

### Pine Croft Condominium Association Resale Application Checklist

- Application Page
- Vehicle Information Page
- o Deed Restricted Community Page
- o Pet Page
- o Photo ID must be legible
- o Email Consent form
- o 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.

\*Please submit and/or send all complete applications and fees to Watson Association Management, LLC 1648 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952

### RESALE APPLICATION

Date:	Property Address:	
Applicant Name:	Active Mili	tary Service MemberYesNe
Co-Applicant Name:	Active Mili	tary Service Member YesNo
Present Address:		
Applicant Phone:	Co-Appl	licant Phone:
Any other Occupants? If	Yes, list names, age and relationship:	
Name	Relation	Age
Name	Relation	Age
☐ Live in the unit as a primary ☐ Maintain the unit as a secon ☐ Offer the unit as a rental	dary residence	
Applicants employers name:		No. of years there
Address:		Phone #:
Co-Applicants employers name:		No. of years there
Address:		Phone #:
ASSOCIATION, A COPY OF WHICH D  (IF SELLER FAILS TO PROVIDE A SE ASSOCIATION MANAGEMENT COMI  NO LEASE SHALL BE FOR A PERIOD	ALL DOCUMENTS AND RULES & REGULA OCUMENT I HAVE RECEIVED FROM SELI T OF DOCUMENTS TO BUYER, A COPY WI PANY AT A COST OF \$50.00 PER DOCUME OF LESS THAN 6 MONTHS, AND NO UNIT IOD WITHOUT THE PRIOR WRITTEN CONS	LER. ILL BE MADE AVAILABLE BY THE NT COPY.) MAY BE LEASED MORE THAN TWO TIMES IN
PURCHASER:	Signature(s)	Date:
PURCHASER:	Printed Name(s)	Date:
PURCHASER:	Signature(s)	Date:
PURCHASER:		Date:
1648 SE Port St. Lucie Blvd., Port O 1410 Palm Coast Parkway NW	range, FL 32127 Phone	772.871.0004 Fax 772.871.0005 386.252.2661 Fax 386.673.4943

#### **APPLICATION FOR VEHICLE PERMIT**

Nar	me:			_ Phone: _		
Nar	me:			_ Phone: _		
Stre	eet Address:					
City	y:		_State: _		_ Zip:	
DESCRI	IPTION OF VEHICLE(S)	:				
<u>VEHICL</u>	<u>E #1:</u>					
Mal	ke:	Model: _				Year:
Col	lor:	Gross Weight:		_VIN:		
Veł	hicle Tag:	State:				
Reg	gistered to:					
Stre	eet Address:					
City	y:		_State: _		_ Zip:	
VEHICL						
Mal	ke:	Model: _				Year:
Col	lor:	Gross Weight:		VIN:		
Vel	nicle Tag:		_ State: _			
Reç	gistered to:					
Stre	eet Address:					
City	y:		_State: _		_ Zip:	
PLEASE	E NOTE:					
	IS NOT ASSIGNED OF CONTACT THE OFFICE TWO (2) VEHICLES WE THE BOARD OF DIRE	ASSIGNED NUMBERED SPACE AN R RESERVED). ANY UNIT OWNER CE FOR AVAILABLE PARKING ARE ITTHIN THE COMMUNITY ON A PER ECTORS. LE MAY IMPEDE THE GENERAL T	OR RENT EAS. OWN MANENT	ER WITH IER OR RI BASIS WI	MORE TI ESIDENT THOUT I	HAT TWO (2) VEHICLES MUST MAY NOT KEEP MORE THAN PRIOR WRITTEN CONSENT OF
u	_	LE MAY IMPEDE THE GENERAL ING SPACES MAY NOT BLOCK OR	_	_		
Signati	ure:				_Date:	
Signati	ure:				_ Date:	

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952 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 386.246.9720 Fax 386.246.9271



Deed Restricted Co	mmunity	·~~
I/We understand that we are moving into I/We hereby agree to abide by all Docume of PINE CROFT CONDOMINIUM ASS I/We have received from the owner.	ents and Rules and Regulations	~~~
Buyer Signature	Date:	
Buyer Signature	Date:	



#### 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:
	ner agree to furnis of the Martin Cour			vaccinations as well
Signature:			Date:	
Signature:			Date:	
License & vaccination	s 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.

	****************
<u>Yes</u> □	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):
<u>No</u> □	I do not want to receive emails from Pine Croft Condominium Association, Inc. and Watson Association Management.



# 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:		



## VOTING CERTIFICATE Pine Croft Condominium Association

		ndersigned is the record owner (s) In PINE CROFT CONDOMINIUM y constitutes, appoints and designates:			
	(Insert one owners name above)				
owned by said u  The voting repre	ndersigned pursua	e PINE CROFT CONDOMINIUM ASSOCIATION unit nt to the by-laws of the Association.  y authorized and empowered to act in the capacity herein set is e modifies or evokes the authority set forth in this voting			
Dated this	day of				
Signature (Unit owner's signature – If jointly-owned, both owners' signatures required)  Property Address					
	Hobe Sound	l, Florida 33455			

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.