## AFFIDAVIT ACKNOWLEDGING PET RESTRICTIONS

| STATE OF FLORIDA )   |  |  |  |  |  |
|--|--|--|--|--|--|
| ) ss:<br>COUNTY OF BROWARD )   |  |  |  |  |  |
| BEFORE ME, the undersigned authority, on this day personally appeared                    |  |  |  |  |  |
| , who being first duly sworn, deposes and says:  |  |  |  |  |  |
| 1. My name is, and I am over the age of eighteen,  |  |  |  |  |  |
| competent to testify to the matters herein, and make this affidavit from my own personal |  |  |  |  |  |
| knowledge.   |  |  |  |  |  |
| 2. I am applying to (insert purchase or lease) Unit #                                    |  |  |  |  |  |
| in Edgewater Condominium Association of Broward County, Inc. ("the Association").        |  |  |  |  |  |

3. I hereby acknowledge that I have been made aware and fully understand that there are pet restrictions in place as to the type, number of and size of pets I may keep in my unit.

Article XXVIII of the Declaration of Condominium of Edgewater Condominiums states:

No Unit may have pets weighing more than fifty (50) pounds in the aggregate at maturity kept therein and no type of exotic pet or exotic animal may be kept or harbored within the confines of a Unit, without the prior written consent of the Association. Such consent may be given upon such conditions as the Board of Directors may direct, in the sole discretion of the Board of Directors, shall be only for the particular pet specified in the consent and shall be deemed provisional and subject to revocation at any time. In addition, not more than two (2) pets may be kept or harbored within a Unit. The person walking the pet must clean up all matter created by the pet. Pets must be either on a non-retractable leash and under the owner's control or hand carried at all times when not within the Unit of the pet's owner. No pet or animal shall be maintained or harbored within a Unit that would create a nuisance to any other unit owner or lessee. A determination by the Board of Directors that a pet or animal maintained or harbored within a Unit creates a nuisance or is exotic shall be binding and conclusive on all parties.

4. I hereby attest under penalty of perjury that the following are the only pets that will be kept in this unit:

| S              | pecies                   | Quantity                 |                              |                      |
|----------------|--------------------------|--------------------------|------------------------------|----------------------|
| $\overline{S}$ | pecies                   | Quantity                 |                              |                      |
| Т              | Cotal Weight of Pets: _  |                          |                              |                      |
| 5              | . I hereby unders        | tand and acknowledge t   | that if I suffer from a veri | fiable handicap or   |
| disability     | y and seek a reasonabl   | e accommodation regar    | ding the Association's pe    | t restrictions for a |
| service o      | or emotional support a   | animal, that I will be s | ubject to the legal require  | ements needed to     |
| grant su       | ch accommodation, i      | ncluding the submission  | on of legitimate docume      | entation from my     |
| treating       | medical professional.    | I further understand t   | that submitting a request    | for a fraudulent     |
| service a      | nimal or a fraudulent    | emotional support anin   | nal is a crime in the State  | of Florida which     |
| may sub        | ject me to paying a f    | ine and/or being order   | ed to perform community      | y services if I am   |
| guilty of      | f such crime. At this    | time, I am requesting    | an accommodation for a       | a service or         |
| eı             | notional support anim    | al (check one) as follow | /s:                          |                      |
|                |                          |                          |                              |                      |
| S              | pecies                   | Weight                   |                              |                      |
| I              | f I have left the inform | nation above blank, I ar | n confirming that I do no    | t currently have a   |
| service a      | nimal or emotional su    | pport animal.            |                              |                      |
| 6              | . I understand an        | d acknowledge that the   | Association is relying up    | on the statements    |
| I am ma        | king herein to determ    | ine whether or not my    | application for              | _ (insert lease or   |
| purchase       | e) merits approval. I u  | nderstand that I have th | ne right to retain my own    | counsel to review    |
| this affic     | lavit and to advise me   | on the legal consequen-  | ces of executing same. I f   | further understand   |

FURTHER AFFIANT SAYETH NAUGHT.

and acknowledge that if the statements I make herein are not true, the Association will pursue its

legal rights against me and will seek its attorney's fees and costs when doing so.

|  | By:                              |
|--|----------------------------------|
| STATE OF FLORIDA )                                   |                                  |
| COUNTY OF BROWARD )                                  |                                  |
| Subscribed and sworn to before me this , who is pers | sonally known to me or presented |
| identification.                                      | as                               |
|  | Notary Public, State of Florida  |

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