



## **Winterlakes Lease/Resale Checklist**

- Lease/Resale Application Page
- Vehicle Page
- Deed Restricted Page
- Pet page
- Email Consent form
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Lease/Resale Contract
- Non-refundable Processing fee in the amount of \$125.00 payable to Watson Association Management
- Winterlakes POA Refundable Security Deposit \$500.00 (Leases Only)
- Application fee in the amount of \$100.00 payable to Winterlakes POA

**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**

**Thank you for your Cooperation!**

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

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



# Association Management

## LEASE/RESALE APPLICATION

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

Applicant Name: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

**Current Mailing address:** \_\_\_\_\_  
(Address, City, State & Zip)

Any other Occupants? \_\_\_\_\_ If Yes, list names, age 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 unit as a rental unit

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 WINTERLAKES PROPERTY OWNERS ASSOCIATION, INC., A COPY OF WHICH I HAVE RECEIVED FROM SELLER.

(IF SELLER FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER, 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 INFORMATION

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

### **DESCRIPTION OF VEHICLE:**

#### VEHICLE #1:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

#### VEHICLE #2:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle 1 registered to: \_\_\_\_\_  
 Vehicle 2 registered to: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*ALL INFORMATION ON THIS FORM MUST BE COMPLETED

\*\*\*NO TRUCK OR VAN, BOAT, TRAILER, RECREATIONAL VEHICLE OR COMMERCIAL VEHICLE SHALL BE PARKED, STORED OR OTHERWISE KEPT ON ANY PORTION OF THE PROPERTY EXCEPT IN THE GARAGE.

\*\*\*ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW VEHICLE APPLICATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF MORE THAN 2 VEHICLES – USE ADDITIONAL FORM**

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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 WINTERLAKES POA, INC., a copy of which I/We have received  
from the owner.

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

Buyer/Lessee  
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.
- Household pets shall always whenever they are outside a home be confined on a leash held by a responsible person. Household pets shall mean dogs, cats and other animals expressly permitted by the Association.
- 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.
- No more than three (3) household pets may be kept on any lot.

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

<u>Type/Breed</u>	<u>Color/Name</u>	<u>Weight</u>

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

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

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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 consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Winterlakes Property Owners Association, Inc. and Watson Association Management to send you information of the 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 Winterlakes Property Owners Association.

\*\*\*\*\*

Yes

I authorize Winterlakes Property Owners Association, Inc. and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other correspondence.

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

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

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

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

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

No

I do not want to receive emails from Winterlakes Property Owners Association, Inc. and Watson Association Management.

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## Disclosure Summary For Winterlakes Property Owners Association

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's 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 **\$300.00** per quarter.
4. You may also 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***  
***Winterlakes Property Owners Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In Winterlakes Property Owners 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 HOMEOWNERS 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\_\_\_\_\_.

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**Signature**

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

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**Signature**

Property Address \_\_\_\_\_  
Port St. Lucie, FL 34986

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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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