



Marina Breeze Condominiums Checklist

- Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Email Authorization (Sales)
- Disclosure Summary (Sales)
- Authorization for Applicant Screening
- Color copy of photo ID – (Must be legible)
- Maintenance Fee Options (Sales)
- Voting Certificate (Sales)
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing Fee of \$125.00 or \$150.00 RUSH (less than 2 weeks occupancy) payable to Watson Association Management, LLC
- Credit/Background screening fee of \$25.00 **per adult** payable to Marina Breeze

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 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



Applicant Criteria for Residence at Marina Breeze Condominium

Marina Breeze Condominiums requires that all residents, tenants and owners must complete and pass an application approval process that includes a background and credit check and an interview with a Board member.

The Board of Directors has established minimum criteria for applicants. Any applicant that does not meet the following standard will not be accepted for residence at Marina Breeze Condominiums.

The following is the minimum criteria which must be met to be considered as a resident, tenant or owner of a unit in the Marina Breeze Condominiums.

- *A Beacon Credit Score of not less than 650, excluding hardship events.*
- *No convictions (misdemeanor or felony) for any sexual offense.*
- *No felony convictions for any federally described violent crime within the last 5 years.*
- *No felony convictions for sale and/or distribution of illegal drugs within last 5 years.*
- *No evictions from any residential or living facilities within the last 5 years.*

The Board of Directors has enacted these minimum requirements to safeguard the quality of life and value within our community and reserve the right to reject any applicant for reasons including but not limited to those outlined in this document.

I acknowledge receipt, from my Seller/Lessor, of a copy of the Rules and Regulations (and Condominium documents, if applicable). I understand and agree to the fact that I will be residing in a condominium and am obligated to abide by the laws of the Marina Breeze Condominium, Inc. Association and consent to the right of the Marina Breeze Condominium, Inc. Association to enforce those laws and to even, after a hearing, let a Court of law jurist prudence assess fines for violation(s). I understand that if I am accepted as an owner/lessor, this application will become part of my Condominium documents/lease.

PURCHASER/ LESSEE _____

Date: _____

PURCHASER/ LESSEE _____

Date: _____

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Association Management

LEASE/RESALE APPLICATION

Date: _____ Property Address: _____

Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Co-Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Present Address: _____

Applicant Phone: _____ Co-Applicant Phone: _____

Any other Occupants? _____ If Yes, list names, age and relationship:

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Any additional occupant over 18 must submit an authorization for screening form with the screening fee of \$25.00 payable to Marina Breeze

Do you intend to:

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent from Owner

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 MARINA BREEZE CONDOMINIUMS. A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER/LESSOR.

(IF SELLER/LESSOR FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER/LESSEE, 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)

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Association Management

APPLICATION FOR VEHICLE PERMIT

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

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

PLEASE NOTE:

- 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 FORM

Signature: _____ Date: _____

Signature: _____ 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 Regulations of MARINA BREEZE CONDOMINIUMS, a copy of which I/We have received from the owner.

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Lessee/Buyer
Signature _____ Date: _____

Lessee/Buyer
Signature _____ Date: _____

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EMAIL AUTHORIZATION 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 MARINA BREEZE CONDOMINIUMS 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 MARINA BREEZE CONDOMINIUMS and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other information.

Email Address: _____

Phone Number(s): _____

Unit Address: _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from MARINA BREEZE CONDOMINIUMS and Watson Association Management.

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Disclosure Summary For MARINA BREEZE CONDOMINIUMS

1. As a purchaser of property in this community, you will be obligated to be a member of a condominium 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.
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. Your failure to pay any of these assessments could result in a lien on your property.
6. 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.
7. 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: _____

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A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT
A COLOR COPY OF PHOTO ID MUST BE ATTACHED. SCREENING FEE IS \$25.00
PER ADULT PAYABLE TO MARINA BREEZE

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name: _____ DOB: _____

Social Security Number: _____ Phone: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Applicant hereby Authorizes Marina Breeze Condominiums and its Agent, Watson Association Management, LLC to obtain and verify a social security number, credit history and criminal background screening required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Marina Breeze Condominiums and Watson Association Management, LLC their employees, managers, officers and directors, affiliates, subcontractors, and agents from any loss, expense or damage which may result directly or indirectly from information or reports furnished by Watson Association Management, LLC.

Applicant Signature: _____

Date: _____

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Association Management

MAINTENANCE FEE PAYMENT OPTIONS

Option 1: Coupon Book:

or

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

Association Name: Marina Breeze Condo Unit Account Number _____

I (we) hereby authorize Western Alliance 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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(SALES ONLY)

VOTING CERTIFICATE
Marina Breeze Condominiums

Know all men by these present, that the undersigned is the record owner (s) In MARINA BREEZE CONDOMINIUMS shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the Marina Breeze Condominiums, 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 _____
Daytona Beach, FL 32114

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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