

Harbour Beach Resort Checklist

- Application Page
- Vehicle Information Page
- Deed Page
- Email Consent form
- Authorization for Screening form
- Photo ID (must be legible)
- Disclosure Summary
- Voting Certificate
- Copy of executed Sales Contract
- Non-refundable Processing fee of \$100.00 payable to Watson Association Management
- Screening fee of \$50.00 payable to Harbour Beach Resort

* All Resale Applications **MUST** have **FIFTEEN (15)** days after the application is complete for Board review and/or Association Interview date. The **FIFTEEN (15)** day review **ONLY starts when application is complete and turned over** to the Association **not** when application is received by Management.

* If an application is submitted that is <u>**NOT**</u> complete, it will <u>**NOT**</u> be accepted and/or processed. Please ensure that you have all the required <u>information</u>, <u>forms</u> and <u>signatures</u> to avoid any delay(s) in the approval of your application.

Please make sure when submitting your application all documents and fees are included.



RESALE APPLICATION

Date:	_ Property Address:	
Applicant Name:		
Co-Applicant Name:		
Present Address:		
Applicant Phone:	Co-Applicar	nt Phone:
	unit, other than the Commercial Units, MAY NOT be utilized as the unit owner	i i
It is understood that NO I	PETS are allowed on condominium prop	perty.
Applicants employers name:		No. of years there
Address:		Phone #:
Co-Applicants employers name:		No. of years there
Address:		Phone #:
OF WHICH DOCUMENT I HAVE F	BY ALL DOCUMENTS AND RULES & REGULATION RECEIVED FROM SELLER/LESSOR. ROVIDE A SET OF DOCUMENTS TO BUYER/LESSEE INT COMPANY AT A COST OF \$50.00 PER DOCUME	E, A COPY WILL BE MADE AVAILABLE BY
DUD CHASED.		Data
PURCHASER:	Signature(s)	Date:
PURCHASER:	Printed Name(s)	Date:
PURCHASER:	Signature(s)	Date:
PURCHASER:	Printed Name(s)	Date:



VEHICLE INFORMATION

Name:			_ Phone:		
Name:			_ Phone:		
Street Address:					
City:		_State: _		Zip:	
DESCRIPTION OF VEHICLE(S):					
VEHICLE #1:					
Make:	Model:				Year:
Color:	Gross Weight:				
Vehicle Tag:	State:				
Registered to:					
Street Address:					
City:					
<u>VEHICLE #2:</u>					
Make:	Model:				_Year:
Color:	Gross Weight:				
Vehicle Tag:		_ State: _			
Registered to:					
Street Address:					
City:		_State:		_Zip:	
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 Regulations of HARBOUR BEACH RESORT, a copy of which I/We have received from the owner.

It is understood that each unit, other than the Commercial Units, shall be used only for transient, residential purposes and <u>MAY NOT</u> be utilized as the unit owner's Homestead.

It is understood that **NO PETS** are allowed on condominium property.

Buyer		
Signature	Date:	

Buyer	
Signature	Date:
6	

 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 HARBOUR BEACH RESORT 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 Harbour Beach Resort.

* * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
Yes D	I authorize HARBOUR BEACH RESORT and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.			
	Email Address:			
	Phone Number(s):			
	Unit Address:			
	Signature(s):			
	Printed Name(s):			

<u>No</u>

I do not want to receive emails from HARBOUR BEACH RESORT and Watson Association Management.

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A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT AND A LEGIBLE COPY OF PHOTO ID MUST BE INCLUDED

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name:		DOB:	
Social Security Number:	Phone:		
Present Address:			
City:	State:	Zip:	
Previous Address:			
City:	State:	Zip:	
Applicant agrees to indemnify and Management, LLC., their employed and agents from any loss, expense o information or reports furnished by	es, managers, officers a or damage which may r	nd directors, affiliat esult directly or ind	tes, subcontractors
Applicant Signature:			
Date:			

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Disclosure Summary For HARBOUR BEACH RESORT

- 1. As a purchaser of property in this community, you will be obligated to be a member of an 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 maintenance assessments to the association. The current amount is **<u>\$500.00 per month</u>**. Assessments may be subject to periodic change.
- 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 any of these assessments 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 matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser:	 Date:	

Purchaser: _____ Date: _____



(SALES ONLY)

VOTING CERTIFICATE Harbour Beach Resort

Know all men by these present, that the undersigned is the record owner (s) In HARBOUR BEACH RESORT shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the HARBOUR BEACH RESORT 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 ______, 20_____,

 Signature
 Signature

 (Unit owner's signature – If jointly-owned, both owners' signatures required)

Property Address ____

Daytona Beach, Florida 32118

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.