



### **Palm Bay Club Check List**

- Lease / Resale Information Form
- Vehicle Information Form
- 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 \$100.00 payable to Watson Association Management
- Coupon book fee \$7.50 payable to Palm Bay Club (if applicable)

\* All Lease/Resale Applications and Estoppel Requests **MUST** have TEN (10) days to process prior to closing date.

\* 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**

**Thank you for your Cooperation!**

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 Information Form

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 \_\_\_\_\_

#### **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

~~~~~  
**Pet:** Yes No Type: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Name: \_\_\_\_\_ Color: \_\_\_\_\_  
 (Circle one)  
 ~~~~~

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 PALM BAY CLUB CONDOMINIUM ASSOCIATION, A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

#### **PLEASE NOTE:**

- ◆ Leases must be a minimum of six months (6). No more than 2 leases per calendar year.
- ◆ Renters are not permitted to sub-lease at any time.
- ◆ A copy of the sales contract or lease must be attached to this application.

PURCHASER/LESSEE: \_\_\_\_\_ Date: \_\_\_\_\_

PURCHASER/LESSEE: \_\_\_\_\_ Date: \_\_\_\_\_

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# Association Management

**VEHICLE INFORMATION FORM**

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

Name: \_\_\_\_\_  
(All Applicants)

Present Address: \_\_\_\_\_  
(Street address, City, State, Zip)

**VEHICLE # 1:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Tag: \_\_\_\_\_  
State: \_\_\_\_\_

**VEHICLE # 2:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Tag: \_\_\_\_\_  
State: \_\_\_\_\_

Vehicle 1 registered to: \_\_\_\_\_

Vehicle 2 registered to: \_\_\_\_\_

**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 APPLICATION.
- ◆ IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DESIGNATED PARKING SPACE.

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 Regulation of Palm Bay Club Condominium Association. I (we) received a copy from the Lessor/Seller.

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Buyer/Lessee  
Signature: \_\_\_\_\_

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

Buyer/Lessee  
Signature: \_\_\_\_\_

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

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Association Management

**Disclosure Summary**  
**Sales Only**

**Palm Bay Club**

1. As a purchaser of property in this community, you will be obligated to be a member of a community 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 assessments to the association, which assessments are subject to periodic change.
4. Your failure to pay these assessments could result in a lien on your property.
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.
6. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Purchaser: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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# Association Management

## MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Coupon Book (for mailing payments): Please include a check for \$7.50

*or*

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

Association Name: Palm Bay Club

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 Palm Bay Club 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 Palm Bay Club Condominium 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 Palm Bay Club Condominium Association, Inc. and Watson Association Management.

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Association Management

**(SALES ONLY)**

***VOTING CERTIFICATE***

***Palm Bay Club Condominium Association, Inc.***

Know all men by these present, that the undersigned is the record owner (s) In PALM BAY CLUB CONDOMINIUM ASSOCIATION. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the COMMUNITY 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**

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

**Signature**

Property Address \_\_\_\_\_

Palm Bay, Florida 32905

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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