

Woodlake Villas Property Owners Association, Inc.
Amenities Pass Agreement

Owner/Residents Name: _____ Unit Number: _____

NOTICE: You must have an Amenities Pass to enter AND leave the pool area. The pool gate will not open without your Amenities Pass. If you enter the pool area with family to guests and then leave the pool area separately, the last person to leave should have the Pass as they will need it to unlock the gate and exit the pool area. Each owner/resident is entitled to one Amenities Pass without charge. One and only one additional Pass may be obtained for a \$5.00 fee. There shall be a twenty-five dollar (\$25.00) fee to replace any lost or stolen amenities pass. There is a minimum FIFTY DOLLAR (\$50.00) fine for improper use of your Amenities Pass.

Woodlake NOT Liable: It is expressly agreed that all use of the pool and the pool area amenities shall be undertaken by the Resident at his or her own risk and the Woodlake shall not be liable for and injuries or damages to any Resident or guest or the property of and Resident or guest or be subject to any claim, demand injuries, damages, actions or causes of action. It is expressly agreed that Woodlake shall not be responsible or liable to Residents or their guests for articles lost or stolen in the pool area. Woodlake shall also not be responsible or liable for loss or damage to any other property of members or their guest including automobiles and contents.

User IS Liable: Resident expressly agrees that any damage to Woodlake's facilities, equipment or other property, or to the property of any other resident or guest caused, directly or indirectly, by Resident or a guest of Resident, is the sole responsibility of the Resident. Any amount due Woodlake shall constitute a personal obligation of the Resident, as well as a lien on the unit, which lien may be foreclosed at Woodlake's option.

Rules and Regulations: Residents acknowledges that it has read the Rules and Regulations (provided in the Woodlake Villas Handbook) and agrees to abide by such rules as maybe amended from time to time by the Board of Directors.

Signature of Resident

Date _____

Woodlake Representative

WOODLAKE VILLAS COMPLAINT FORM

Please use this form to file a written complaint regarding rule violations or other matters concerning Woodlake Villas. If your complaint is in reference to other Woodlake residents or activities, your name and address will be kept confidential. However, in the event of a Court hearing referencing your complaint, it is legally necessary to release this information. It is also necessary for you to be willing to testify in the event that Court proceedings are filed. All possible channels will be used to avoid Court proceedings and protect your anonymity.

We will investigate your complaint in an efficient and timely fashion. Please provide as many details as possible (i.e. exact dates, location, times, unit #'s, specific names, etc.).

If you feel you are witnessing any illegal or criminal activity, please contact the Beaufort County Sheriff's Department immediately. If your written complaint is being filed on an event that has involved the Sheriff's Department, please attempt to provide adequate information regarding the reporting officer's name, case number, etc. This will help management document and obtain reports necessary to rapidly expedite corrections and take appropriate action.

For management to effectively implement changes at Woodlake Villas, written complaint forms are necessary.

Additional complaint forms can be obtained at the offices of Diamond Management, Inc. in Bluffton located at 10C Johnston Way (Bluffton Village), and the onsite office which is located at the pool next to the Fitness Center.

WOODLAKE VILLAS COMPLAINT FORM

DATE: _____

COMPLAINT: _____

NAME: _____

UNIT #: _____

PHONE #: _____

Please send to: Woodlake Villas HPR C/O Diamond Management, Inc. P.O. Box 1836
Bluffton, SC 29910 (843) 815-6540 Office / (843) 815-6541 Fax
Woodlake On-site office (843) 689-3366 / (843) 689-3367 Fax

WOODLAKE VILLAS PROPERTY OWNERS ASSOCIATION, INC.
FITNESS CENTER OWNER-RESIDENT USE AGREEMENT

Owner-Resident's Name: _____ Unit Number: _____
Please Print (hereinafter referred to as "Resident")

NOTICE: Woodlake urges all Residents to obtain a physical examination prior to the use of any exercise equipment or participation in any exercise program. In recognition of the possible dangers connected with any physical activity, Resident knowingly and voluntarily waives the right or cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could accrue to the Wood lake Villas Property Owners Association, Inc., its Board of Directors, its directors, officers, agents, or employees (hereinafter collectively referred to as "Woodlake").

Woodlake NOT Liable: It is expressly agreed that all use of the Fitness Center facilities and equipment shall be undertaken by the Resident at his or her own risk and that Woodlake shall not be liable for any injuries or damages to any Resident or guest or to the property of any Resident or guest or be subject to any claim, demand, injuries, damages, actions or causes of action. It is expressly agreed that Woodlake shall not be responsible or liable to Resident or their guests for articles lost or stolen at the Fitness Center. Woodlake shall also not be responsible or liable for loss or damage to any other property of members or their guests including automobiles and contents.

