



Tompson Point Check List

- Lease/Resale Application
- Vehicle Registration Form
- Vehicle Registration
- Deed Page
- Landlord/Purchaser
- Email Consent form
- Voting Certificate (Sales Only)
- Lease/Resale Contract
- PGA Village Certification of Compliance (Leases Only)
- Non-refundable Processing fee \$125.00 OR \$150.00 Rush fee payable to Watson Association Management
- Application Fee \$100.00 payable to Tompson Point
- Tompson Point Capital Contribution (1/6th of Annual Assessment) Call for current amount (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 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**

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

PLEASE ALLOW FIFTEEN (15) BUSINESS DAYS FOR PROCESSING

Date _____ Property Address _____

INFORMATION CONCERNING APPLICANT(S) :

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 ____ Yes ____ No If so, please list name, age & 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 TOMPSON POINT RESERVE POA, INC., 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

VEHICLE INFORMATION

NAME(S) _____ TELEPHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ GROSS VEHICLE WEIGHT _____ TAG _____

VIN _____ STATE _____

VEHICLE #2:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ GROSS VEHICLE WEIGHT _____ TAG _____

VIN _____ STATE _____

OWNERSHIP OF VEHICLE:

VEHICLE(S) REGISTERED TO: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

***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

***A COLOR PHOTOGRAPH OF ABOVEMENTIONED VEHICLE(S) MUST BE ATTACHED IF VEHICLE(S) IS/ARE OUTLINED IN ARTICLE 5, PARAGRAPH E OF DECLARATION OF COVENANTS AND RESTRICTIONS AS PARAPHRASED: "MOTORCYCLES, ALL TERRAIN VEHICLES INCLUDING PASSANGER CARS WITH FOUR WHEEL DRIVE, JEEPS, BRONCOS, TRUCK, TRAILER, BOAT, VAN CAMPER, MOTORHOME OR BUS".

IT IS UNDERSTOOD THAT ANY VEHICLE DESCRIBED IN THE PARAGRAPH ABOVE MUST BE PARKED IN GARAGE.

SIGNATURE _____ SIGNATURE _____

PLEASE AFFIX THE TOMPSON POINT RESERVE VEHICLE DECAL TO THE LOWER INSIDE CORNER OF WINDSHIELD ON THE DRIVER'S SIDE.

***** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION**

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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 TOMPSON POINT RESERVE POA, 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 the Association Management at a cost of \$50.00.

Buyer/Lessee signature _____
Date _____

Buyer/Lessee signature _____
Date _____



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 Tompson Point HOA 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 Tompson Point HOA, Inc.

Yes
 I authorize Tompson Point 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 Tompson Point and Watson Association Management.

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(SALES ONLY)

VOTING CERTIFICATE
Tompson Point Reserve Property Owners Association, Inc.

KNOW ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) IN TOMPSON POINT RESERVE PROPERTY OWNERS ASSOCIATION, INC. SHOWN BELOW, AND HEREBY CONSTITUTES, APPOINTS AND DESIGNATES:

(Insert one owners name above)

As the voting representative for the PROPERTY OWNERS 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. _____