



Hillmoor Professional Plaza Checklist

- Lease / Resale Application
- Deed Page
- Disclosure Summary (Sales Only)
- Maintenance Fee Options (Sales Only)
- Email Consent Form
- Voting Certificate (Sales Only)
- Lease / Resale Contract
- Non-refundable Processing Fee \$125.00 OR Rush \$150.00* payable to Watson Association Management

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

* An application is considered a **RUSH** when the Closing/Lease date is **TWO (2) weeks** from the date you submit your Lease/Resale application.

* 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 office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

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



Association Management

LEASE/RESALE APPLICATION

Date _____

Unit # _____

INFORMATION CONCERNING APPLICANT(S):

NAME: _____ TITLE _____

Phone#: _____

NAME: _____ TITLE _____

Phone#: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

NATURE OF BUSINESS: _____

DATE ESTABLISHED: _____

CONTACT PERSON IN CASE OF EMERGENCY _____

Phone _____ Relationship _____

I (we) fully authorize investigation of all answers and references given.

*I (we) hereby agree to abide by all documents and Rules and Regulations of **the Hillmoor Professional Plaza Condominium Association, Inc.**, a copy of which was received from the Lessor/Seller.*

If seller fails to provide a set of Documents to Buyer, a copy may be obtained from Association Management at a cost of \$50.00.

*Owner and/or Lessee agree that the terms of the **attached lease/contract** are within the requirements of the Hillmoor Professional Plaza Condominium Association, Inc. Rules & Regulations.*

*I agree that I will not rent or sell to any person who has not been approved by the Association.
Renters are not permitted to sub-lease their premises.*

PURCHASER/LESSEE _____ **DATE** _____

PURCHASER/LESSEE _____ **DATE** _____

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DEED RESTRICTED PLAZA

I (we) understand that we are moving into a Deed Restricted Plaza. I (we) hereby agree to abide by all Documents and Rules and Regulations of Hillmoor Professional Plaza Condominium Association, Inc., I (we) received a copy from the Lessor/Seller. If seller fails to provide a set of Documents to Buyer, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

Buyer/Lessee signature _____
Date _____

Buyer/Lessee signature _____
Date _____

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DISCLOSURE SUMMARY
FOR
Hillmoor Professional Plaza
Condominium Association, Inc.

1. As a purchaser of property in this plaza, you will be obligated to be a member of an Association.
2. There have been or will be recorded restrictive covenants governing the use and occupancy of units in this business park.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. If applicable, the current amount is \$_____per_____. You will also be obligated to pay any special assessments imposed by the association. Such special assessments may be subject to change. If applicable, the current amount is \$_____per_____.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. 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.
6. These documents are either matters of public record and can be obtained from the record office in the county where the property is located, or a copy can be obtained from Watson Association Management.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1: Mail Assessment:** Mail your Monthly Assessment to 430 NW Lake Whitney Place, Port St. Lucie, FL 34986

or

- Option 2: Direct Payments (ACH Debits):** Please complete the following, and return same with this Lease / Resale Application:

Association Name: Hillmoor Professional Plaza Account Number _____

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

Please attach a VOIDED check

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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 Hillmoor Professional Plaza Condo 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 Hillmoor Professional Plaza Condo 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 Hillmoor Professional Plaza Condo Association, Inc. and Watson Association Management.

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Association Management

(SALES ONLY)

VOTING CERTIFICATE

Hillmoor Professional Plaza Condominium Association, Inc.

KNOW ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) IN HILLMOOR PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC., AND HEREBY CONSTITUTES, APPOINTS AND DESIGNATES:

(Insert one owners name above)

As the voting representative for the 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 Saint Lucie, Florida 34952

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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