Resident IS Liable: Resident expressly agrees that any damages to Woodlake's facilities, equipment, or other property, or to the property of any other resident or guest caused, directly or indirectly, by Resident or a guest of Resident, is the sole responsibility of the Resident. Any amount due W Woodlake shall constitute a personal obligation of the Resident, as well as a lien upon the unit, which lien may be foreclosed at Woodlake's option.

Rules and Regulations: I understand that any violation of the rules and regulations may cause this Agreement to be terminated immediately at the discretion of Woodlake. In the event of termination, Resident agrees to immediately return the access card issued to Resident. Failure to return access card within three days of termination shall result in a fee as set in Article 6 of the Rules & Regulations. Woodlake reserves the right to amend existing or make additional rules and regulations.

Attorney's Fees: If Resident fails to comply fully with the terms of this Agreement and with the Rules & Regulation referred to herein, and such failure results in Woodlake retaining an attorney to enforce this Agreement or to collect any amount owed to Woodlake under the terms of this Agreement, Resident shall pay for Woodlake's reasonable attorney's fees and the expenses and court costs allowed by law.

Miscellaneous Provisions: If any part of this Agreement is found to be invalid or unenforceable, the remainder of this Agreement will still be valid and enforceable. This Agreement will be governed by the laws of the State of South Carolina. Resident may not rely on this Agreement in any way to limit, restrict, or otherwise diminish Resident's obligations under Woodlake's Master Deed, By-Laws, and Rules and Regulations.

Certification: I certify that I have read this Agreement and the Rules & Regulations for the Fitness Center which appears on the reverse side of this Agreement and I will comply with the contents herein. I understand and re-affirm my obligation to comply with the terms and conditions of the Master Deed, the By-Laws, and all rules and regulations of Woodlake.

Signature of Resident: _____ *Date:* _____

WOODLAKE VILLAS
HVAC Exterior Alteration Form

Dear Woodlake Owner:

In order to simplify and expedite your request, the following guidelines and requirements were developed and must be followed for any exterior changes in the original HVAC component installation:

1. Any alteration involving running new HVAC line sets on the exterior of the building must be done according to Regime specifications. Any relocation of exterior condenser unit and pad must be approved by Regime.

2. Any approved alterations will be designed to blend in with the existing building colors, building style, and any existing alterations and building features. No alterations are permitted to be installed or run over any roof surface.

3. Installation must be performed by a licensed Contractor. Proof of proper licensing and insurance will be required. Contractor must contact Regime prior to any installation work is to begin. Installation method and back-up material will also be required.

4. Owner will be responsible for any maintenance of any building components necessitated by the alteration. Failure to provide the proper and necessary maintenance, with proper notice, may result in the Regime requiring the alteration to be removed and building put back to its original condition. Normal Regime maintenance may require that any approved alteration(s) be temporarily moved in order to perform regular maintenance. Any temporary move of improvements will only be done with proper notice to the unit owner.

5. Owner agrees to the above terms and is responsible to notify any future purchaser of the unit of these requirements. Further, owner may be required to sign a legal document that will be recorded in Beaufort County that states this agreement runs with the land for the life of the condo. The owner will be responsible for the recording fee.

6. Regime will provide written notice of installation approval along with copies of all signed terms and conditions.

7. All approvals are good for 90 days from acceptance. All work must begin within the 90 day time period and be completed within 30 days. If an approved installation is not begun with the 90 day limit, a new request and application must be submitted. Please sign and submit to Diamond Management, Inc. at P.O. Box 1836, Bluffton, SC 29910. Phone 843 815-6540/Fax 843 815-6541.

Owner Name (print) and unit number

Signature

Date

OWNER OCCUPANCY STATEMENT

This occupancy list is needed for security purposes (we want to be able to distinguish between residents and those who have no right to be on the property) and for the proper management of our amenities.

PLEASE LIST THE NAMES OF EACH PERSON WHO WILL BE OCCUPYING YOUR UNIT. AN OCCUPANT IS ANYONE WHO RESIDES IN THE UNIT WHETHER OR NOT THEIR NAME APPEARS ON THE LEASE. THIS INCLUDES CHILDREN AND OTHER ADULTS.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

OWNER CERTIFICATION:

I certify that the people listed above are the only people authorized to occupy my unit. I also acknowledge that I have received a copy of the Rules and Regulations Handbook.

Signature of Owner

Please print name

Unit #

Date

WOODLAKE VILLAS PATIO EXTENSION FORM

Dear Woodlake Owner:

In order to simplify and expedite your request, the following guidelines and requirements were developed and must be followed for any patio extension approval.

