



South Panther Trace Check List

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- Lease / Sales Contract
- Non-refundable Processing Fee \$125.00 OR Rush Fee \$150.00 payable to Watson Association Management
- Application fee \$75.00 payable to South Panther Trace
- South Panther Trace \$500.00 Security Deposit or half a month's rent whichever is greater. (Leases Only)

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

If an application is submitted and is *NOT* complete, it will *NOT* be processed. Please ensure that you have all the required information to avoid any delay in the approval of your application.

*** An application is considered a RUSH when the Closing/Lease date is 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

Property Address: _____ Date: _____

APPLICANT INFORMATION:

Name: _____ Active Military Service Member ____ Yes ____ No

Name: _____ Active Military Service Member ____ Yes ____ No

Present Address: _____

Phone: _____ Phone: _____

Any other Occupants: ____ Yes ____ No

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

I (we) intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Offer the home as a rental unit.
- Rent home from owner

Applicant employers name: _____ No. of years there: _____

Address: _____ Phone: _____

Co-Applicant employers name: _____ No. of years there: _____

Address: _____ Phone: _____

Pet: Yes No Type, Weight & Name: _____
(circle one)

Please list the name & number of the nearest relative in case of an emergency:

Name: _____ Phone: _____

Address: _____

- ◆ I/WE FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.
- ◆ I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF SOUTH PANTHER TRACE AT SAWGRASS LAKES HOA, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

{IF SELLER FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER, A COPY WILL BE MADE AVAILABLE BY WATSON ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.}

- ◆ *PLEASE NOTE: Leases must be a minimum of six months (6)*
- ◆ *A copy of the sales contract or lease must be attached to this application.*
- ◆ *Renters are not permitted to sub-lease at any time.*

Purchaser/Lessee: _____ Date: _____

Purchaser/Lessee: _____ 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 & Regulation of South Panther Trace Home Owners Association, Inc., I/We received a copy from the Lessor/Seller. If seller fails to provide a set of Documents to Buyer, I/We may obtain a copy from Watson Association Management at a cost of \$50.00.

~~~~~  
Buyer/Lessee
Signature: _____

Date: _____

Buyer/Lessee
Signature: _____

Date: _____



LANDLORD/PURCHASER INFORMATION SHEET

Please advise us of any change in your mailing address

Property Address: _____

Landlord/Purchaser
Name(s): _____

Phone: _____ Cell: _____

Email: _____

Mailing Address: _____
(if different than property)

Out of state address: _____
(if applicable)

Out of state phone: _____
(if applicable)

Emergency contact name: _____

Phone: _____

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South Panther Trace One Call Now Alert System

New Member Information Form

We are pleased to announce that we provide a new message notification service designed by One Call Now Alert, Inc. that will improve and expedite the way we communicate with our Members. This service has the following key features:

- Emergency Alerts Notification – this service will immediately inform Members of serious weather-related emergencies.
- Polls and Surveys – this service will allow Members to participate in issues affecting all Members. Members will be asked to vote on a series of questions and the results will be distributed to each Member as well as posting the results in the Club House (if your association has one) for your viewing convenience.

Please fill out this form with your contact information. The information you provide will be kept strictly confidential to protect your privacy. It will be used to communicate important information to you.

PLEASE PRINT CLEARLY

Association Name: _____

Last Name _____ First Name _____

Primary Phone Number: _____ Is this a mobile phone? ____yes____ no

Alternate Phone Number: _____ Is this a mobile phone? ____yes____ no

E-Mail Address: _____ FAX _____

I do not wish to include my # in this program

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WAIVER TO ALLOW PHONE NUMBER TO BE PUBLISHED

Address: _____

Recently, Florida State Statute 720.303(5)(C) extended association homeowners rights of privacy to include their phone numbers. **Therefore, we cannot include your phone number in our South Panther Trace phone directory unless you give us written permission to do so.**

The property staff distributes the phone directory only to residents and cannot be responsible if a resident subsequently distributes the South Panther Trace Phone Directory to others.

I/we _____, waive my/our privacy rights established by
Resident(s) name printed

by F.S.S. 720.303(5)(C) and hereby give South Panther Trace at Sawgrass Lakes Homeowners Association, Inc. permission to publish my phone number in the South Panther Trace Phone Directory.

Resident Signature

Date

Please verify your phone numbers(s) below for our database.

Home: _____

Away: _____

Cell: _____

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LEASES ONLY

Certificate of Acknowledgement

Additional Condition of Approval Agreement

An Additional Condition of Approval to the required Certificate of Acknowledgement, to facilitate occupancy of a property by lease, whereby the Owner and Tenant shall be required to sign this agreement prior to occupancy, with the Association, providing that should Owner fails to make necessary assessment payments in accordance with the Association Documents, that the Association shall have the authority to contact the Tenant, advise them of the delinquency of the Owner, and the Tenant shall be required to make rent payments to the Association. Such rent payments made to the Association shall be deemed payments of rents, and to the extent that they bring the Unit current, will result in the reinstatement of all services. Upon rent payments to the Association to bring the account current, including all payments identified in this agreement, any excess funds will be forwarded to the Owner, and Tenant be advised that all further rent payments should be to the Owner while the Owner is current on all of its obligations as set forth herein.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

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NOTICE OF ACKNOWLEDGMENT

AS REQUIRED by the Covenants and Restrictions, Section 8.10 (A-E), and the Quick Reference Guide of the Rules and Regulations

“Owner to (avoid troublesome lessees) and (otherwise) accept responsibility for the occupancy of his Lot”

“Owners are responsible for lessee to comply with the Declaration (of Covenants and Restrictions).”

Property Address: _____

Tenant(s) / Lessee(s):

(Print names)

Landlord/Purchaser:

(Print names)

- *I agree to abide by the requirements described above.*
- *I will provide lessee with a set of Community Documents.*

Signature: _____ Date: _____
Landlord / Purchaser

Signature: _____ Date: _____
Landlord / Purchaser

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Mail payments: to 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: South Panther Trace Account Number _____

I (we) hereby authorize CenterState 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)
Please Read Carefully

VOTING CERTIFICATE
South Panther Trace Homeowners Association, Inc.

KNOW ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) IN SOUTH PANTHER TRACE 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 _____

Port Saint Lucie, Florida 34953

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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