



## **Villas of Torino Check List**

- Lease / Resale Information Form
- Vehicle Registration Form
- Deed Page
- Disclosure Summary ( Sales Only )
- Email Consent Form
- Voting Certificate ( Sales Only )
- Lease / Resale Contract
- Non-refundable Processing Fee \$125.00 payable to Watson Association Management

\* **All Lease/Resale Applications and Estoppel Requests **MUST** have TEN (10) days to process prior to closing date.**

\* 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

[www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)



# Association Management

## Lease / Resale Information Form

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

### Applicant Information

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? \_\_\_\_\_ If Yes, list names, age and relationship:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

#### **Do you intend to:**

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent from Owner

Pet: Yes No Type: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Name: \_\_\_\_\_ Color: \_\_\_\_\_  
(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 VILLAS OF TORINO COMMUNITY ASSOCIATION, A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

#### **PLEASE NOTE:**

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

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



# Association Management

## VEHICLE REGISTRATION FORM

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

Name: \_\_\_\_\_  
(All Applicants)

Present Address: \_\_\_\_\_  
(Street address, City, State, Zip)

**VEHICLE # 1:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Tag: \_\_\_\_\_  
State: \_\_\_\_\_

**VEHICLE # 2:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Tag: \_\_\_\_\_  
State: \_\_\_\_\_

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

Vehicle 2 registered to: \_\_\_\_\_

**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 DESIGNATED PARKING SPACE.

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



~~~~~

### **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 Villas of Torino Community Association. 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 Management Company at a cost of \$35.00.

~~~~~

Buyer/Lessee  
Signature: \_\_\_\_\_

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

Buyer/Lessee  
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



**Disclosure Summary**  
**Sales Only**

**Villas of Torino**

1. As a purchaser of property in this community, you will be obligated to be a member of a community 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 periodic change.
4. Your failure to pay these assessments could result in a lien on your property.
5. 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.
6. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser: \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Purchaser: \_\_\_\_\_  
*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



**EMAIL CONSENT FORM**

New Florida statutes state 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 Villas of Torino Community 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 Villas of Torino Community.

\*\*\*\*\*

**Yes**

I authorize Villas of Torino Community 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 Villas of Torino Community Association, Inc. 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***  
***Villas of Torino Community Association, Inc.***

---

Know all men by these present, that the undersigned is the record owner (s) In VILLAS OF TORINO COMMUNITY ASSOCIATION. shown below, and hereby constitutes, appoints and designates:

---

(Insert one owners name above)

As the voting representative for the COMMUNITY 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 St. 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    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