



Checklist and Instruction Page

Please use this checklist to help ensure your application is complete and ready to be submitted.

- For Sales:
 - A current application from www.WatsonAssociationManagement.com
 - A copy of the signed contract
 - Realtor information
 - Title Company information
 - Non-refundable Processing Fee for Watson Association Management
 - \$125.00 or
 - \$150.00 for a *RUSH application (*see below*)
 - Application fee payable to The Vineyards
 - \$150.00 payable to The Vineyards – application fee

- For Leases:
 - A current application from www.WatsonAssociationManagement.com
 - A copy of the signed Lease Agreement
 - Realtor information (*if applicable*)
 - Non-refundable Processing Fee for Watson Association Management
 - \$125.00 or
 - \$150.00 for a ***RUSH** application (*see below*)
 - Application fee payable to The Vineyards
 - \$150.00 payable to The Vineyards – application fee

* An application is considered a **RUSH** when the Closing/Lease date is **TWO (2) weeks** from the date you submit your Lease/Resale application.

* 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 office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

Thank you for your Cooperation!

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

www.WatsonAssociationManagement.com



The Vineyards Check List

- Lease/Resale Application
- Vehicle Registration Form
- Pet Page
- Deed Page
- Email Consent Form
- Disclosure Summary (Sales Only)
- Items to be turned over at Closing
- Payment Options Form (Sales Only)
- Voting Certificate (Sales Only)
- Gate Programming Form
- Directory Authorization Form
- Lease / Resale Contract
- Non-Refundable Processing Fee payable to Watson Association Management \$125.00 OR Rush \$150.00
- \$150.00 Application Fee payable to The Vineyards

**Please make sure the application is filled out completely
and all documents are submitted.**

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Association Management

LEASE/RESALE APPLICATION

{APPLICATION REQUIRES BOARD APPROVAL, IF ADDITIONAL SPACE IS NEEDED PLEASE USE OTHER SIDE}

Date: _____ Property Address: _____

APPLICANT INFORMATION:

Applicant Name: _____ Active Military Service Member ___ Y ___ N

Co-Applicant Name: _____ Active Military Service Member ___ Y ___ N

Present Address: _____

Applicant Phone: _____ Co-Applicant Phone: _____

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

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

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

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

Address: _____ Phone #: _____

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

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

PLEASE NOTE: Leases must be a minimum of twelve months (12). A copy of the sales contract or lease must be attached to this application. Renters are not permitted to sub-lease at any time.

Owner and/or Lessee agree to the terms of the attached contract/lease are within the requirements of The Vineyards at St. Lucie West Residents' Association, Inc. Rules & Regulations pertaining thereto.

PURCHASER/LESSEE: _____ DATE: _____

PURCHASER/LESSEE: _____ DATE: _____

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Association Management

VEHICLE REGISTRATION FORM

Date: _____ Property Address: _____

Applicant: _____ Co-Applicant: _____

Present Address: _____
(Street, City, State, & Zip)

VEHICLE # 1:

VEHICLE # 2:

Make: _____
Model: _____
Year: _____
Color: _____
Vin #: _____
Tag #: _____
State: _____

Make: _____
Model: _____
Year: _____
Color: _____
Vin #: _____
Tag #: _____
State: _____

Vehicles are registered to: _____

(Signature) (Date) (Signature) (Date)

PLEASE NOTE: ALL INFORMATION ON THIS FORM MUST BE COMPLETED.

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

IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAYS AND/OR GARAGES. ALL PICK-UP TRUCKS AND COMMERCIAL VEHICLES MUST BE PARKED IN THE GARAGE AT ALL TIMES. PARKING IN THE STREETS IS NOT PERMITTED OVER NIGHT.

(Signature) (Date) (Signature) (Date)

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

- Household pets not to exceed a total of two (2) may be permitted in a residence.
- 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.

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Signature _____ Date: _____

Signature _____ Date: _____



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 Regulation of THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC., I (we) received a copy from the Lessor/Seller. If Lessor/Seller fails to provide a set of Documents to Buyer, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

Buyer/Lessee signature _____
Date _____

Buyer/Lessee 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 Vineyards at St. Lucie West Residents 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 Vineyards at St. Lucie West Residents Association, Inc.

