



## **Cinnamon Tree Checklist**

- Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Pet Veterinary records & Martin County license
- Authorization for Background Screening form
- Photo ID (must be legible)
- Email Authorization (Sales)
- Maintenance Payment Options (Sales)
- Disclosure Summary (Sales)
- Voting Certificate
- Addendum to Lease Page
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing Fee of \$125.00 or \$150.00 RUSH (less than 2 weeks occupancy) payable to Watson Association Management, LLC
- Screening fee \$50.00 per adult payable to Cinnamon Tree POA
- Pet fee \$50.00 payable to Cinnamon Tree (if applicable)

**Please make sure when submitting your application all documents and fees are 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

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

### INFORMATION CONCERNING APPLICANT(S):

☐ LEASE

☐ PURCHASE

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 Yes, list names and relationship:

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

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

#### **Do you intend to:**

- ☐ Live in the home as a primary residence
- ☐ Maintain the home as a secondary residence
- ☐ Offer the home as a rental
- ☐ Rent home from owner

Any additional occupant over 18 must submit an authorization for screening form with the screening fee of \$50.00 payable to Cinnamon Tree

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 rules and regulations of Cinnamon Tree Property Owners 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 the Association Management at a cost of \$50.00.***

*I agree that I will not rent or sell to any person who has not been approved by the Association Renters are not permitted to sub-lease their premises.*

**PURCHASER/LESSEE \_\_\_\_\_ DATE \_\_\_\_\_**

**PURCHASER/LESSEE \_\_\_\_\_ DATE \_\_\_\_\_**

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# Association Management

## APPLICATION FOR VEHICLE PERMIT

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:**

- ☐ 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 FORM

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

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

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## 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 Cinnamon Tree Property Owners Association, Inc. I (we) received a copy from the Lessor/Seller. If lessor/seller fails to provide a set of Documents to Buyer/Tenant, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

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

Date\_\_\_\_\_

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

Date\_\_\_\_\_

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

- No pets shall be kept, bred, or maintained for any commercial purpose.
- A twenty-five pound (**25 lb.**) pet is the weight limit
- Visitor's pets are not allowed.
- Pets must have a valid County License, and a current Veterinary record, and must be delivered to the office
- Dogs which are household pets shall at all times 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. **THIS IS THE LAW**
- No more than **one (1)** household pet may be kept.

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

Pet Type:

\_\_\_\_\_

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

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

**VETERINARY RECORDS, MARTIN COUNTY PET LICENSE AND A PHOTO MUST BE ATTACHED TO THIS APPLICATION (IF APPLICABLE)**

- Emotional Support Animal (ESA): the pet owner must be certified as emotionally disabled by a psychologist, therapist, psychiatrist, or other duly-licensed and/or certified professional prior to the move-in interview.
- All pet application and registration papers must be completed before the move-in date.

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT.**  
***FEE: \$50.00 per adult applicant, made payable to Cinnamon Tree***

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING**

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

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

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

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

**Previous Address:** \_\_\_\_\_

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

**Applicant hereby Authorizes Cinnamon Tree Property Owners Association and its Agent, Watson Association Management, LLC, to obtain and verify a social security number, credit report and criminal background screening required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless Cinnamon Tree Property Owners Association 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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## 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 CINNAMON TREE PROPERTY OWNERS ASSOCIATION, 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 CINNAMON TREE PROPERTY OWNERS ASSOCIATION, INC. and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other information.

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

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

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

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

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

No

☐

I do not want to receive emails from CINNAMON TREE PROPERTY OWNERS ASSOCIATION, INC. and Watson Association Management.

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## **MAINTENANCE FEE PAYMENT OPTIONS**

- ☐ **Option 1: Mail Payments** Mail your payments directly to Watson Association Management, 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 Lease / Resale Application:

Association Name: Cinnamon Tree POA, Inc.

Account 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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[www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)





## Disclosure Summary For Cinnamon Tree POA

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner 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. The current amount is **\$340.00** per month.
4. You may be obligated to pay any special assessments that may be imposed by the association.
5. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
6. Your failure to pay any of these assessments could result in a lien on your property.
7. 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.
8. 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***  
***Cinnamon Tree Property Owners Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In CINNAMON TREE PROPERTY OWNERS ASSOCIATION, INC. shown below, and hereby constitutes, appoints and designates:

\_\_\_\_\_  
(Insert one owners name above)

As the voting representative for the CINNAMON TREE PROPERTY OWNERS ASSOCIATION, 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 \_\_\_\_\_  
Jensen Beach, Florida 34957

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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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**Addendum to Lease**

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from **Cinnamon Tree Property Owners Association** (the Association) that the Landlord is delinquent in paying any monetary obligation due to the Association, the tenant will pay his/her subsequent rental payments and continue to make such payments until all the monetary obligations of the Landlord (parcel owner) have been paid in full to the association and the Association release the tenant or until the tenant discontinues tenancy in the parcel.” Payment due the Association may be in the same form as you paid your Landlord and must be sent by United States mail or hand delivery to the Association, c/o Watson Association Management 430 NW Lake Whitney Place, Port St. Lucie, FL 34986 and payable to **Cinnamon Tree Property Owners Association**

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

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

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

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

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