



## **Ormond by the Sea Condominium Checklist**

- Application Page
- Vehicle Information Page
- Deed Page
- Pet Page Acknowledgement (pets are not permitted)
- Email Consent form
- Maintenance Fee Options
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing fee of \$100.00 payable to Watson Association Management

**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



# Association Management

## LEASE/RESALE APPLICATION

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Co-Applciant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-Applciant Phone: \_\_\_\_\_

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

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

### **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-Applcants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC., 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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## VEHICLE INFORMATION

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: \_\_\_\_\_

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 ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC.,  
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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**PETS ARE NOT PERMITTED ON THE CONDOMINIUM PROPERTY**

I/We hereby agree and understand that pets are not permitted on the condominium property, including, but not limited to, Common Property or Common Elements, the Limited Common Property or Limited Common Elements, or the Units. The Association shall have the discretion to impose fines for any violations of this paragraph in such a manner and in such amounts as it may deem necessary from time to time for so long as the violation continues. The provisions in this paragraph shall apply to Unit Owners and their guests, invitees, licensees, and tenants. The term "pet" shall include any pet kept or intended for companionship, interest, amusement, or similar purposes. Nothing in the paragraph shall be construed to violate the Americans with Disabilities Act or any similar codes, laws, regulations, or statutes, to the extent that the same are applicable to the Condominium property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ 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 ORMOND BY THE SEA 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 ORMOND BY THE SEA 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 ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC. and Watson Association Management.

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## **MAINTENANCE FEE PAYMENT OPTIONS**

- ☐ **Option 1:** Mail Payments: 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 Resale Application:

Association Name: Ormond By the Sea

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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## Disclosure Summary For ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC.

1. As a purchaser of property in this community, you will be obligated to be a member of an 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 Ormond by the Sea Condominium Association for a fee.

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Ormond by the Sea Condominium Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC. shown below, and hereby constitutes, appoints and designates:

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**(Insert one owners name above)**

As the voting representative for the ORMOND BY THE SEA CONDOMINIUM ASSOCIATION, INC. 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\_\_\_\_.

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**Signature**

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**Signature**

**(Unit owner's signature – If jointly-owned, both owners' signatures required)**

Property Address \_\_\_\_\_  
Ormond Beach, Florida 32176

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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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