



## **Tropical Shoppes of Bayshore** **Lease/Resale Checklist**

- Lease/Resale Application Page
- Deed Page
- Email Consent Form
- Maintenance Fee Options (Sales Only)
- Disclosure Summary (Sales Only)
- Voting Certificate (Sales Only)
- Lease/Resale Contract
- Non-refundable processing Fee \$100.00 payable to Watson Association Management

**Please make sure when submitting your application all documents, and fee is included.**

\*\*\*\*\* 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, LLC 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



# Association Management

## LEASE/RESALE APPLICATION

Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION CONCERNING APPLICANT(S):

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

Active Military Service Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Phone No: \_\_\_\_\_

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

Active Military Service Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Phone No: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Description: \_\_\_\_\_

Date Established: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

~~~~~

- ◆ *I (we) fully authorize investigation of all answers and references given.*
- ◆ *I (we) hereby agree to abide by all documents and Rules and Regulations of the **Tropical Shoppes of Bayshore.**, 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 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.*

*Owner and/or Lessee agree that the terms of the **attached lease/contract** are within the requirements of the Tropical Shoppes of Bayshore Rules & Regulations.*

Purchaser / Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser / Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

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



**DEED RESTRICTED CONDOMINIUM**

~~~~~

I (we) understand that we are moving into a Deed Restricted Condominium Association. I (we) hereby agree to abide by all Documents and Rules and Regulations of the Tropical Shoppes of Bayshore, 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: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer / Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

430 NW Lake Whitney Place, Port St. Lucie, FL 34986      Phone 772.871.0004      Fax 772.871.0005  
435 S. Yonge Street #3, Ormond Beach, FL 32174      Phone 386.252.2661      Fax 386.673.4943  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137      Phone 386.239.1555      Fax 386.246.9271



**EMAIL CONSENT FORM**

A new Florida statute states it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Tropical Shoppes of Bayshore and Watson Association Management to email notifications of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

I also understand that Annual owner meetings and Special Meetings requiring membership voting or establishing a quorum will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

\*\*\*\*\*

Yes

I authorize Tropical Shoppes of Bayshore and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other correspondence.

**Email Address:** \_\_\_\_\_

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

**Phone Number(s):** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Printed Name(s):** \_\_\_\_\_

No

I do not want to receive emails from Tropical Shoppes of Bayshore and Watson Association Management.

430 NW Lake Whitney Place, Port St. Lucie, FL 34986    Phone 772.871.0004    Fax 772.871.0005  
435 S. Yonge Street #3, Ormond Beach, FL 32174    Phone 386.252.2661    Fax 386.673.4943  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137    Phone 386.239.1555    Fax 386.246.9271



## **MAINTENANCE FEE PAYMENT OPTIONS**

- Option 1:** Coupons (for mailing payments):

*or*

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

Association Name: Tropical Shoppes of Bayshore Account Number \_\_\_\_\_

I (we) hereby authorize Alliance Association 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**

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



DISCLOSURE SUMMARY  
FOR  
*THE TROPICAL SHOPPES OF BAYSHORE*

1. As a purchaser of property in Tropical Shoppes of Bayshore, you will be obligated to be a member of an Association.
2. There have been or will be recorded restrictive covenants governing the use and occupancy of units in this condominium.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. You may also be obligated to pay any special assessments imposed by the association.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. Your failure to pay special assessments or assessments levied by a mandatory condominium association could result in a lien on your property.
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 before purchasing property.
7. These documents are either matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

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



**(SALES ONLY)**

---

***VOTING CERTIFICATE***  
***Tropical Shoppes of Bayshore A Commercial Condominium***

---

KNOW ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) IN TROPICAL SHOPPES OF BAYSHORE A CONDOMINIUM SHOWN BELOW, AND HEREBY CONSTITUTES, APPOINTS AND DESIGNATES:

---

(Insert one owners name above)

As the voting representative for the CONDOMINIUM 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 34984

---

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.

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