Watson Association Management

Isle of Venice Resale Check List

- Resale Information Form
- Deed Page
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of government issued ID
- Screening Committee Form
- Pet Page
- Vet records & Photo (if applicable)
- Insurance Information Form
- Disclosure Summary
- Email Consent Form
- Voting Certificate
- Sales Contract
- $125.00 or Rush $150.00 payable to Watson Association Management (Non-refundable Processing Fee)
- $100.00 payable to Isle of Venice (Application fee)

* 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, 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 Phone 772.871.0004 Fax 772.871.0005
1410 Palm Coast Parkway NW, Palm Coast, FL 32137 Phone 386.246.9270 Fax 386.246.9271

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RESALE INFORMATION FORM

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Property Address: _____ Date: _____

INFORMATION CONCERNING PURCHASER:

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Present Address: _____

Do you intend to occupy the home? Yes _____ No _____

Any other Occupants? _____ yes _____ No If so, please list name relationship & Age:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

NEAREST RELATIVE 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 ISLE OF VENICE NEIGHBORHOOD 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.*
- *I agree that I will not rent or sell to any person who has not been approved by the Association.*

Purchaser: _____ **Date:** _____

Purchaser: _____ **Date:** _____

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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 Regulation of ISLE OF VENICE NEIGHBORHOOD ASSOCIATION, INC., and KINGS ISLE COMMUNITY 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 Signature: _____ Date: _____

Buyer Signature: _____ Date: _____

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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: _____

_____ _____

Signature Date Signature Date

***ALL INFORMATION ON THIS FORM MUST BE COMPLETED

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

SIGNATURE SIGNATURE

*** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION

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AGE VERIFICATION FORM

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older to preserve the status of Kings Isle as a community of housing for older persons in accordance with Kings Isle documents and the Federal Fair Housing Act.

Property Address: _____

Owner(s)

1. Name_____

   Date of Birth_____

2. Name_____

   Date of Birth_____

Occupant(s) include owners(s) above if occupant(s)

Name_____ Date of Birth_____

Name_____ Date of Birth_____

Name_____ Date of Birth_____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such change in writing.

_____ _____

Owner *Date*

_____ _____

Owner *Date*

Please attach the following:

A photocopy of a driver's license (or other proof of age if occupant is not licensed.)

Please return this form with the application to Watson Association Management, LLC

Verified by:

_____ _____

Signature *Date*

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Screening Committee Form

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Applicant's Name _____

Date _____

Present address _____

Telephone Number _____

How many people will be occupying home? _____

Name and Birth date of household member(s) over 55_____

Name and birth date of those 18 to 54 _____

Will you plan to live here year-round? _____

Where can you be reached if you are not in residence? _____

Did you receive a copy of the governing Documents to review?_____

Did you review them? _____

Do you agree to live by the governing Documents and other rules and regulations that govern the area? _____

Signature _____Date _____

Signature _____Date _____

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PET PAGE

ALL NEW AND CURRENT RESIDENTS MUST SUBMIT THIS PET APPROVAL FORM FOR PETS AFTER 03/09/2005

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PET #1:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

PET #2:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

AN OWNER MAY HAVE **TWO (2) PETS**. DOGS/CATS ARE NOT TO EXCEED **TWENTY-FIVE (25) POUNDS** EACH AT MATURITY.

- OWNER MUST PICK UP AFTER THEIR PET
- NO LEASH LONGER THAN EIGHT (8) FEET IS ALLOWED
- I WILL KEEP MY DOG AWAY FROM PEOPLE WHO ARE WALKING TO AVOID A POSSIBLE ACCIDENT
- CATS ARE NOT TO BE TURNED LOOSE

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING THIS PET INTO THE ISLE OF VENICE. I/WE UNDERSTAND IF NOT COMPLIED WITH I WILL BE IN VIOLATION AND ACTION WILL BE TAKEN BY THE BOARD.

_____ _____

Signature Date Signature Date

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ Date: _____

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Important Insurance Information

Date: _____

Name: _____

Address: _____

Telephone No: _____

Insurance Co. Name: _____

Insurance Agent Name: _____

Insurance Agent Address: _____

Insurance Agent Phone # _____

Homeowner Policy No. _____

To all buyers, new owners: you are buying a single-family home and it must be insured as such. We are not a condo association where you only insure the contents of your home. Upon closing, you are required to furnish proof of insurance on your home as per our homeowner documents (Article XI Section 2 (a)

Watson Association Management
1648 SE Port St Lucie Blvd.
Port St. Lucie, FL 34952
or Fax: 772-871-0005

Each year when you renew your policy, we need a copy of the declarations page which shows coverage dates for current year.

****NEW HOMEOWNERS – PLEASE KEEP THIS PAGE FOR YOUR REFERENCE AND RECORDS.

Association Management

Disclosure Summary For
The Isle of Venice

1. As a purchaser of property in this community, you will be obligated to be a member of the homeowners association.

2. There are recorded restrictive covenants governing the use and occupancy of properties in this community.

3. You will be obligated to pay maintenance assessments to the Isle of Venice association. Assessments may be subject to periodic change. The current amount is **$183.00** per month.

4. You will be obligated to pay a Capital Contribution to the Isle of Venice equal to three (3) months' Assessments upon acquiring title. The current amount that will be collected is **$549.00**

5. You will also be obligated to pay any special assessments that may be imposed by the association. If applicable, the current amount is **$0.00.**

6. You will be obligated to pay a monthly maintenance assessment to the Kings Isle Master Association. A Capital Contribution for the Master Association will be collected at closing equal to two (2) months of the monthly assessments.

7. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.

8. Your failure to pay any of these assessments could result in a lien on your property.

9. 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.

Purchaser: _____ Date: _____

Purchaser: _____ 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 Isle of Venice 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 the Isle of Venice

* *

Yes

☐ I authorize Isle of Venice 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 Isle of Venice and Watson Association Management.

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(SALES ONLY)

VOTING CERTIFICATE
Isle of Venice Neighborhood Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In Isle of Venice Neighborhood Association, Inc. shown below, and hereby constitutes, appoints and designates:

_____

(Insert one owners name above)

As the voting representative for the NEIGHBORHOOD 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 Saint Lucie, Florida 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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