

BOCA GROVE



BOCA GROVE

2025 Fee Schedule

Membership Initiation Assessment - used solely for capital improvement \$ 200,000

One time non-refundable, due at closing, mandatory for all homeowners

Annual Assessments for 2025

Transitional (Formerly called dues)	\$ 25,765
Improvement	\$ 4,788
Capital	\$ 2,375
Common	\$ 8,411
Special Common	\$ 2,000

Activities & Amenities

GOLF

Winter Season

Guests	\$80 / \$50
House & Immediate Family	\$50 / \$30
Junior Rate (12 & under)	No Charge

Summer Season

Guests	\$40 / \$30
House & Immediate Family	\$30 / \$20
Junior Rate (12 & under)	No Charge

Lessons

Director of Golf	\$120 / \$60
Head Golf Professional	\$110 / \$60
Asst. Prof. – PGA Class A	\$100 / \$55
Asst. Prof. – Non-Class A	\$90 / \$50
Jr. Clinic (45 min)	\$30
Co-Ed Clinic (60 min)	\$45
Cart Rental (per person)	\$35 / \$20
Locker	\$200/ \$150
Club Cleaning & Storage	\$150

Unaccompanied Guests

(Year Round Price)

Unaccompanied Family Guest	\$100
Unaccompanied Guest	\$200

FITNESS

per hour/half hr

Head Trainer	\$90 / \$60
Trainer	\$80 / \$50
Student Trainer	\$60 / \$40
Pilates	\$90Private /\$140 Duo

RACQUET SPORTS

Director of Tennis/Emeritus	\$100 / \$55
USPTA P1	\$100 / \$55
USPTA Non-Class P1	\$80 / \$45
Junior Clinic (30 min)	\$15
Clinic (60 min)	\$25

RESORT FEE

\$35

Any group over 8, including the member - is a "private party" and is subject to this fee. The member is charged the \$35 Resort Fee for each "unaccompanied guest" UNLESS the guest is a registered family member, in which case the fee is \$17.50, half price in accordance with other amenities (i.e. golf guests are \$200 and \$100 respectively).

Guests, House Guests and Family House Guests are subject to appropriate daily guest fees. House guests must be registered overnight guests. Limit Apply.

Refundable deposit of \$2,500 along with a background report fee of \$250 is required for each homeowner and must be paid prior to application processing. If closing does not take place, the deposit made to Boca Grove shall be refunded in full. All membership transfers must be handled through the POA. Accounts are due upon receipt. If not paid on or before due date, a late charge equal to 1.5% of delinquent balance will be charged per month.

BOCA GROVE

Full Membership Application



Office Use Only:
Mbsp. #: _____
Sec. Pin: _____
Lot #: _____
Section: _____

DATE: _____

NAME: _____ BIRTHDATE: _____

CURRENT MAILING ADDRESS: _____
(Street Address)

(City) (State) (Zip)

PROSPECTIVE BOCA GROVE ADDRESS: _____

(Home Telephone) (Office Telephone) (Cell)

EMAIL ADDRESS _____

SPOUSE'S NAME: _____ BIRTHDATE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

CHILDREN AT HOME: _____ BIRTHDATE: _____
_____ BIRTHDATE: _____
_____ BIRTHDATE: _____

PLEASE LIST TWO PERSONAL REFERENCES THAT WE MAY CONTACT:

1. _____ RELATIONSHIP: _____

ADDRESS: _____ CONTACT NUMBER: _____

2. _____ RELATIONSHIP: _____

ADDRESS: _____ CONTACT NUMBER: _____

BANK WITH WHICH YOU DO BUSINESS: _____

ADDRESS: _____

(Business Address)

PERSON TO CONTACT: _____ CONTACT NUMBER: _____

OTHER CLUBS YOU CURRENTLY BELONG TO:

1) _____ 2) _____

OCCUPATION: _____ BUSINESS CONTACT: _____

BUSINESS ADDRESS: _____

If accepted for membership, I understand that my equity membership is to be paid in accordance with the following schedule:

1.) \$2,750 deposit with application (Includes \$250.00* non-refundable investigation fee). Complete an *Authorization to Release Information* form for **BOTH** the member and spouse. Forms are attached.

(*Out of country investigation fee may be more than \$250.00)

2.) Balance due upon closing I am in receipt of and have read the Declaration of Protective Covenants & Restrictions of Boca Grove Property Owners Association, which I fully understand and agree to observe. I further understand that all dues are payable in advance, and that I will not be able to use Club Facilities until the dues are paid in full. I further understand that the Management of Boca Grove reserves the right to suspend any membership in the Club. Delinquent members are responsible for all costs of collection including but not limited to attorney's fees.

