

THE COVE OF SEMINOLE COUNTY  
HOMEOWNER'S ASSOCIATION, INC.

ARCHITECTURAL REVIEW BOARD MINUTES

Date: 8-30-2017

ARB Present: Kevin Caporaso, Ron Schade, Charlie Sexton, Jason Fox, Iqbal Chowdhury

Homeowners Present: Ramesh Kumar

Call to order: 8:00 - Second by Jason Fox

48 hour notice posted? Yes  No

Applications Reviewed: \_\_\_\_\_

Address:	Requested:	Approved/Denied
<u>3274 Safe Harbor Ln</u>	<u>ReRoofing Patio Roof</u>	<u>Approved</u>
<u>3237 Night Breeze Ln</u>	<u>Paver hardscaping</u>	<u>Approved</u>
<u>3216 Tidal Pool Cove</u>	<u>Pavers / ARTIFICIAL turf</u>	<u>Pavers approved turf denied</u>

Adjourned: 8:44pm

Prepared by: Kevin Caporaso

CC: Please return this completed form for Association records to: Community Management Specialists, Inc.  
1942 W CR 419, Suite 1030  
Oviedo, FL 32766

**THE COVE HOMEOWNER'S ASSOCIATION OF SEMINOLE COUNTY, INC.**

**C/O Community Management Specialists, Inc.**

1942 W. County Road 419, Suite 1030

Oviedo, FL 32768

Phone: 407-359-7202

Fax: 407-971-1490 Email: [Compliance@cmsorlando.com](mailto:Compliance@cmsorlando.com)

Management Company Only

HOA ACCT #: COV0115

**Architectural Review Application | GENERAL**

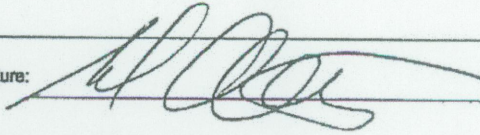
This request form is to be completed by the homeowner and submitted to the Architectural Review Committee via the Community Management Specialists, Inc. The request must be approved by the ARC or Board of Directors before any work commences. If approved, no further modifications or other alterations may be made without further approval of the review committee or Board. Please refer to the Declaration of Covenants, Conditions and Restrictions for a detailed description of the requirements, process and length of time for approval. If you are using heavy equipment such as dump truck, bobcat, fork lift, front end loader, etc... it is the responsibility of the homeowner to take every precaution to ensure no damage is done to the roadway, sidewalks, and any other common areas of the Association. Homeowner is solely responsible for restoring such areas to their original state. If approved your application is valid for a period of 90-days only.

To be completed by Homeowner:

Property Address: BRAND 3274 SAFE HARBOR LN. LAKE MARY 32746

Homeowner Name: Carlos & Kately Asturizaga Day Phone#: 407 688-2516

Mailing Address: (if different from property) \_\_\_\_\_

Email: CASTURIZAGA@CFL.RL.COM Homeowner Signature: 

Please check type of Architectural Review Required | ALL REQUESTS MUST COMPLY WITH HOA GOVERNING LAW

**PAINT**

- Painting with Existing Colors  
\*Existing colors\* are the colors that are currently painted on the home and are within 10 years of original ARC Approval or builder colors.
- Painting with New Colors  
\*New colors\* are colors that are completely different than what is currently on the home. This category also applies to colors that are on the pre-approved list by the HOA/ARC. (Two sets of 2x2" sample must be submitted)

**ROOF**

- Roof with identical material/color  
if roofing with identical material and color, no sample needed.
- Roof with new material/color  
12X12" Sample is required

**FENCE & DECK**

- Fence Installation/Repair/Replacement
- Deck Installation/Repair/Replacement

**DOORS & WINDOWS**

- Garage Door Replacement
- Front Door Replacement
- Window Replacement

**STRUCTURE**

- Room Addition
- Patio/ Sunroom/ Pergola
- Pool
- Solar Rooftop Device

**LIGHTING & IRRIGATION**

- Exterior Lighting Installation (decorative)
- Landscape Lighting Installation
- Irrigation System Installation
- Well System / Installation

**HARDSCAPING**

- Walkway Installation/Replacement  
 Paver  Concrete  Other
- Patio Paver Installation/Replacement
- Driveway Paver Installation/Replacement
- Concrete Edging/ Color: \_\_\_\_\_

**LANDSCAPE**

- Tree Removal/Addition
- Sod New/Replacement
- Flower Bed Installation/Removal/Replacement

**OTHER**

\_\_\_\_\_

**Note: THE FOLLOWING ITEMS NEED TO BE SUBMITTED ALONG WITH THIS FORM: (1) COPY OF PLOT PLAN/PROPERTY SURVEY SHOWING LOCATION OF MODIFICATION; (2) DRAWING AND OR COLOR SAMPLES**

Please complete the following, if applicable:

Anticipated Start Date: Sept 2017 Estimated Completion Date: 10-2 days from start of Project

Contractor: \_\_\_\_\_ Architect: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Comments: APPROX. 1000 sq ft of ROOF OVER PATIO WILL NEED TO BE REPLACED, SHINGLES, WOOD UNDER SHINGLES.

