



Isle of Venice Resale Check List

- Resale Information Form
- Deed Page
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of government issued ID
- Screening Committee Form
- Pet Page
- Insurance Information Form
- Disclosure Summary
- Maintenance Fee Options
- Email Consent Form
- Voting Certificate
- Sales Contract
- Non-refundable Processing Fee \$125.00 or Rush \$150.00 payable to Watson Association Management
- Application Fee \$100.00 payable to Isle of Venice (Sales)
- Coupon Book \$7.50 (if applicable) payable to Isle of Venice

* 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, 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

RESALE INFORMATION FORM

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Property Address: _____ Date: _____

INFORMATION CONCERNING PURCHASER:

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Present Address: _____

Do you intend to occupy the home? Yes _____ No _____

Any other Occupants? _____yes _____No If so, please list name relationship & Age:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

~~~~~

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

~~~~~

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 documents and Rules and Regulations of ISLE OF VENICE NEIGHBORHOOD 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 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.*

**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



**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 ISLE OF VENICE NEIGHBORHOOD ASSOCIATION, INC., and KINGS ISLE COMMUNITY 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 the Association Management at a cost of \$50.00.

I (we) received the homeowner's association coupon payment book for the monthly dues from the seller. (if applicable)

~~~~~

Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ 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



# Association Management

## VEHICLE INFORMATION

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

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

Street Address: \_\_\_\_\_

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

### **DESCRIPTION OF VEHICLE:**

#### VEHICLE #1:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

#### VEHICLE #2:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle 1 registered to: \_\_\_\_\_

Vehicle 2 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

\_\_\_\_\_  
SIGNATURE SIGNATURE

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



## AGE VERIFICATION FORM

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older to preserve the status of Kings Isle as a community of housing for older persons in accordance with Kings Isle documents and the Federal Fair Housing Act.

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

Owner(s)

1. Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupant(s) include owners(s) above if occupant(s)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such change in writing.

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Date*

**Please attach the following:**

**A photocopy of a driver's license (or other proof of age if occupant is not licensed.)**

**Please return this form with the application to Watson Association Management, LLC**

**Verified by:**

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *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



Association Management

**Screening Committee Form**

~~~~~

Applicant's Name _____

Date _____

Present address _____

Telephone Number _____

How many people will be occupying home? _____

Name and Birth date of household member(s) over 55 _____

Name and birth date of those 18 to 54 _____

Will you plan to live here year-round? _____

Where can you be reached if you are not in residence? _____

Did you receive a copy of the governing Documents to review? _____

Did you review them? _____

Do you agree to live by the governing Documents and other rules and regulations that govern the area? _____

Signature _____ Date _____

Signature _____ 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



Association Management

PET PAGE

**ALL NEW AND CURRENT RESIDENTS MUST SUBMIT THIS
PET APPROVAL FORM FOR PETS AFTER 03/09/2005**

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PET #1:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

PET #2:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

AN OWNER MAY HAVE **TWO (2) PETS**. DOGS/CATS ARE NOT TO EXCEED **TWENTY-FIVE (25) POUNDS** EACH AT MATURITY.

- OWNER MUST PICK UP AFTER THEIR PET
- NO LEASH LONGER THAN EIGHT (8) FEET IS ALLOWED
- I WILL KEEP MY DOG AWAY FROM PEOPLE WHO ARE WALKING TO AVOID A POSSIBLE ACCIDENT
- CATS ARE NOT TO BE TURNED LOOSE

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING THIS PET INTO THE ISLE OF VENICE. IWE UNDERSTAND IF NOT COMPLIED WITH I WILL BE IN VIOLATION AND ACTION WILL BE TAKEN BY THE BOARD.

Signature _____ Date _____ Signature _____ Date _____

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ 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



Important Insurance Information

Date: _____

Name: _____

Address: _____

Telephone No: _____

Insurance Co. Name: _____

Insurance Agent Name: _____

Insurance Agent Address: _____

Insurance Agent Phone # _____

Homeowner Policy No. _____

To all buyers, new owners: you are buying a single-family home and it must be insured as such. We are not a condo association where you only insure the contents of your home. Upon closing, you are required to furnish proof of insurance on your home as per our homeowner documents (Article XI Section 2 (a))

**Watson Association Management
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
or Fax: 772-871-0005**

Each year when you renew your policy, we need a copy of the declarations page which shows coverage dates for current year.

*****NEW HOMEOWNERS – PLEASE KEEP THIS PAGE FOR YOUR REFERENCE AND RECORDS.**

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 Isle of Venice

1. As a purchaser of property in this community, you will be obligated to be a member of the homeowners association.
2. There are recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay maintenance assessments to the Isle of Venice association. Assessments may be subject to periodic change. The current amount is **\$125.00** per month.
4. You will be obligated to pay a Capital Contribution to the Isle of Venice equal to three (3) months' Assessments upon acquiring title. The current amount that will be collected is **\$375.00**
5. You will also be obligated to pay any special assessments that may be imposed by the association. If applicable, the current amount is **\$0.00.**
6. You will be obligated to pay a monthly maintenance assessment to the Kings Isle Master Association. A Capital Contribution for the Master Association will be collected at closing equal to two (2) months of the monthly assessments.
7. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
8. Your failure to pay any of these assessments could result in a lien on your property.
9. 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.

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



MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Coupon Book (for mailing payments): Please include a check for \$7.50

or

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

Association Name: Isle of Venice 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

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



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 Isle of Venice 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 Isle of Venice

Yes

I authorize Isle of Venice 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 Isle of Venice 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



(SALES ONLY)

VOTING CERTIFICATE
Isle of Venice Neighborhood Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In Isle of Venice Neighborhood Association, Inc. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the NEIGHBORHOOD 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.

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