



This application must be submitted if there will be an additional occupant over the age of 18

Village of 800 Place Occupant Check List

- Occupant Information Form
- Application for Vehicle Permit
- Photocopy of government issued ID
- Email Consent form
- Deed Page

* 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



OCCUPANT INFORMATION FORM

Property Address: _____ Date: _____

INFORMATION CONCERNING OCCUPANT:

Name: _____ Age: _____ Phone#: _____

Name: _____ Age: _____ Phone#: _____

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Pet: Yes No Type: _____ Weight: _____ lbs. Name: _____ Breed: _____
(Circle one)

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NEAREST RELATIVE IN CASE OF EMERGENCY: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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- ♦ *I (we) hereby agree to abide by all documents and Rules and Regulations of VILLAGE OF 800
PLACE a copy of which was received.*

Occupant: _____ Date: _____

Occupant: _____ Date: _____

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Association Management

APPLICATION FOR VEHICLE PERMIT

Name: _____ Phone: _____
Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE:

VEHICLE INFO:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____

Vehicle 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 MUST BE
SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ Date: _____

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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 VILLAGE OF 800 PLACE CONDOMINIUM 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 VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC. and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other correspondence.

Email Address: _____

Phone Number(s): _____

Unit Address: _____

Signature(s): _____

Printed Name(s): _____

No

☐

I do not want to receive emails from VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC. and Watson Association Management.

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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 VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION,  
INC., a copy of which I/We have received from the owner.

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Occupant Signature _____ Date: _____

Occupant Signature _____ Date: _____

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