



## **Beacon Point Checklist**

- Application Page
- Vehicle Registration Page
- Deed Restricted Community Page
- Pet Page
- Email Authorization (Sales)
- Maintenance Payment Options (Sales)
- Disclosure Summary (Sales)
- Voting Certificate
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing fee of \$100.00 payable to Watson Association Management

**Please make sure when submitting your application all documents and application fee is included.**

\*\*\*\*\* If an application is submitted that is ***NOT*** complete, it will ***NOT*** be accepted and/or processed. Please ensure that you have all the required information, forms and signatures to avoid any delay(s) in the approval of your application.

**\*Please submit and/or send all complete applications and fees to Watson Association Management, LLC office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

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



# Association Management

## LEASE/RESALE APPLICATION

(Association must decide whether to approve or disapprove the transaction within 30 days)

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

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

Co-Applicant Name: \_\_\_\_\_ Active Military Service Member \_\_\_\_ Yes \_\_\_\_ No

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

Applicant Phone: \_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_

Any other occupants? \_\_\_\_ If so, please list the name(s), age(s) and relationship:

**Do you intend to:**

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent from Owner

Applicants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Applicants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF BEACON POINT, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER/LESSOR.

(IF SELLER/LESSOR FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER/LESSEE, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

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# Association Management

## VEHICLE REGISTRATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **DESCRIPTION OF VEHICLE(S):**

#### **VEHICLE #1:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_  
Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_  
Registered to: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **VEHICLE #2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_  
Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_  
Registered to: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **PLEASE NOTE:**

- OWNERS SHALL PARK ONLY IN THEIR ASSIGNED SPACES.
- NO COMMERCIAL VEHICLES, RECREATIONAL VEHICLES, BOATS, UTILITY TRAILERS OR OTHER TRAILERS OF ANY TYPE SHALL BE PARKED OR STORED ON CONDOMINIUM PROPERTY IN EXCESS OF FOURTEEN (14) DAYS.
- ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE (S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW FORM.

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

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

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**Deed Restricted Community**

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 BEACON POINT, INC., a copy of which I/We have received from  
the owner.

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Lessee/Buyer  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Lessee/Buyer  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

- All pets must be registered with the Association by submitting a Pet Registration form. Each owner may have two (2) pets. Pets are not permitted in the courtyard.
- Dogs shall at all times whenever they are outside a unit be confined on a leash held by a responsible person.
- All owners 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.

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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 BEACON POINT, INC. 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 BEACON POINT, INC. 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 BEACON POINT, INC. and Watson Association Management.

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**MAINTENANCE FEE PAYMENT OPTIONS**

- Option 1:** Mail Payments: 430 NW Lake Whitney Place, Port St. Lucie, FL 34986

*or*

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

Association Name: Beacon Point Unit Account Number \_\_\_\_\_

I (we) hereby authorize Western Alliance 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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## Disclosure Summary For BEACON POINT, 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 recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay maintenance assessments to the association. Assessments may be subject to periodic change.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. Your failure to pay any of these assessments could result in a lien on your property.
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 before purchasing property.
7. These documents are matters of public record and can be obtained from the record office in the county where the property is located or from Watson Association Management, LLC for a fee.

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Beacon Point, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In BEACON POINT, INC. shown below, and hereby constitutes, appoints and designates:

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(Insert one owners name above)

As the voting representative for the BEACON POINT, INC. unit owned by said undersigned pursuant to the by-laws of the Association.

The aforementioned voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as 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 \_\_\_\_\_  
Ponce Inlet, Florida 32127

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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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