



Ocean Garden Check List

- Lease/Resale Application Page
- Vehicle Page
- Current Vehicle Registration(s) & photos
- Deed Page
- Pet Page
- Copy of Photo ID (must be legible)
- General Authorization for Screening
- Email Consent Form
- Disclosure Summary (Sales Only)
- Voting Certificate (Sales Only)
- Lease/Resale Contract
- Screening Fee \$25.00 per adult payable to Ocean Garden
- Non-refundable Processing Fee \$100.00 or \$125.00 RUSH application 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 or less from the date you submit your application.**

430 NW Lake Whitney Place, Port St. Lucie, FL 34986
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 386.239.1555 Fax 386.246.9271

www.WatsonAssociationManagement.com

12.15.22



LEASE/RESALE APPLICATION

Property Address: _____ Date: _____

APPLICANT INFORMATION:

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 Ocean Garden

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

Applicant's employers name/Job Title: _____ No. of years there: _____

Address: _____ Phone: _____

Co-Applicant employers name/Job Title: _____ No. of years there: _____

Address: _____ Phone: _____

Please list the name & number of the nearest relative in case of an emergency:

Name: _____ Phone: _____

Address: _____

- ♦ I/WE FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.
- ♦ I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF OCEAN GARDEN ASSOCIATION, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

PLEASE NOTE:

- ♦ Leases must be a minimum of one month (1).
- ♦ A copy of the sales contract or lease must be attached to this application.
- ♦ Renters are not permitted to sub-lease at any time.

Purchaser/Lessee agrees to the terms of the attached contract/lease are within the requirements of OCEAN GARDEN ASSOCIATION, INC. Rules & Regulations pertaining thereto.

Purchaser/Lessee: _____ Date: _____

Purchaser/Lessee: _____ Date: _____

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Association Management

APPLICATION FOR VEHICLE PERMIT

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: _____

Signature _____	Date _____	Signature _____	Date _____
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***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

***A COLOR PHOTOGRAPH OF ABOVE-MENTIONED VEHICLE(S) MUST BE ATTACHED

SIGNATURE _____	SIGNATURE _____
-----------------	-----------------

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

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ 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 OCEAN GARDEN ASSOCIATION, INC., a copy of  
which I/We have received from the owner.

~~~~~

Buyer / Lessee
Signature _____ Date: _____

Buyer / Lessee
Signature _____ Date: _____

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PET PAGE

Section 10.9 **Pets.** NO Dogs. Domestic indoor cats, small birds and small fish only. **30-pound** limit at maturity.

Pet(s)? Yes _____ No _____

Pet#1:Breed _____ Color: _____ Gender: _____ Age: _____

Pet #2:Breed _____ Color: _____ Gender: _____ Age: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT
FEE: \$25.00 per adult applicant, made payable to Ocean Garden

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name:_____ **DOB:**_____

Social Security Number:_____ **Phone:**_____

Present Address:_____

City:_____ **State:**_____ **Zip:**_____

Applicant hereby Authorizes Ocean Garden Association, Inc and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search, criminal background and credit report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Ocean Garden Association, Inc 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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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 Ocean Garden 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 the Ocean Garden Association, Inc.

☐

Yes

I authorize Ocean Garden 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 Ocean Garden Association, Inc. and Watson Association Management.

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Disclosure Summary For Ocean Garden Association

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. The current amount is **\$255.00 per month.**
4. You may 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: _____

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VOTING CERTIFICATE
Ocean Garden Association, Inc.

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

(Insert one owners name above)

As the voting representative for the CONDOMINIUM 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 _____
Daytona Beach, FL 32119

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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