



**Pine Croft Condominium Association**  
**Resale Application Checklist**

- Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Photo ID – must be legible
- Email Consent form
- Disclosure Summary
- Voting Certificate
- Copy of executed Sales Contract
- Non-refundable processing fee of \$100.00 payable to Watson Association Management

If an application is submitted and is *NOT* complete, it will *NOT* be processed.

**Please make sure when submitting your application all documents  
and fees are included to avoid any delay in the approval of your  
application.**

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

## 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 \_\_\_\_\_

### **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

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 PINE CROFT CONDOMINIUM ASSOCIATION, A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER.

(IF SELLER FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

NO LEASE SHALL BE FOR A PERIOD OF LESS THAN 6 MONTHS, AND NO UNIT MAY BE LEASED MORE THAN TWO TIMES IN ANY CONSECUTIVE 12-MONTH PERIOD WITHOUT THE PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS.

PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

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**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:**

- ☐ EACH UNIT HAS AN ASSIGNED NUMBERED SPACE AND IS ENTITLED TO ONE GUEST SPOT (GUEST PARKING IS NOT ASSIGNED OR RESERVED). ANY UNIT OWNER OR RENTER WITH MORE THAN TWO (2) VEHICLES MUST CONTACT THE OFFICE FOR AVAILABLE PARKING AREAS. OWNER OR RESIDENT MAY NOT KEEP MORE THAN TWO (2) VEHICLES WITHIN THE COMMUNITY ON A PERMANENT BASIS WITHOUT PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS.
- ☐ NO PARKED VEHICLE MAY IMPEDE THE GENERAL TRAFFIC FLOW THROUGH A PARKING LOT. VEHICLES BACKED INTO PARKING SPACES MAY NOT BLOCK OR INFRINGE UPON THE ADJOINING WALKWAY.

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 PINE CROFT CONDOMINIUM ASSOCIATION, a copy of which  
I/We have received from the owner.

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

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

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**PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE UNIT**

- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- All owners shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.
- A total of one (1) pet weighing less than 25 pounds. Residents must furnish the Association with a copy of all vaccinations as well as a copy of the Martin County animal license within 2 weeks.

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

- **I/We further agree to furnish the Association with a copy of all vaccinations as well as a copy of the Martin County animal license within 2 weeks.**

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

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

License & vaccinations paperwork received: \_\_\_\_\_

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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 Pine Croft Condominium 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 Pine Croft Condominium Association, Inc.

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Yes

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I authorize Pine Croft Condominium 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 Pine Croft Condominium Association, Inc. and Watson Association Management.

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[www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)



## Disclosure Summary For PINE CROFT CONDOMINIUM 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. The current amount is **\$436.20 per month**. 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 Pine Croft Condominium Association Homeowners Association for a fee.

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

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

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***VOTING CERTIFICATE***  
***Pine Croft Condominium Association***

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

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**(Insert one owners name above)**

As the voting representative for the PINE CROFT 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 \_\_\_\_\_  
Hobe Sound, Florida 33455

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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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