PLEASE FILL OUT APPLICATION COMPLETELY

Signature of Applicant Date

BOCA GROVE

MEMBER INFORMATION FORM

OFFICE USE:
Lot #: _____
Section: _____
Security Code: _____

NEW MEMBER CHANGE MEMBER INFO

TYPE OF MEMBERSHIP:

SINGLE FAMILY

OWNER ACTIVITY PERMITTEE RELOCATION PROGRAM OTHER _____

RENTAL: PROPERTY OWNER TYPE FULL/GOLF -OR- SOCIAL START _____ END _____
 RENTAL MEMBERSHIP WILL MATCH THAT OF THE PROPERTY OWNER

MEMBERSHIP NUMBER: _____ JOIN DATE: _____

PROPERTY OWNER: _____ TRUST CORP LLC _____

BOCA GROVE ADDRESS: _____

OTHER ADDRESS #1: _____

OTHER ADDRESS #2: _____

VOTER NAME: _____

MEMBER NAME: _____ BIRTHDATE: _____

PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____ OTHER: _____

SPOUSE'S NAME: _____ BIRTHDATE: _____

PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____ OTHER: _____

CHILDREN OR OTHERS AT THIS ADDRESS: _____ GENDER

CHILD 1 NAME: _____ BIRTHDATE: _____ M/F

CHILD 2 NAME: _____ BIRTHDATE: _____ M/F

CHILD 3 NAME: _____ BIRTHDATE: _____ M/F

CHILD 4 NAME: _____ BIRTHDATE: _____ M/F

MAILING INFO:

STATEMENTS: Print Email Both Address: BG Other #1 Other #2

NEWSLETTER: Print Email Both Address: BG Other #1 Other #2

Mandatory: Print Only Address: BG Other #1 Other #2

TEXT GROUP OPT IN: Golf Tennis Fitness Social Family Kosher

Other Contact Person: _____

Cell: _____

Email: _____

Reason for Change: _____

Member Resigned Date: _____

Member's Death Date: _____

Signature of Applicant

Date



RESIDENT INFORMATION FOR: _____

HOUSE SITTER & REPAIR SERVICE INFORMATION (If Applicable)

Last Name _____ First _____ Phone _____

Appliance Company _____ Phone _____

OWNER'S VEHICLES

Make & Year _____ Tag _____ Color _____

Make & Year _____ Tag _____ Color _____

Make & Year _____ Tag _____ Color _____

Make & Year _____ Tag _____ Color _____

EXISTING ALARM INFORMATION

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Monitoring Company _____ Phone _____

EMERGENCY INFORMATION

CodeRed Emergency Cell #: _____ and _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

LAST NAME _____ FIRST NAME _____

Date of Birth ____/____/____ Disabled (needs assistance during evacuation) Yes _____ No _____

Describe Disability _____

LAST NAME _____ FIRST NAME _____

Date of Birth ____/____/____ Disabled (needs assistance during evacuation) Yes _____ No _____

Describe Disability _____

PERMANENT ACCESS LIST

LAST NAME _____ FIRST NAME _____

Authorized any day at any time. Yes _____ No _____ IF NOT, please list times and specific day below.

Sun _____ - _____ Mon _____ - _____ Tues _____ - _____ Wed _____ - _____ Thur _____ - _____ Fri _____ - _____ Sat _____ - _____

LAST NAME _____ FIRST NAME _____

Authorized any day at any time. Yes _____ No _____ IF NOT, please list times and specific day below.

Sun _____ - _____ Mon _____ - _____ Tues _____ - _____ Wed _____ - _____ Thur _____ - _____ Fri _____ - _____ Sat _____ - _____

LAST NAME _____ FIRST NAME _____

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Sun _____ - _____ Mon _____ - _____ Tues _____ - _____ Wed _____ - _____ Thur _____ - _____ Fri _____ - _____ Sat _____ - _____



BOCA GROVE PROPERTY OWNERS' ASSOCIATION INC.
RULES & REGULATIONS ACKNOWLEDGEMENT

I/We, _____,
hereby acknowledge the receipt of the Rules & Regulations of Boca Grove.

