



Scarborough Estates Check List

- Lease / Resale Application
- Application for Vehicle Permit
- Vehicle Registration(s)
- Deed Page
- Pet Page
- Landlord / Purchaser
- Email Consent Form
- Maintenance Fee Options (Sales Only)
- Voting Certificate (Sales Only)
- 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.

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 _____

INFORMATION CONCERNING APPLICANT(S): LEASE PURCHASE

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 home as a primary residence
- Maintain the home as a secondary residence
- Offer the home as a rental
- Rent home from owner

NEAREST RELATIVE IN CASE OF EMERGENCY _____

Phone _____ Relationship _____

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*I (we) fully authorize investigation of all answers and references given.*

*I (we) hereby agree to abide by all rules and regulations of SCARBOROUGH ESTATES AT PGA, a copy of which was received from the Lessor/Seller.*

***If seller fails to provide a set of Documents to Buyer, a copy may be obtained from the Association Management at a cost of \$50.00.***

*I agree that I will not rent or sell to any person who has not been approved by the Association Renters are not permitted to sub-lease their premises.*

**PURCHASER/LESSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PURCHASER/LESSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

|                                                     |                    |                  |
|-----------------------------------------------------|--------------------|------------------|
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# Association Management

## 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: \_\_\_\_\_

#### **VEHICLE #2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_  
Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_  
Registered to: \_\_\_\_\_

### **PLEASE NOTE:**

- ALL INFORMATION ON THIS FORM MUST BE COMPLETED
- A COPY OF THE VEHICLE REGISTRATION(S) MUST BE ATTACHED TO THIS APPLICATION

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

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

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

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

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

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**DEED RESTRICTED COMMUNITY**

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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 sign 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: \_\_\_\_\_

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

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

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Landlord / Purchaser

Please advise us of any changes in your mailing address

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

Landlord / Purchaser

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Separate Mailing Address *(if applicable)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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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 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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**Yes**

I authorize Scarborough Estates at PGA 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 Scarborough Estates at PGA and Watson Association Management.

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## **MAINTENANCE FEE PAYMENT OPTIONS**

- Option 1:** Mail Payments 430 NW Lake Whitney Place, Port St Lucie, FL 34986

**or**

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

Association Name: Scarborough Estates at PGA

Account Number \_\_\_\_\_

I (we) hereby authorize SouthState 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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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Scarborough Estates at PGA***

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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:

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(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\_\_\_\_\_.

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**Signature**

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**Signature**

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

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

Port Saint Lucie, Florida 34986

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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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**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 AGREE TO THE FOLLOWING:**

Tenant received copies of the following documents for PGA Village Property Owners' Association, Inc. and the above-named Sub-Association: (1) the Declaration of Covenants, Conditions and Restrictions; (2) the Bylaws; and (3) the Rules & Regulations (collectively referred to as the "Documents"). Tenant(s) agree to be bound by the Documents.

TENANT(S):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

=====

**SUB-ASSOCIATION**

**LEASE APPLICATION APPROVAL & CERTIFICATE OF OCCUPANCY**

The undersigned Sub-Association representative certifies that the above-named tenant has complied with the Sub-Association's leasing rules and procedures.

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

Sub-Association Representative Printed Name: \_\_\_\_\_

Title of Sub-Association Representative: \_\_\_\_\_

Sub-Association Contact Telephone No. \_\_\_\_\_