



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
- \$125.00 payable to Watson Association Management (Non-refundable Processing fee)
- \$500.00 Refundable Security Deposit Winterlakes POA (Leases Only)
- \$100.00 payable to Winterlakes POA (Application fee)

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 1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952**

Thank you for your Cooperation!

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271



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)

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271



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

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
 808 Dunlawton Avenue, Port Orange, FL 32127
 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 386.246.9720 Fax 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 _____

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

Signature: _____ Date: _____

Signature: _____ Date: _____

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271



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, agendas, reports, violation letters and other information.

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.

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271



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 **\$340.00** 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: _____

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271



(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

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

Signature

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.

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
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 386.246.9720 Fax 386.246.9271