Member's Signature

Today's Date

PHOTO RELEASE & ACKNOWLEDGMENT

I/ We hereby irrevocably grant to Boca Grove Property Owners' Association, Inc ("BGPOA") and its affiliates, successors, and assigns, the right to photograph, film, videotape, audiotape and/or otherwise record, by any and all methods now or hereafter known, my image, voice, and/or likeness, and to use my photograph, image, and/or likeness in which I may appear and/or any utterance or statements I may make, or any portion thereof, in any and all media including but not limited to any type of print, digital, film, videotape, audiotape media and internet media, any number of times, in any and all manner, and by any and all means now or hereafter known, for promotional or other purposes and I agree that any photograph, image, likeness, utterance, or statement taken by BGPOA of me shall be and remain the sole and exclusive property of BGPOA. I release BGPOA from any and all liability in connection with the use of such photograph, image, likeness, utterance or statement.

If I am under the age of eighteen (18) years, the signature below is that of my parent or guardian who represents that he or she has the authority to sign this release on my behalf.

I acknowledge that I have read and understand this CONSENT and that it shall be binding on me and my heirs.

Member's Signature

Today's Date

PLEASE NOTE: THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. ALL CLIENTS SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT THEIR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize Boca Grove Property Owners Association, Inc. to obtain "consumer reports" and "investigative reports" about me for () buyer, () tenant, () membership purposes.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name)

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____ First Name: _____ Middle: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Phone Number: _____

Email Address: _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number

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Phone Number: _____

Email Address: _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number

ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU

Boca Grove Property Owners Association, Inc. (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates. The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 1601 Forum Place, Suite 203, West Palm Beach, FL 33401, (888) 605-4265 (P), (888) 605-4305 (F), www.scottrobertsassociates.com, info@srascreeing.com. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any **“investigative consumer report” ordered by the Company on you.** You may do so by contacting the Company.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU

Boca Grove Property Owners Association, Inc. (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for () buyer, () tenant, () membership purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 1601 Forum Place, Suite 203, West Palm Beach, FL 33401, (888) 605-4265 (P), (888) 605-4305 (F), www.scottrobertsassociates.com, info@srascreeing.com

ADDITIONAL STATE LAWNOTICES

If you live in, work in, or are seeking work for Boca Grove Property Owners Association, Inc. (“the Company”) in Washington State, Massachusetts, New Jersey, New York, Minnesota, Oklahoma, or California, please note:

(“the

State of Washington applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New Jersey applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New York applicants/employees only: You have the right, upon written request, to be informed of whether or not an investigative consumer report (as defined by state law) was requested from a consumer reporting agency. If a report was requested, you will be provided with the name and address of the consumer reporting agency to whom the request was made. You may also inspect and receive a copy of the report by contacting Scott-Roberts and Associates, LLC, 1601 Forum Place, Suite 203, West Palm Beach, FL 33401, (888) 605-4265 (P), (888) 605-4305 (F), www.scottrobertsassociates.com, info@srascreening.com. You are also now receiving a copy of Article 23-A of the NY Correction Law.

Minnesota applicants/employees only: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of the consumer report. A consumer reporting agency must make this disclosure within five (5) days of receipt of your request or of the Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants/employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants/employees only: In addition to this document, you are receiving a copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

BOCA GROVE

RELEASE AND WAIVER

THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING

This Release and Waiver (“**Release**”) is made effective as of this _____ day of _____, 202____, by the undersigned (“**User**”) in favor of Boca Grove Plantation Property Owners’ Association, Inc. (the “**Association**”) and Boca Grove Golf and Tennis Club, Inc. (the “**Club**”).

RELEASE

A. For purposes of this Release, the capitalized terms below have following meanings:

(a) “**Claim**” means any claims, damages, remedies, causes of action, demands, rights, actions, suits, losses, judgments or costs, including court costs and attorneys’ fees, and liabilities of any kind or character whatsoever, whether known or unknown, foreseen or unforeseen, existing or hereinafter arising, contingent or non-contingent, liquidated or unliquidated, matured or unmatured, suspected or unsuspected, in tort, law, equity, or otherwise.

(b) “**Property**” means Boca Grove Plantation as defined in Article I of the Amended Declaration of Protective Covenants and Restrictions for Boca Grove Plantation (the “**Declaration**”).

(c) “**Released Party**” means the Association and the Club and their directors, officers, committee members, members employees, volunteers, representatives, agents, contractors, and their respective successors and assigns.

(d) “**Releasing Party**” means User, User’s family, User’s guests, and their heirs, personal representatives, executors, and administrators, any other person claiming by or through User.

