. FirstService Residential will email a copy of this Request for Alteration form to the Irrigation Entity (the Master Association) for the purpose of surveying the area for irrigation lines. The requester of this form will be copied on the email that is sent. Irrigation modifications of any kind (including those required for pouring of a slab) are the sole responsibility of the unit owner, including obtaining approval and any costs associated with irrigation checks or modifications. Unit owner is responsible for providing any additional information or documentation to the Irrigation Entity if required. **Only the entity that maintains the irrigation system is authorized to approve and complete the irrigation line check. Unit owner is responsible for contacting the Irrigation Entity (the Master Association) and FirstService Residential upon completion of project to schedule reconnection of irrigation.** If a slab is poured without review of the irrigation system, the unit owner will be responsible for all expenses related to any irrigation line damage or future repairs should a line running under a slab break.
7. Minor Alterations such as planting of small plants, spot painting, etc. where unit owner lists themselves as contractor, is the sole responsibility of the unit owner and said unit owner assumes full responsibility and holds harmless any and all others any liabilities. Unit owner shall not tap into or modify the irrigation for their unit owner beds.
8. Unit owners may not install their own irrigation/watering system/lines using potable water.

WORK IS NOT AUTHORIZED TO BEGIN PRIOR TO FULLY EXECUTED FORM BEING RETURNED TO UNIT OWNER

By my/our signature below, I/we understand that the maintenance, repair and/or replacement of and insurance for any requested alteration, or improvement is my/our responsibility (even if damage is caused by a common element) in accordance with the Declaration of Condominium, Article XIV MAINTENANCE AND ALTERATIONS, and any amendments thereto or duly adopted rules of the Board of Directors and shall be binding upon the unit owner(s), his heirs, executors, administrators, successors, and assigns. Removal of a modification may be requested by the Board, at my/our expense, should the modification become a nuisance.

UNIT OWNER(S) SIGNATURE _____

DATE SIGNED _____

LANDSCAPE/ ALTERATION or IMPROVEMENT DETAILS:

- 1. Show location of landscape alteration or Improvement
- 2. Provide landscape alteration/bed area or improvement dimensions in feet
- 3. Attach any additional information and/or pictures

Unit/Building

Back

Front

Signatures of those most affected by the change (i.e. roof-mate and neighbors):

<u>Signature</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____

BOARD OF DIRECTORS ACTION

Approved date: _ Disapproved date: _

BOARD SIGNATURES:

1 ..	_____
2. -----	Name/Title (Please Print)
3. -----	_____
	Name/Title (Please Print)

	Name/Title (Please Print)

	Board comments

Please return completed form to: FirstService Residential-1904 Clubhouse Drive, Sun City Center, FL 33573
(813) 642-8990

MANAGEMENT REVIEW

use and insurance requirements. Management review does not supersede your Board's decision. Board Action or signatures are not a substitute for unit owner vote, if r

Reviewer: Date:

Irrigation Line Check Requested: Date: _ Irrigation Line Check Complete: Date: _

Copy to Unit Owner: Date: _____ Copy to Board: Date: _____