**NOTE:** Requests and alterations must conform to all local Zoning and Building Regulations. You are required to obtain the required permits if your request is approved. If your request is denied by the ARC, you may appeal to the Board of Directors for review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for approval/disapproval. If work does not commence within 90 days of approval you must resubmit the request for approval or request an extension in writing to the ARC Committee or Board of Directors for approval. Approval by the Association is contingent upon the Owner obtaining and complying with all necessary permit(s).

Ronald Schade Knall Schack 8-30-17  
 V. Luft 8-30-2017  
 [Signature] 8-30-17  
 [Signature] 8/30/17

RECEIVED  
 AUG 28 2017  
 BY: \_\_\_\_\_

**Conditions applicable to the THE COVE HOA OF SEMINOLE COUNTY ARC application:**

1. I understand that compliance with the **The Cove HOA of Seminole County** and approval by the Architectural Review Committee (ARC) does not necessarily constitute compliance with the building and zoning codes or provisions of Seminole County.
2. Approval of any project by the ARC does not waive the homeowner's responsibility for obtaining the appropriate Seminole County permits and inspections as required. Further, obtaining required County permits do not waive the requirements for ARC approval.
3. I understand and agree that no construction or exterior alteration shall commence without written approval from the ARC. If alterations are made prior to receiving approval, I may be required to return the property to its former condition at my own expense if this application is disapproved wholly or in part, and that I may be required to pay all legal expenses incurred.
4. I understand that members of the ARC or of the Management Company may contact me for more information or clarifications regarding my request.
5. I understand that any approval is contingent upon construction or alterations being completed in a professional-like manner.
6. The ARC Committee or the Board of Directors will provide an ARC decision on all applications for alteration within 30 days of receipt of a properly and fully completed application.
7. The work must be performed strictly in accordance with the plans as approved. If after plans have been approved, the improvements are altered, erected, or maintained upon the Lot other than as approved, same shall be deemed to have been undertaken without ARC approval. If new ARC is not submitted and reviewed, I may be required to return the property to its former condition at my own expense.
8. **All supporting documents (i.e. drawings, illustrations, plot plans, plats & surveys) must be submitted with the application in order for the ARC application to be considered "complete".**

Please email the "completed", original application to [compliance@cmsorlando.com](mailto:compliance@cmsorlando.com) or mail the "completed" original application to:

Community Management Specialists, Inc.  
 1942 W. County Road 419  
 Suite 1030  
 Oviedo, FL 32766

I have read and understand these conditions, \_\_\_\_\_ (Initials)

\*\*\*\*DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND HOA USE ONLY\*\*\*\*

**ARC and BOARD OF DIRECTORS OF THE ASSOCIATION USE ONLY**

**ARC Minutes and ruling:**

Date Received, Mgmt: 8/28/2017 Date to ARB: 8/28/2017 Date to Homeowner: \_\_\_\_\_  
 Date of Meeting: 8/30/2017 Location of meeting: ARB Committee 3282 safe Harbor Ln  
(If not entered or specific location)  
 Meeting Called to order at: 8:00  am  pm Meeting adjourned at: 8:44  am  pm

**Members Present at meeting and voting:**

**AUG 28 2017**

Member Name	Member Name
Ron Schade <input checked="" type="checkbox"/> approved <input type="checkbox"/> denied	Received Kevin Caparaso <input checked="" type="checkbox"/> approved <input type="checkbox"/> denied
Iqbal Chowdhury <input checked="" type="checkbox"/> approved <input type="checkbox"/> denied	<input type="checkbox"/> approved <input type="checkbox"/> denied
Jason Fox <input checked="" type="checkbox"/> approved <input type="checkbox"/> denied	Signatures on front sheet was missing <input type="checkbox"/> approved <input type="checkbox"/> denied
Charlie Sexton <input checked="" type="checkbox"/> approved <input type="checkbox"/> denied	<input type="checkbox"/> approved <input type="checkbox"/> denied

**Final disposition and voting: majority vote rules**

Approved  Disapproved/Denied  Incomplete

Approved with the following conditions: \_\_\_\_\_

Plans incomplete, information needed: \_\_\_\_\_

Comments: \_\_\_\_\_

By: [Signature]  
 ARC Chairperson / ARC Member

Date: 8/30/2017

8/18/17

THE COVE HOMEOWNER'S ASSOCIATION OF SEMINOLE COUNTY, INC.