Yes

I authorize The Vineyards at St. Lucie West Residents 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 The Vineyards at St. Lucie West Residents Association, Inc. and Watson Association Management.

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Disclosure Summary

The Vineyards HOA, Inc.

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 ASSESSMENTS TO THE ASSOCIATION, WHICH ASSESSMENTS ARE SUBJECT TO CHANGE.**
4. **YOUR FAILURE TO PAY THESE ASSESSMENTS COULD RESULT IN A LIEN ON YOUR PROPERTY.**
5. The restrictive covenants cannot be amended without the approval of the association membership.
6. 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.
7. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Signature of Buyer

Date

Signature of Buyer

Date

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ITEMS TO BE TURNED OVER AT CLOSING FOR THE VINEYARDS

Prior to, or at closing, the Seller(s) must provide a copy of the Association's "Governing Documents" which include the **Articles of Incorporation, Declarations of Covenants, and By-Laws** to the Buyer(s). If the Seller fails to supply the Buyer with these documents, \$50.00 should be collected from the Seller to obtain a copy from the Association Management Company.

Gate Openers and Garage Openers must be turned over at closing.

Please contact Watson Association Management to obtain a 4-digit gate entry code.

Quarterly payment coupons must be turned over at closing. There will be one coupon for each remaining quarter in the current year. The new owner will cross off the previous name, insert their own, and use the coupons for the remainder of the year. At that time, new coupons will be printed with the new owner's name.

NOTE: Quarterly payments of **\$830** are due by **Jan 1st, Apr 1st, July 1st, and Oct. 1st. **Payments must be made by these dates – with or without the coupons. Any past due payment will automatically be put in for collections and penalties will be added.****

Purchaser's signature

Purchaser's signature

Property Address

Home Phone #

Cell phone #

Closing Date

Expected move-in date

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Coupon Book (for mailing payments)

or

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

Association Name: The Vineyards 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)

VOTING CERTIFICATE
The Vineyards at St. Lucie West Residents Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In THE VINEYARDS AT ST. LUCIE WEST RESIDENTS ASSOCIATION, INC. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the RESIDENTS 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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Gate-Programming-Information Sheet

Owner Name(s): _____

Address: _____

Does the Resident want their name to be put into the system? YES or NO

If Yes, What name? (Last-name, followed an initial): _____

Does resident want their phone number programmed into the system?
YES or NO

If Yes, what Phone Number: (_____) _____ - _____

You may have two (_____) _____ - _____

List Gate Clicker Code(s) for **ALL** gate clickers in this household:
(Each code is listed on the back of the clickers, if you cannot read it, pop open the clicker and it is listed on the inside as well)

Do you want a 4-digit Personal Gate code assigned to you?

YES or NO Code # _____

Your personal 4-digit code cannot start with a zero. When using this entry code, you will now need to hit pound # after the code.

To open the gate when you get a phone call you will need to push 11 to let them in.

The Vineyards at St. Lucie West HOA
c/o Watson Association Management
430 NW Lake Whitney Place - Port St. Lucie, FL 34986

DIRECTORY AUTHORIZATION FORM

The Vineyards is publishing its annual members' directory. Please list your information **EXACTLY** as you want it to appear in the directory. If you do not want your information to appear in the directory, please make the appropriate selection below. If this authorization form is not returned to us, only your name and address will be included in the directory.

Are you the owner? Are you a tenant?

Include my name, address, phone number and email address in the neighborhood directory.

DO NOT include my name, address, phone number and email address in the neighborhood directory.

ADDRESS: _____

Last Name: _____ First Names: _____

Email Address: _____ Email Address: _____

Phone Number: _____ Phone Number: _____

Alt. Phone Number: _____ Alt. Phone Number: _____

The Resident Directory is updated annually. Information contained in our directory is confidential and not intended for publication outside the community.

By signing this authorization, I hereby release and hold the Association harmless for any damages claims or cause of action whatsoever arising out of the publication of the information set forth above.

_____ Date

_____ Date