



Scarborough Estates Check List

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

***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**

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

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



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 _____

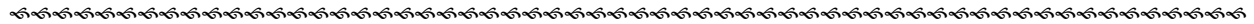
Name _____ Relation _____ Age _____

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 _____



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

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: _____

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Name: _____ Breed: _____

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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

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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(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:

(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 _____
Port Saint Lucie, Florida 34986

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. _____