(e) Whenever the context requires, the singular form will include the plural form, the masculine includes the feminine or neuter, and all will be interchangeable.

B. As an express condition to entering onto and using the Property and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Releasing Party acknowledges receipt of, and agrees to comply with, the Declaration and all rules, regulations, policies, and procedures of the Association and the Bylaws of the Club, as they each may be amended from time to time, and further:

1. Releasing Party acknowledges and agrees that use of the Property is generally on an unsupervised basis and may be an inherently dangerous activity that involves the risk of injury, death, disease, or property damage to Releasing Party.
2. Releasing Party accepts and voluntarily assumes all risks associated with use of the Property, including, but not limited to, the risk of exposure to or contact with, COVID-19 or other communicable infection, illness or disease, and that any such occurrence may result in personal injury, illness, disease, permanent disability, or death.

3. Releasing Party hereby unconditionally, irrevocably, and forever covenants not to sue, releases, and discharges the Released Party from any and all Claims, whether or not based on the sole or partial actions, omissions, or negligence of the Released Party, which result from or arise out of, directly or indirectly, Releasing Party's use of the Property and/or participation in any event or activity at the Property, including without limitation any Claims related to COVID-19 or other illness or disease that occurs before, during, or after the use or the Property, all to the fullest permitted by law.
4. Releasing Party agrees to indemnify, defend, and hold harmless the Released Party against any and all Claims, from any person or entity, whether or not caused by the sole or partial negligence of the Released Party, which may be incurred or sustained by the Released Party that results from or arises out of, directly or indirectly, Releasing Party's use of the Property.
5. Releasing Party acknowledges and expressly agrees that this Release will be interpreted, construed under, and governed by the laws of the State of Florida and is intended to be as broad and inclusive as is permitted by Florida law. Releasing Party consents to the personal jurisdiction and venue of the state courts located in Palm Beach County, Florida, for any lawsuit filed against Releasing Party that is related to this Release. In the event that any portion of this Release is determined to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of all remaining terms of this Release will not be affected or impaired in any way and will continue in full force and legal effect.
6. Releasing Party acknowledges that this Release is a legally binding contract and agrees that if a claim, action, proceeding or litigation is pursued against any Released Party as a result of or arising out of, directly or indirectly, Releasing Party's use of the Property or this Release, Releasing Party will pay the reasonable attorneys' fees and costs incurred by the Released Party in its defense of same, regardless of whether litigation is commenced.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT: (I) I READ THIS RELEASE; (II) I UNDERSTAND THAT THIS RELEASE IS A PROMISE NOT TO SUE, A WAIVER, A RELEASE, AND AN INDEMNIFICATION FOR ALL CLAIMS OF WHATEVER KIND; (III) I UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN THE CASE OF INJURY, DEATH, OR PROPERTY DAMAGE; (IV) I AM SIGNING THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT AND DEED; (V) I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT; AND (VI) I EXECUTE THIS RELEASE FOR FULL, ADEQUATE, AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Releasing Party Signature: _____

Releasing Party Name: _____

Date: _____

Boca Grove Address: _____

BOCA GROVE

ACCOUNT ACH AUTOMATIC PAYMENT AUTHORIZATION

Complete and return to CKovago@BocaGrove.org

Member Name _____ Member Acct # _____

Billing Address _____

City _____ State _____ Zip code _____

Email _____ Phone # _____

I authorized Boca Grove Property Owner's Association to initiate/process monthly payments to settle my account charges via the method selected below.

Please note: we cannot withdraw funds from International or Canadian accounts - U.S. bank accounts only.

ACH (Automated Clearing House)

Routing # _____ Bank Acct # _____

**PLEASE ATTACH A VOIDED CHECK OR DIRECT
DEPOSIT FORM FROM YOUR BANK**

We can not process this request without documents from your banking institution for verification.

1. Payments are automatically processed on or after the 20th of each month.
2. All charges will be processed for payment.
3. Automatic payments will be posted on the statement as Boca Grove POA.
4. The following ACH fees may be imposed:
 - \$25.00 - Non-Sufficient Funds (NSF)
 - \$10.00 - Per Rejected Payment (i.e., bank account information incorrect or account closed)
 - \$50.00 - Late Fee *and* Interest Charge of 18% per annum on any balance not paid by the statement due date.
5. This payment authorization shall remain in effect until written notice of cancellation is received and confirmed by Boca Grove Property Owner's Association.

By signing this authorization, I accept Boca Grove Property Owner's Association Recurring Payment Terms and Conditions.

Authorized Signature

Date