1. Owner will provide the Regime with a scale drawing showing the dimensions and proposed extension in relation to neighboring units, sidewalks, lagoons, etc., in order to determine the impact of the extension on the surrounding units and buildings. The extension material along with type of finish must be specified (i.e. concrete, block, brick, etc.) There may be no mortared joints or other permanent type installation. Any proposed landscaping changes, upgrades, etc, must also be included on the drawing.

2. Contact Regime to locate any irrigation lines that may exist under extension area in order that these lines are relocated to an area not encompassed by the patio. Owner will reimburse the Regime for this work. The Regime will provide owner with the cost of this service prior to the commencement of any such work. If the irrigation cannot be moved, the owner will be responsible for any future irrigation work that may be necessary on the portions under the extension.

3. Local utility companies must be contacted by owner to locate the utility lines that may run under the extension. A 4 inch PVC pipe running the entire width of the extension must be installed under the extension surface to act as a conduit in the event any new utility or similar line needs to be installed.

4. Owner will be responsible for any maintenance of the patio extension and/or any other maintenance necessitated by the extension. Failure to provide the proper and necessary maintenance, with proper notice, may result in the Regime requiring the extension to be removed.

5. Owner will sign a statement agreeing to the above terms and notify any future purchaser of the unit of these requirements.

6. Owner will be required to sign a legal document that will be recorded in Beaufort County that states this agreement runs with the land for the life of the condo. The owner will be responsible for the recording fee.

7. All approvals are good for 90 days from acceptance. All work must begin within the 90 day time period and be completed within 30 days. If an approved installation has not begun within the 90 day limit, a new request and application must be submitted. Please sign and submit to Diamond Management, Inc. at P.O. Box 1836, Bluffton, SC 29910. Phone 843 815-6540/Fax843 815-6541.

OWNER NAME AND UNIT NUMBER (Please print)

DATE

SIGNATURE

Woodlake Villas

Pet Registration Form

Unit # _____ Residents Name _____

Name of Owner _____

Number of Dogs _____ Number of Cats _____

Number of other (Please identify) _____

List each dog or cat by breed, size, color, name, distinguishing characteristics: _____

Rabies tag number for each pet and date of issue: _____

Rule 4.2 (a.1): Pets must be brought to the office so a photo may be taken to include in the registration.

I HAVE READ THE REGULATIONS OF THE PET POLICY. I UNDERSTAND THESE REGULATIONS AND
HEREBY AGREE TO ABIDE BY THIS POLICY AT ALL TIMES.

Signed Owner

Date

Tenant

Date

Registration is considered incomplete if all requested information is not provided, or form is not signed.

Please return this form to the **On-site office at Woodlake Villas.**

WOODLAKE VILLAS

Satellite Form

Dear Woodlake Owner:

In order to simplify and expedite your request, the following guidelines and requirements were developed and must be followed for any satellite dish approval and installation.

1. All dishes must be no larger than an 18 inch diameter. No more than one dish per unit.
2. Where possible, all dishes are to be mounted at the chimney in such a method as to conceal them from ground view. For units without chimneys, or in cases where the proper signal trajectory dictates a different location, mounting location will be approved on a case by case basis. Roof mounting (through shingles) is strictly prohibited.
3. All cable locations and building penetrations to run the cable must be disclosed and approved prior to installation.
4. Installation must be performed by a licensed Contractor. Proof of proper licensing and insurance will be required. Contractor must contact Regime prior to any installation work is to begin. A Woodlake staff member must be present during installation. Installations are only permitted Monday through Friday 8:00 am to 4:00 pm. NO INSTALLATIONS ARE TO BE PERFORMED ON WEEKENDS.
5. Owner will be responsible for any maintenance of the dish and/or any other roof or building maintenance necessitated by the dish. Failure to provide the proper and necessary maintenance, with proper notice, may result in the Regime requiring the dish to be removed and the building put back in its original condition. If the dish is to be removed by the Owner, the Owner must contact Regime prior to any removal activity.
6. Owner will sign this statement agreeing to all the contained terms and notify any future purchaser of the unit of these requirements. Further, owner will be required to sign a legal document that will be recorded in Beaufort County that states this agreement runs with the land for the life of the condo or as long as the dish exists. The owner will be responsible for the recording fee.
7. Regime will provide written notice of installation approval along with copies of all signed terms and conditions.
8. All approvals are good for 90 days from acceptance. All work must begin within the 90 day time period and be completed within 14 days. If an approved installation has not begun within the 90 day limit, a new request and application must be submitted. Please sign and submit to Woodlake Villas at the on-site office or mail to P.O. Box 1836, Bluffton, SC 29910. Phone 843 815-6540/Fax 843 815-6541.

