



Riverwalk at Melbourne Lease/Resale Checklist

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- Vehicle Page
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- Pet page
- Email Consent form
- Maintenance Fee Options form
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- Lease/Resale Contract
- Gate Form
- Non-refundable Processing fee in the amount 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: _____ Phone/Cell #: _____

Co-Applicant Name: _____ Phone/Cell #: _____

Current Mailing address: _____

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

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Do you intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Offer the unit as a rental unit

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 RIVERWALK AT MELBOURNE HOMEOWNERS ASSOCIATION, INC., A COPY OF WHICH 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.)

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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Association Management

VEHICLE INFORMATION

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: _____

Street Address: _____

City: _____ State: _____ Zip: _____

***ALL INFORMATION ON THIS FORM MUST BE COMPLETED

***NO TRUCK OR VAN WITH MORE THAN ¾ TON CAPACITY, BOAT, TRAILER, RECREATIONAL VEHICLE OR COMMERCIAL VEHICLE SHALL BE PARKED, STORED OR OTHERWISE KEPT ON ANY PORTION OF THE PROPERTY FOR MORE THAT TWENTY-FOUR (24) HOURS, EXCEPT THAT ANY OF THE FOREGOING VEHICLES MAY BE STORED IN THE GARAGE ON A LOT SO LONG AS THE GARAGE DOOR IS FULLY CLOSED WHILE SUCH VEHICLE IS LOCATED THEREIN.

***ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW VEHICLE APPLICATION.

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 RIVERWALK AT MELBOURNE HOA, INC., a copy of which I/We  
have received from the owner.

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Buyer/Lessee
Signature _____ Date: _____

Buyer/Lessee
Signature _____ Date: _____

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PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner 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.
- No more than two (2) household pets may be kept.

Pet(s)? Yes _____ No _____

<u>Type/Breed</u>	<u>Color/Name</u>	<u>Weight</u>

Signature: _____ Date: _____

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 Riverwalk at Melbourne Homeowners 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 Riverwalk at Melbourne Homeowners Association, Inc.

Yes

I authorize Riverwalk at Melbourne Homeowners 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 Riverwalk at Melbourne Homeowners Association, Inc. and Watson Association Management.

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Coupon Book:

or

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

Association Name: Riverwalk of Melbourne 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 Riverwalk at Melbourne Homeowners Association

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's 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 **\$221.50** per month.
4. You may also 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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(SALES ONLY)

VOTING CERTIFICATE
Riverwalk at Melbourne Homeowners Association, Inc.

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

(Insert one owners name above)

As the voting representative for the HOMEOWNERS 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 _____

Melbourne, FL 32935

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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SECURITY GATE & INFORMATION FORM

Welcome to the neighborhood. Each new household will be provided with one gym/restroom key at no charge. You may purchase additional keys at the address above. Checks or Money Orders **made payable to Riverwalk at Melbourne HOA.**

No CASH or Plastic accepted.

EXTRA GYM/RESTROOM KEYS ARE \$10.00 EACH

GATE REMOTES \$20.00 EACH

GATE ACCESS INFORMATION:

Please print clearly

OWNERS NAME:

(ONLY 13 CHARACTERS WILL FIT ON A LINE ... LAST NAME, FIRST INITIAL)

PROPERTY ADDRESS: _____

PHONE #: _____

FOUR DIGIT GATE CODE: _____
(PERSONAL GATE CODE)

GATE REMOTES RECEIVED: _____

DECALS RECEIVED: _____

GYM/RESTROOM KEY ISSUED: _____

TODAY'S DATE: _____

OWNERS SIGNATURE: _____

AMOUNT PAID: _____

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