Watson Association Management

Isle of Capri Check List

- Lease / Resale Application
- Application for Vehicle Permit
- Vehicle Registration
- Deed Page
- Age Verification Form
- Drivers License
- Mailbox Stenciling Request
- Disclosure Summary (Sales Only)
- Certificate of Acknowledgement (Leases Only)
- One Call Now
- Maintenance Fee Payment Option (Sales Only)
- Email Consent Form (Sales Only)
- Voting Certificate (Sales Only)
- Lease / Resale Contract
- Non-refundable Processing Fee $125.00 OR Rush $150.00 (closing less than 2 weeks) payable to Watson Association Management
- Non-refundable Application Fee $100.00 payable to Isle of Capri
- Isle of Capri Coupon Book Fee $7.50 (If applicable - Sales Only)
- Refundable HOA security deposit equal to one months rent payable to Isle of Capri (Leases only)

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

****** A Capital Contribution equal to Two (2) months' Assessments ($210.00) will be collected upon acquiring title. ******

430 NW Lake Whitney Place, Port St. Lucie, FL 34986 Phone 772.871.0004 Fax 772.871.0005
435 S. Yonge Street #3, Ormond Beach, FL 32174 Phone 386.252.2661 Fax 386.673.4943
1410 Palm Coast Parkway NW, Palm Coast, FL 32137 Phone 386.239.1555 Fax 386.246.9271

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LEASE/RESALE APPLICATION

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Date _____Property Address _____

INFORMATION CONCERNING APPLICANT(S):

APPLICANT NAME: _____ AGE: _____ PHONE_____

CO-APPLICANT NAME: _____ AGE: _____ PHONE_____

PRESENT ADDRESS:

_____

Other occupants: Name _____ Relationship _____ Age _____

Name _____ Relationship _____ 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 unit (PLEASE NOTE: New owner must wait one year before leasing. Tenant must be approved by association. Minimum length of lease is 3 months. Renters are not allowed to sub-lease at any time)

Applicants' Employer _____Phone _____ Title _____

Number of years ____ Address _____ Supervisor _____

Co-Applicants' Employer _____ Phone _____ Title _____

Number of years ____ Address _____ Supervisor _____

Pet: Yes No Type, Name & Weight _____
(Circle one)

EMERGENCY CONTACT PERSON _____

Phone _____Address_____ Relationship _____

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 agreement or sales contract*** *are within the requirements of the ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. Rules & Regulations.*

PURCHASER/LESSEE _____ **DATE** _____

PURCHASER/LESSEE _____ **DATE** _____

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APPLICATION FOR VEHICLE PERMIT

NAME(S) _____ TELEPHONE _____

STREET ADDRESS _____

CITY_____ STATE _____ ZIP _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

MAKE _____MODEL _____YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

VEHICLE #2:

MAKE _____MODEL _____YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

OWNERSHIP OF VEHICLE:

VEHICLE(S) REGISTERED TO: _____

STREET ADDRESS: _____

CITY _____STATE _____ ZIP _____

_____ _____

SIGNATURE DATE SIGNATURE DATE

***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

SIGNATURE SIGNATURE

*** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION

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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 ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.

☐ I/We have received and read the documents of the association.

☐ I/We have NOT received and read the documents of the association.

Buyer / Lessee
Signature _____ Date: _____

Buyer / Lessee
Signature _____ Date: _____

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AGE VERIFICATION FORM

The following information must be furnished by the applicant(s) of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Kings Isle as a community of housing for older persons in accordance with Kings Isle documents and the Federal Fair Housing Act.

Property Address _____

Applicant (s)

1. Name_____ Date of Birth _____

2. Name_____ Date of Birth _____

Other occupant(s)

Name_____ Date of Birth _____

Name_____ Date of Birth _____

Name_____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such change in writing.

_____ _____

Applicant *Date*

_____ _____

Applicant *Date*

Please attach the following:

A photocopy of a driver's license (or other proof of age if occupant is not licensed.)

Verified by :

_____ _____

Signature *Date*

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ISLE OF CAPRI

MAILBOX STENCILING REQUEST FORM

ATTENTION BUYER:

Your mailbox at your new address REQUIRES your last name and city/state of your choice. Please complete the information below and furnish it with your purchase application. We will order the stenciling for you.