C/O Community Management Specialists, Inc.

1942 W. County Road 419, Suite 1030

Oviedo, FL 32766

Phone: 407-359-7202

Fax: 407-971-1490 Email: Compliance@cmsorlando.com

Management Company Only

HOA ACCT #: COV0104

Architectural Review Application | GENERAL

This request form is to be completed by the homeowner and submitted to the Architectural Review Committee via the Community Management Specialists, Inc. The request must be approved by the ARC or Board of Directors before any work commences. If approved, no further modifications or other alterations may be made without further approval of the review committee or Board. Please refer to the Declaration of Covenants, Conditions and Restrictions for a detailed description of the requirements, process and length of time for approval. If you are using heavy equipment such as dump truck, bobcat, fork lift, front end loader, etc... it is the responsibility of the homeowner to take every precaution to ensure no damage is done to the roadway, sidewalks, and any other common areas of the Association. Homeowner is solely responsible for restoring such areas to their original state. If approved your application is valid for a period of 90-days only.

To be completed by Homeowner:

Property Address: 3237 NIGHT BREEZE LANE
Homeowner Name: Ramesh & Mamta Baksh Day Phone#: 301-758-6290
Mailing Address:(if different from property) Same as above
Email: DOTY4712@yahoo.com Homeowner Signature: [Signature]

Please check type of Architectural Review Required | ALL REQUESTS MUST COMPLY WITH HOA GOVERNING LAW

- PAINT: Painting with Existing Colors, Painting with New Colors
DOORS & WINDOWS: Garage Door Replacement, Front Door Replacement, Window Replacement
STRUCTURE: Room Addition, Patio/Sunroom/Pergola, Pool, Solar Rooftop Device
LIGHTING & IRRIGATION: Exterior Lighting Installation, Landscape Lighting Installation, Irrigation System Installation, Well System / Installation
HARDSCAPING: Walkway Installation/Replacement, Patio Paver Installation/Replacement, Driveway Paver Installation/Replacement
LANDSCAPE: Tree Removal/Addition, Sod New/Replacement, Flower Bed Installation/Removal/Replacement
OTHER: [Blank]

Note: THE FOLLOWING ITEMS NEED TO BE SUBMITTED ALONG WITH THIS FORM: (1) COPY OF PLOT PLAN/PROPERTY SURVEY SHOWING LOCATION OF MODIFICATION; (2) DRAWING AND OR COLOR SAMPLES

Please complete the following, if applicable:
Anticipated Start Date: 8/30/17 Estimated Completion Date: Sept. 30/2017
Contractor: [Signature] HARDSCAPE WORLD Architect:
Phone: 407-872-0088 Phone:

Additional Comments:

NOTE: Requests and alterations must conform to all local Zoning and Building Regulations. You are required to obtain the required permits if your request is approved. If your request is denied by the ARC, you may appeal to the Board of Directors for review. If all required materials or information is not included with this form at the time of submission, the time period does not apply for approval/disapproval. If work does not commence within 90 days of approval you must resubmit the request for approval or request an extension in writing to the ARC Committee or Board of Directors for approval. Approval by the Association is contingent upon the Owner obtaining and complying with all necessary permit(s).

[Signature] Aug 30/17

RECEIVED AUG 18 2017

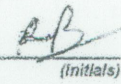
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**ARB Committee** Community Management Specialists, Inc.  
 1942 W. County Road 419  
 Suite 1030  
 Oviedo, FL 32766

**AUG 18 2017**

I have read and understand these conditions,  (initials)

**Received**

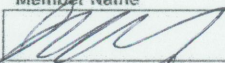
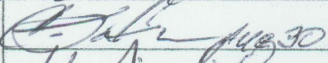
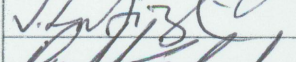
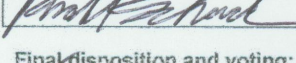
WRITE BELOW THIS LINE. FOR OFFICE AND HOA USE ONLY\*\*\*\*

**ARC and BOARD OF DIRECTORS OF THE ASSOCIATION USE ONLY**

**ARC Minutes and ruling:**

Date Received, Mgmt: 08-18-17 Date to ARB: 08-18-17 Date to Homeowner: \_\_\_\_\_  
 Date of Meeting: 8-30-2017 Location of meeting: 3282 safe Harbor  
(full address must be entered or specific location)  
 Meeting Called to order at: 8:00  am  pm Meeting adjourned at: 8:44  am  pm

Members Present at meeting and voting:

Member Name	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied	Member Name	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kevin Caporaso	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Final disposition and voting: majority vote rules

Approved  Disapproved/Denied  Incomplete

Approved with the following conditions: \_\_\_\_\_

Plans incomplete, information needed: \_\_\_\_\_

Comments: \_\_\_\_\_

By:   
 ARC Chairperson / ARC Member

ARB ARB

Date: 8/30/2017

# THE COVE HOMEOWNER'S ASSOCIATION OF SEMINOLE COUNTY, INC.

C/O Community Management Specialists, Inc.

