

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

AFFIDAVIT TO RECORD

IN RE: The Spa on Port Royal Sound Horizontal Property Regime

The attached documents are being recorded to comply with the South Carolina Homeowners Association Act, Title 27, Chapter 30, Section 110, et. seq., South Carolina Code of Laws (1976), as amended.

1. Rules and Regulations – Short Term Guests (adopted December 2020)
2. Rules and Regulations (adopted December 2020)
3. Alteration Permit Policy Procedure (adopted February 2021)
4. Long Term Tenant Registration Form (adopted December 2020)
5. General Info re Service Dogs/ESA (adopted February 2021)
6. Service Dog Registration Form (adopted February 2021)

The Spa on Port Royal Sound Horizontal Property Regime

By: William B. Mullis

William B. Mullis

(Printed name)

Its: President the Board The Spa on Port Royal Sound

SWORN TO BEFORE ME

On this 2nd Day of March, 2021.

[Signature]
Notary Public for South Carolina

My Commission Expires:



THE SPA ON PORT ROYAL SOUND

Long Term Tenant Registration Form (Adopted December 2020)

UNIT NUMBER: _____ DATE: _____

TELEPHONE (DAY): _____

EMAIL ADDRESS: _____

LANDLORD: _____ TELEPHONE: _____

NUMBER OF OCCUPANTS: _____ NUMBER OF VEHICLES: _____

NAMES OF OCCUPANTS:

RELATIONSHIP:

SELF

FOR ALL LONG-TERM RENTALS (MORE THAN EIGHTY-NINE (89) DAYS), THERE IS A **\$175.00 PER UNIT REGISTRATION FEE**. PAYABLE WITHIN 10 DAYS OF MOVE IN DATE. A **\$25.00 RENEWAL FEE** IS TO BE PAID EACH YEAR UPON THE RENEWAL OF YOUR LEASE TO OBTAIN THE NEW DECAL.

THIS FEE WILL PAY FOR YOUR PARKING DECAL(S) (*A MAXIMUM OF TWO (2) VEHICLES PER UNIT*). **\$25.00** OF THIS FEE CAN BE REFUNDED TO YOU AFTER YOU HAVE MOVED OFF OF THE SPA PROPERTY. YOU WILL NEED TO BRING IN YOUR DECAL(S)

IN ADDITION, IF YOU FAIL TO COMPLY WITH THE SPA RULES & REGULATIONS, YOU WILL BE ISSUED MONETARY FINES. PLEASE BE SURE TO TAKE A FEW MINUTES OF YOUR TIME TO READ THE RULES & REGULATIONS.

I/WE HAVE RECEIVED THE RULES & REGULATIONS. I KNOW THAT MY ACTIONS AND THE ACTIONS OF MY GUESTS FOR THE ABOVE PREMISES AND THE COMMON ELEMENTS OF THE SPA PREMISES WILL BE MY RESPONSIBILITY. _____ (PLEASE INITIAL).

Resident Signature _____

Date _____

Resident Signature _____

Date _____

Resident Signature _____

Date _____

Resident Signature _____

Date _____