

Winterlakes Lease/Resale Checklist

- Lease/Resale Application Page
- Vehicle Page
- Deed Restricted Page
- Pet page
- Email Consent form
- Maintenance Fee Options form (Sales)
- 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 <u>**NOT**</u> complete, it will <u>**NOT**</u> be accepted and/or processed. Please ensure that you have all the required <u>information</u>, <u>forms</u> and <u>signatures</u> to avoid any delay(s) in the approval of your application.

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

Thank you for your Cooperation!

430 NW Lake Whitney Place, Port St. Lucie, FL 34986Phone 772.871.0004Fax 772.871.0005435 S. Yonge Street #3, Ormond Beach, FL 32174Phone 386.252.2661Fax 386.673.49431410 Palm Coast Parkway NW, Palm Coast, FL 32137Phone 386.239.1555Fax 386.246.9271



LEASE/RESALE APPLICATION

Date:	Property Address: _		
Applicant Name:		Phone/Cell #	::
Co-Applicant Name:		Phone/Cell	#:
Current Mailing address:			
	(Address, City, Stat	e & Zip)	
Any other Occupants?	If Yes, list names, age and rela	tionship:	
Name	Relation	Age	
Name	Relation	Age	_
Do you intend to:			
 Live in the home as Maintain the home a Offer the unit as a re 	s a secondary residence		
Applicants employers name: _		No	b. of years there
Address:		PI	one #:
Co-Applicants employers nam	e:	No	b. of years there
Address:		Pł	one #:
ASSOCIATION, INC., A COPY (DE BY ALL DOCUMENTS AND RULES (OF WHICH I HAVE RECEIVED FROM S E A SET OF DOCUMENTS TO BUYER, A I COMPANY AT A COST OF \$50.00 PER	SELLER. A COPY WILL BE MADE AVAII	
LESSEE/PURCHASER:	Signature(s)		Date:
LESSEE/PURCHASER:	Printed Name(s)		Date:
LESSEE/PURCHASER:	Signature(s)		_ Date:
LESSEE/PURCHASER:	Printed Name(s)		Date:
435 S. Yonge Street #	Place, Port St. Lucie, FL 34986 3, Ormond Beach, FL 32174 way NW, Palm Coast, FL 32137	Phone 386.252.266	1 Fax 386.673.4943



VEHICLE INFORMATION

Name:		Pho	one:	
Name:		Pho	one:	
Street Address:				
City:	s	State:	Zip:	
DESCRIPTION OF VEHICLE:				
VEHICLE #1:				
Make:	Model:		Year:	
Color:	Gross Weight:		l:	
Vehicle Tag:	State:		_	
VEHICLE #2:				
Make:	Model:		Year:	
Color:	Gross Weight:		l:	
Vehicle Tag:		State:		
Street Address:	S			
***NO TRUCK OR	ON ON THIS FORM MUST BE COMP VAN, BOAT, TRAILER, RECREAT (ED, STORED OR OTHERWISE K GARAGE.	IONAL VEH		
	IN USE OR APPEARANCE OF TH THE BOARD OF DIRECTORS WITH			BE
Signature	Date	Signature		Date
<u>IF MORE TI</u>	HAN 2 VEHICLES - (<mark>USE AL</mark>	DITIONAL FORM	1

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



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.

Buyer/Lessee	
Signature	Date:
Buyer/Lessee	
Signature	Date:



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____

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

Signature:	Date:	

Signature: Date:



EMAIL CONSENT 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 Winterlakes 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 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):	

<u>No</u>

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



MAINTENANCE FEE PAYMENT OPTIONS

□ **Option 1:** <u>Coupons</u> (for mailing payments):

or

□ **Option 2:** <u>Direct Payments</u> (ACH Debits): Please complete the following, and return same with this Resale Application:

Association Name: Winterlakes POA

Account Number _____

I (we) hereby authorize <u>Alliance Association Bank</u>, 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.*

State	Zip
	itten notification from the bank account ow all parties involved the opportunity
	Date
r	_State

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



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 **\$280.00** 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:



(SALES ONLY)

VOTING CERTIFICATE Winterlakes Property Owners Association, Inc.

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:

(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____.

 Signature
 Signature

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

Property Address ____

Port St. Lucie, FL 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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