*LAST NAME:*_____

CITY:_____

STATE:_____

ADDRESS TO WHICH YOU ARE MOVING:

_____

SIGNATURE:_____

PHONE NUMBER: _____

IF YOU DO NOT HAVE YOUR PHONE HOOKED UP YET, PLEASE CALL WATSON ASSOCIATION MANAGEMENT, LLC. WHEN YOU DO – 772.871.0004

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Disclosure Summary

1. As a purchaser of property in this community, you will be obligated to be a member the homeowners association.

2. There are recorded restrictive covenants governing the use and occupancy of properties in this community.

3. You will be obligated to pay monthly maintenance assessments to the Isle of Capri association. Assessments may be subject to periodic change. The current amount is **$105.00 per month**.

4. You will be obligated to pay a Capital Contribution to Isle of Capri equal to two (2) months' Assessments upon acquiring title. The current amount that will be collected is **$210.00.**

5. You will also be obligated to pay any special assessments that may be imposed by the association. If applicable, the current amount is **$0.00.**

6. You will be obligated to pay a monthly maintenance assessment to the Kings Isle Master Association. A Capital Contribution for the Master Association will be collected at closing equal to two (2) months' of the monthly assessments.

7. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.

8. Your failure to pay any of these assessments could result in a lien on your property.

9. 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.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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LEASES ONLY

Certificate of Acknowledgement

Additional Condition of Approval Agreement

An Additional Condition of Approval to the required Certificate of Acknowledgement, to facilitate occupancy of a unit by lease, whereby the Owner and Tenant shall be required to sign this agreement prior to occupancy, with the Isle of Capri, providing that should Owner fail to make necessary assessment payments in accordance with the Isle of Capri Documents, that the Isle of Capri shall have the authority to contact the Tenant, advise them of the delinquency of the Owner, and the Tenant shall be required to make rent payments to the Isle of Capri. Such rent payments made to the Isle of Capri shall be deemed payments of rents, and to the extent that they bring the Unit current, will result in the reinstatement of all services. Upon rent payments to the Isle of Capri to bring the account current, including all payments identified in this agreement, any excess funds will be forwarded to the Owner, and Tenant be advised that all further rent payments should be to the Owner while the Owner is current on all of its obligations as set forth herein.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

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Isle of Capri One Call Now Alert System
New Member Information Form

We are pleased to announce that we provide a new message notification service designed by One Call Now Alert, Inc. that will improve and expedite the way we communicate with our Members. This service has the following key features:

- Emergency Alerts Notification – this service will immediately inform Members of serious weather related emergencies.
- Courtesy Reminder Messages – this service is used to inform Members of last minute Board meeting changes, reminders for voting and elections, local water department announcements, etc.
- Inspection Reminder Messages – this service is used to inform Members of what the property management company will be looking to inspect each quarter.
- Polls and Surveys – this service will allow Members to participate in issues affecting all Members. Members will be asked to vote on a series of questions and the results will be distributed to each Member as well as posting the results in the Club House (if your association has one) for your viewing convenience.

Please fill out this form with your contact information. The information you provide will be kept strictly confidential to protect your privacy. It will be used to communicate important information to you.

PLEASE PRINT CLEARLY

Association Name: _____

Last Name_____ First Name_____

Primary Phone Number: _____Is this a mobile phone? ____yes____ no

Alternate Phone Number: _____Is this a mobile phone? ____yes ____no

E-Mail Address: _____ FAX _____

☐ **I do not wish to include my # in this program**

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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: Isle of Capri Account Number _____

I (we) hereby authorize SouthState 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 then 15 days before the effective date of the next transaction.

Please attach a VOIDED check

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EMAIL CONSENT FORM

New Florida Statutes state 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 ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management to send you information of Association meetings, reports on actions taken by the Board at those meetings, violations, updates and/or special information. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Isle of Capri Neighborhood Association, Inc.

* *

Yes

☐ I authorize ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other correspondence.

Email Address: _____

Phone Number(s): _____

Property Address: _____

Signature(s): _____

Printed Name(s): _____

No

☐ I do not want to receive emails from ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management.

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(SALES ONLY)

VOTING CERTIFICATE
Isle of Capri Neighborhood Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In Isle of Capri Neighborhood Association, Inc. shown below, and hereby constitutes, appoints and designates:

_____

(Insert one owners name above)

As the voting representative for the NEIGHBORHOOD ASSOCIATION 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 _____
Port Saint Lucie, Florida 34986

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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