Owner Name (print) and unit number

Signature

Date

WOODLAKE VILLAS
Skylight Form

Dear Woodlake Owner:

In order to simplify and expedite your request, the following guidelines and requirements were developed and must be followed for any skylight approval and installation:

1. All skylights must be of a fixed, non-opening nature. No more than 2 skylights per unit, with only one style per unit.
2. Maximum square inches of skylights permitted per unit is 1,400 for a townhouse, 2,800 for a flat located in a building of four flats, and 2,300 for all other flats.
3. Installation must be performed by a licensed Contractor. Proof of proper licensing and insurance will be required. Contractor must contact Regime prior to any installation work is to begin. Skylight style, installation method and back-up material will also be required.
4. Owner will be responsible for any maintenance of the skylight and/or any other roof or building maintenance necessitated by the skylight. Failure to provide the proper and necessary maintenance, with proper notice, may result in the Regime requiring the skylight to be removed and the roof put back to it's original condition.
5. Owner will sign a statement agreeing to the above terms and notify any future purchaser of the unit of these requirements. Further, owner will be required to sign a legal document that will be recorded in Beaufort County that states this agreement runs with the land for the life of the condo. The owner will be responsible for the recording fee.
6. Regime will provide written notice of installation approval along with copies of all signed terms and conditions.
7. All approvals are good for 90 days from acceptance. All work must begin within the 90 day time period and be completed within 30 days. If an approved installation is not begun with the 90 day limit, a new request and application must be submitted. Please sign and submit to Diamond Management, Inc. at P.O. Box 1836, Bluffton, SC 29910. Phone 843 815-6540/Fax 843 815-6541.

Owner Name (print) and unit number

Signature

Date

WOODLAKE VILLAS

Reservation Form for Amenities Use and Private Functions

Resident's Name (Must be 21 years old): _____

Unit Number: _____ Phone #: _____ Date Needed: _____ Time: _____

Description of event: _____

To reserve the pool and community room area for any parties a two (2) week notice must be submitted to the on-site office. A \$100.00 deposit is required to reserve the pool area and community room. Each Villa is permitted to have on free party per year, January 1 thru December 31. Any additional parties will cost \$50.00 plus a \$100.00 deposit for a total of \$150.00. *Your entire \$100.00 deposit will be forfeited if all the following items are not followed or cleaned properly. All garbage is to be taken to a dumpster, kitchen and utensils clean, carpet clean and free of stains.*

POOL/COMMUNITY ROOM RULES FOR PARTIES

PLEASE INITIAL EACH OF THE FOLLOWING AFTER READING:

1. _____ I agree to abide by the Rules and Regulations of Woodlake Villas while using the Amenities with the understanding that the Woodlake Board of Directors has the right to review all applications before confirmation is made. I fully understand that the Amenities are not to be used for commercial venture.
2. _____ I agree to pay a refundable \$100.00 cleaning deposit for using the Woodlake Amenities. (Should management find the Amenities have not been properly cleaned and all trash removed from the premises, the entire deposit will be forfeited. Management has the option of calling in an outside cleaning company if necessary. Any charges over and above the deposit will be the responsibility of the resident reserving the area to pay. Management will also seek reimbursement for any damages done to any of the amenities/common areas during approved party/reservation). **NO MORE THAN 20 PEOPLE PER PARTY.**
3. _____ I agree that I am responsible for cleaning the Amenities and all furniture should be returned to the proper place. The Amenities are to be cleaned immediately after the event, unless prior arrangements have been made and approved in writing. **NO piñatas in the pool area. NO glass of any kind is allowed anywhere and no food is allowed in or around the pool. NO grills permitted. All coolers must be kept outside of the community room on the pool deck or walkway**

4. _____ I understand that the Amenities are available 1 hour before the reserved time and 1 hour after.
All events must be over and area cleaned by 9 p.m.
 5. _____ Any decorations or additional furniture must be preapproved in writing.
 6. _____ If you wish to use the kitchen facilities, the key must be obtained from the on-site office prior to the event.
 7. _____ You cannot reserve the pool/amenities for someone else. This will result in loss of privileges.
 8. _____ While you are having your party, you cannot deny any other residents access to the pool area.
 9. _____ If any services are needed from Woodlake Villas please describe them below:
-

Date: _____ Resident Signature: _____

Unit Number: _____ Phone number: _____

FOR OFFICE USE:

Date Received: _____

Confirmed: _____

By: _____

Date Paid: _____

Deposit Paid: _____

Refunded: _____

MANAGEMENT:

Date/Time Inspected: _____

Inspected By: _____

Reason Cleaned: _____ Ashtrays Cleaned: _____

Trash Removal: _____ Furniture Replaced: _____

Floors Cleaned: _____ Pool Deck Cleaned: _____

Tennis Ct's Cleaned: _____ Other: _____