



### **Avalon Beach Club Check List**

- Lease / Resale Information Form
- Vehicle Registration Form
- Photo ID (must be legible)
- Pet Page
- Disclosure Summary ( Sales Only )
- Buyer & Seller Disclosure form
- Deed Page
- Email Authorization Form ( Sales Only )
- Maintenance Fee Payment Option ( Sales Only )
- General Authorization for Applicant Screening
- Voting Certificate ( Sales Only )
- Lease / Resale Contract
- Non-refundable Processing Fee \$100.00 payable to Watson Association Management
- Avalon Beach Club Background Check \$25.00 per person over eighteen (18)
- Avalon Beach Club Coupon Book \$7.50 ( Sales Only )

430 NW Lake Whitney Place, Port St. Lucie, FL 34986  
435 S. Yonge Street #3, Ormond Beach, FL 32174  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005  
Phone 386.252.2661 Fax 386.673.4943  
Phone 386.239.1555 Fax 386.246.9271



## **Avalon Beach Club**

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### **Lease/Resale Application**

The following fee made payable to:

### **Avalon Beach Club**

\$25.00 Per Person Over 18 Background Check Fee

\$7.50 Coupon Book ( Sales Only )

#### Please Note:

- ◆ Applications must be received no less than *30 days* in advance of the beginning of the lease or closing date. Approval or disapproval will be determined within 30 days of application date. Interviews are Required.
- ◆ You may *NOT* move in until you have Approval from the Board of Directors.
- ◆ A personal interview with the Board is required.

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# Association Management

## LEASE / RESALE INFORMATION FORM

PLEASE ALLOW A MINIMUM OF (30) DAYS FOR PROCESSING

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION CONCERNING PURCHASER / TENANT:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Active Military Service Member \_\_\_\_ Yes \_\_\_\_ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Active Military Service Member \_\_\_\_ Yes \_\_\_\_ No

Present Address: \_\_\_\_\_

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

Any other Occupants? No \_\_\_\_ Yes \_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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I (we) intend to:

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental. PLEASE NOTE: Renters are not permitted to sub-lease the premises.

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NEAREST RELATIVE IN CASE OF EMERGENCY: \_\_\_\_\_

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

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*I (we) fully authorize investigation of all answers and references given.*

- ◆ *I (we) hereby agree to abide by all documents and Rules & Regulations of AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC. a copy of which was received from the Lessor / Seller.*
- ◆ *If seller fails to provide a set of Documents to Buyer, a copy may be obtained from Watson Association Management, LLC at a cost of \$50.00.*
- ◆ *Owner and/or Lessee agree that the terms of the **attached lease / contract** are within the requirements of AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC. Rules & Regulations.*
- ◆ *I agree that I will not rent or sell to any person who has not been approved by the Association.*

**Purchaser/Tenant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purchaser/Tenant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Association Management

<b>VEHICLE REGISTRATION FORM</b>
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Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

**DESCRIPTION OF VEHICLE(S):**

**VEHICLE # 1:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

VIN: \_\_\_\_\_

Tag: \_\_\_\_\_

State: \_\_\_\_\_

**VEHICLE # 2:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

VIN: \_\_\_\_\_

Tag: \_\_\_\_\_

State: \_\_\_\_\_

Vehicle 1 registered to: \_\_\_\_\_

Vehicle 2 registered to: \_\_\_\_\_

**PLEASE NOTE:**

- ◆ ALL INFORMATION ON THIS FORM MUST BE COMPLETED.
- ◆ ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE (S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION.
- ◆ IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAYS. PARKING IN THE STREETS IS NOT PERMITTED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE UNIT**

- **No pets shall be kept, bred, or maintained for any commercial purpose.**
- **Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.**
- **An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.**
- **Two pets per unit less than twenty-five pounds (25) at maturity shall be permitted and allowed.**

Pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet #1 Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Pet #1 Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Disclosure Summary**  
**Avalon Beach Club Condominium Association, Inc.**

