

Scarborough Estates Check List

- o Lease / Resale Application
- o Application for Vehicle Permit
- Vehicle Registration(s)
- Deed Page
- Pet Page
- o Landlord / Purchaser
- Email Consent Form
- o Voting Certificate (Sales Only)
- o PGA Village Certification of Compliance (Leases Only)
- Lease / Resale Contract
- Non-refundable Processing fee \$125.00 OR \$150.00 RUSH fee payable to Watson Association Management
- Application Fee \$100.00 payable to Scarborough Estates
- Scarborough Estates Capital Contribution (1/6th of Annual Assessment) (Sales Only) collected at closing

Please make sure when submitting your application all documents, and fees are included.

** An application is considered a RUSH when closing/lease date is **TWO (2)** weeks or less from the date you submit your application.



LEASE/RESALE APPLICATION

Date	Property Address		
INFORMATION	N CONCERNING APPLICANT(S):	□ LEASE □	PURCHASE
Applicant Name	2:	_ Active Military Service I	MemberYesNo
Co-Applicant Name:		_ Active Military Service	Member YesNo
Present Address	s:		
Applicant Phone	e:Co-Ap	oplicant Phone:	
Any other Occupa	ants? If Yes, list names, age and re	elationship:	
Name	Relation	Age	_
Name	Relation	Age	_
O Offer theRent hor	n the home as a secondary residence home as a rental me from owner ATIVE IN CASE OF EMERGENCY		
	Relationship		
I (we) fully autho	rize investigation of all answers and referen	nces given.	
	ee to abide by all rules and regulations of S n the Lessor/Seller.	CARBOROUGH ESTATES A	T PGA, a copy of which
If seller fails to part a cost of \$50.0	rovide a set of Documents to Buyer, a copy 0.	may be obtained from the A	ssociation Management
	not rent or sell to any person who has not lease their premises.	been approved by the Associa	tion Renters are not
PURCHASER/L	LESSEE	DATE	
PURCHASER/L	LESSEE	DATE	
435 S. Yonge	Whitney Place, Port St. Lucie, FL 3498 Street #3, Ormond Beach, FL 32174	Phone 386.252.266	

APPLICATION FOR VEHICLE PERMIT

Name:		Phone:	
Name:		Phone:	
Street Address:			
City:	Stat	te:Zip: _	
DESCRIPTION OF VEHICLE(S):			
VEHICLE #1:			
Make:	Model:		Year:
Color:	Gross Weight:	VIN:	
Vehicle Tag:	State:		
Registered to:			
VEHICLE #2:			
Make:	Model:		Year:
Color:	Gross Weight:	VIN:	
Vehicle Tag:	Stat	te:	
Registered to:			
	N THIS FORM MUST BE COMPLETED CLE REGISTRATION(S) MUST BE ATTA	ACHED TO THIS APPI	LICATION
Signature:		Date	:
Signature:		Date	c
Signature:		Date	:
Signature:		Date	s

PLEASE AFFIX THE SCARBOROUGH ESTATES AT PGA VEHICLE DECAL TO THE LOWER INSIDE CORNER OF WINDSHIELD ON THE DRIVER'S SIDE.

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



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 SCARBOROUGH ESTATES AT PGA. I (we) received a copy from the Lessor/Seller. If seller fails to provide a set of Documents to Buyer/Tenant, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

Buyer/Tenant signature______

Date_____

Buyer/Tenant signature______

Date_____



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

- ➤ 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 three (3) household pets may be kept.
- ➤ No American Pitbull Terrier, Rottweiler, Doberman or any other aggressive breeds not covered under homeowner insurance policies are permitted.

Pet? Yes	No	_ (if No pets please si	gn and return with	application)
Pet Type:	Weight: _	Age:	Color:	Sex:
Name:	Breed:			
Pet Type:	Weight:	Age:	Color:	Sex:
Name:	Breed:			
Pet Type:	Weight: _	Age:	Color:	Sex:
Name:	Breed:_			
Signatura			Data	
Signature.			Date:	
Signature:			Date:	



Landlord / Purchaser

Please advise us of any changes in your mailing address

Property Address:		
Landlord / Purchaser		
Name(s):		
	Cell:	
Email:		
Separate Mailing Addres	<u>S</u> (if applicable)	
Address:		
Phone:		
Emergency Contact Infor	<u>rmation</u>	
Name:		
Phone:		



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 Scarborough Estates at PGA 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 Scarborough Estates at PGA

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<u>Yes</u> □	I authorize Scarborough Estates at PGA and Watson Association Managem to email me appropriate meeting notices, agendas, reports, violation letters a 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 Scarborough Estates at PGA and Watson Association Management.	



(SALES ONLY)

VOTING CERTIFICATE Scarborough Estates at PGA

Know all men by these present, that the undersigned is the record owner (s) In Scarborough Estates at PGA shown below, and hereby constitutes, appoints and designates:		
owned by said		
apacity herein set th in this voting		
20		
es required)		

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.

PGA VILLAGE PROPERTY OWNERS' ASSOCIATION, INC. CERTIFICATION OF COMPLIANCE WITH SUB-ASSOCIATION LEASING RULES

Leased Property Address:	
Sub-Association Name:	
Owner Name(s):	
TENANT(S) ACKNOWLEDGE AND AC	GREE TO THE FOLLOWING:
Association, Inc. and the above-named Covenants, Conditions and Restrictions	
TENANT(S):	
Signature	Signature
Printed Name	Printed Name
Date	Date
SUB-A LEASE APPLICATION APPRO	ASSOCIATION VAL & CERTIFICATE OF OCCUPANCY esentative certifies that the above-named tenant is leasing rules and procedures.
Signed:	Date:
Sub-Association Representative Printed	Name:
Fitle of Sub-Association Representative	
Sub-Association Contact Telephone No.	