1942 W. County Road 419, Suite 1030

Oviedo, FL 32766

Phone: 407-359-7202

Fax: 407-971-1490 Email: [ARC@cmsorlando.com](mailto:ARC@cmsorlando.com)

Management Company Only

HOA ACCT #: \_\_\_\_\_

## Architectural Review Application | GENERAL

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### To be completed by Homeowner:

Property Address: 3216 Tidal Pool Cove

Homeowner Name: SHIRAZ & PUSHPA MITHA Day Phone#: 407. 617-3149

Mailing Address: (if different from property) \_\_\_\_\_

Email: Nimiani1@hotmail.com Homeowner Signature: P. Mitla

### Please check type of Architectural Review Required | ALL REQUESTS MUST COMPLY WITH HOA GOVERNING LAW

#### PAINT

Painting with Existing Colors  
"Existing colors" are the colors that are currently painted On the home and are within 10 years of original ARC Approval or builder colors.

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#### ROOF

Roof with identical material/color  
If roofing with identical material and color, no sample needed.

Roof with new material/color  
12X12" Sample is required

#### FENCE & DECK

Fence Installation/Repair/Replacement  
 Deck Installation/Repair/Replacement

#### DOORS & WINDOWS

Garage Door Replacement  
 Front Door Replacement  
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#### STRUCTURE

Room Addition  
 Patio/ Sunroom/ Pergola  
 Pool  
 Solar Rooftop Device

#### LIGHTING & IRRIGATION

Exterior Lighting Installation (decorative)  
 Landscape Lighting Installation  
 Irrigation System Installation  
 Well System / Installation

#### HARDSCAPING

Walkway Installation/Replacement  
 Paver  Concrete  Other  
 Patio Paver Installation/Replacement  
 Driveway Paver Installation/Replacement  
 Concrete Edging/ Color: \_\_\_\_\_

#### LANDSCAPE

Tree Removal/Addition  
 Sod New/Replacement  
 Flower Bed Installation/Removal/Replacement

#### OTHER

Replace the existing pebbles with pavers & \*

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### Please complete the following, if applicable:

Anticipated Start Date: End of August Estimated Completion Date: 2nd week of Sept, 2017

Contractor: Paves Depot Architect: \_\_\_\_\_

Phone: 407. 480. 8388 / 223. 5200 Phone: \_\_\_\_\_

Additional Comments: \* Request to put artificial TURF in small sections on the front sides. It is enviro. efficient / Energy saving, water saving, No pest control, NO fertilizer, NO weed killer - all above items are affecting my health. I am allergic to them now.

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 Community Management Specialists, Inc.  
 1942 W. County Road 419  
 Suite 1030  
 Oviedo, FL 32766

Aug 29th 2017

I have read and understand these conditions, PM

(Initials)

\*\*\*\*DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND HOA USE ONLY\*\*\*\*

**ARC and BOARD OF DIRECTORS OF THE ASSOCIATION USE ONLY**

**ARC Minutes and ruling:**

**ARB Committee**

Date Received, Mgmt: \_\_\_\_\_ Date to ARB: 8/30/17 Date to Homeowner: \_\_\_\_\_  
 Date of Meeting: 8/30/17 Location of meeting: Aug 30 2017 82 Safe Harbor  
(full address must be entered or specific location)  
 Meeting Called to order at: 8:00  am  pm Meeting adjourned at: \_\_\_\_\_  am  pm

**Received**

**Members Present at meeting and voting:**

Member Name	Member Name	Member Name	Member Name	Member Name	Member Name
<u>[Signature]</u>	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied	<u>[Signature]</u>	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied
<u>[Signature]</u>	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied	<u>[Signature]</u>	<input type="checkbox"/> approved	<input type="checkbox"/> denied
<u>[Signature]</u>	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied	<u>[Signature]</u>	<input type="checkbox"/> approved	<input type="checkbox"/> denied
<u>[Signature]</u>	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> denied	<u>[Signature]</u>	<input type="checkbox"/> approved	<input type="checkbox"/> denied

**Final disposition and voting: majority vote rules**

Approved  Disapproved/Denied  Incomplete

Approved with the following conditions: Pavers are approved. Artificial turf is denied for the property. Artificial turf has always been denied in The Cove. Do not install artificial turf.

Comments: \_\_\_\_\_

By: [Signature]  
 ARC Chairperson / ARC Member

Date: 8/30/2017