1. As a purchaser of property in this community, you will be obligated to be a member of a condominium association.
2. There have been or will be recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay assessments to the association, which assessments are subject to periodic change.
4. Your failure to pay these assessments could result in a lien on your property.
5. The restrictive covenants cannot be amended without the approval of the association membership.
6. The statements contained in this disclosure form are only summary in nature, and, as a prospective purchaser, you should refer to the covenants and the association governing documents.
7. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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BUYER AND SELLER DISCLOSURE  
FOR AVALON BEACH CLUB CONDOMINIUM ASSOCIATION

The Sellers and Buyers of unit \_\_\_\_\_ at Avalon Beach Club Condominium Association, 355 S. Ocean Drive, Fort Pierce, Florida hereby agree and acknowledge that the Seller of said unit is responsible for delivering to the buyer the following:

1. Two (2) owner and Two (2) visitor hang tags for vehicles, for a total of four (4)
2. Two (2) entry key fobs
3. Two (2) front door keys (for all three doors in the lobby)
4. Two (2) keys to all communal bathroom - cabana and pool area

It is also acknowledged and agreed between the Buyer and Seller that if the Seller does not furnish the above stated items, the buyer will be responsible for the cost to replace these items, currently \$25.00 for the hang tags and \$35.00 per fob (a total of \$70.00 for two). The Avalon Beach Club Condominium Association will not furnish these items to any Buyer free of charge.

Acknowledged and Agreed to by:

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
SELLER

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
SELLER



**DEED RESTRICTED COMMUNITY**

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I (we) understand that we are moving into a Deed Restricted Community. I (we) hereby agree to abide by all Documents and Rules and Regulations of AVALON BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

I (we) have received a copy of the official Documents from the Lessor/Seller. If Lessor/Seller fails to provide a set of Documents to Buyer/Tenant, I (we) may obtain a copy from Watson Association Management at a cost of \$50.00.

If purchasing, I (we) will receive the Condominium Association coupon payment book for the monthly dues from the seller at closing (if applicable)

Buyer/Tenant signature \_\_\_\_\_  
Date \_\_\_\_\_

Buyer/Tenant signature \_\_\_\_\_  
Date \_\_\_\_\_

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**EMAIL AUTHORIZATION FORM**

A new Florida statute states it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the AVALON BEACH CLUB and Watson Association Management to email notifications of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

I also understand that Annual owner meetings and Special Meetings requiring membership voting or establishing a quorum will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

\*\*\*\*\*

**Yes**

I authorize AVALON BEACH CLUB and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other information.

**Email Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Printed Name(s):** \_\_\_\_\_

**No**

I do not want to receive emails from AVALON BEACH CLUB and Watson Association Management.

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**MAINTENANCE FEE PAYMENT OPTIONS**

- Option 1:** Coupon Book (for mailing payments): Please include a check for \$7.50

*or*

- Option 2:** Direct Payments (ACH Debits): Please complete the following, and return same with this Lease / Resale Application:

Association Name: Avalon Beach Club                      Unit Number \_\_\_\_\_

I (we) hereby authorize CenterState Bank, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. *I (we) confirm that the source of the funds for payment of these debit entries will NOT originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.*

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.*

**Please attach a VOIDED check**

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT**  
**FEE: \$25.00 per adult applicant, made payable to Avalon Beach Club**

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING**

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant hereby Authorizes Avalon Beach Club and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search, criminal report history and credit report required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless Avalon Beach Club and Watson Association Management, LLC., their employees, managers, officers and directors, affiliates, subcontractors, and agents from any loss, expense or damage which may result directly or indirectly from information or reports furnished by Watson Association Management, LLC.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Avalon Beach Club Condominium Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In AVALON BEACH CLUB CONDOMINIUM Association, Inc. shown below, and hereby constitutes, appoints and designates:

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(Insert one owners name above)

As the voting representative for the CONDOMINIUM ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth until the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

(Unit owner's signature – If jointly-owned, both owners' signatures required)

Property Address \_\_\_\_\_  
Fort Pierce, Florida 34949

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When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and becomes the representative. All owners must sign this form to acknowledge this appointment.

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