



Oceans Atrium One Condominium Association Checklist

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- Pet Page
- Email Consent Form
- Maintenance Payment Options
- Disclosure Summary
- Copy of executed Sales Contract
- Non-refundable processing fee in the amount of \$100.00 payable to Watson Association Management

**Please make sure when submitting your application
all documents and application fee are 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**

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 APPLICATION

Date: _____ Property Address: _____

Applicant Name: _____ Applicant Phone: _____

Co-Applicant Name: _____ Co-Applicant Phone: _____

Present Address: _____

Any other occupants? _____ If so, please list the name(s), 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

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Co-Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF OCEANS ATRIUM ONE CONDOMINIUM ASSOCIATION, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER.

(IF SELLER FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

PURCHASER: _____ Date: _____
Signature(s)

PURCHASER: _____ Date: _____
Printed Name(s)

PURCHASER: _____ Date: _____
Signature(s)

PURCHASER: _____ Date: _____
Printed Name(s)

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Association Management

VEHICLE INFORMATION

Name: _____ Phone: _____
Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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 FORM

Signature: _____ Date: _____

Signature: _____ Date: _____

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**Deed Restricted Community**

I/We understand that we are moving into a deed-restricted condominium community. I/We hereby agree to abide by all Documents and Rules and Regulations of OCEANS ATRIUM ONE CONDOMINIUM ASSOCIATION, INC. a copy of which I/We have received from the owner.

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Buyer
Signature _____ Date: _____

Buyer
Signature _____ Date: _____

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PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE UNIT

- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.
- An owner of a unit may keep up to two (2) domestic pets such as dogs or cats which normally require access to the outside provided the total weight of such pets does not exceed twenty (20) pounds at maturity. This provision may not be amended except on the affirmative vote of seventy-five percent (75%) of the unit owners in the manner for amendments as elsewhere provided in this instrument.

Pet? Yes _____ No _____ (if no pets this form must be signed and turned in)

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____

Name: _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____

Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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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 the Oceans Atrium One Condominium 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 Oceans Atrium One Condominium Association, Inc.

Yes

I authorize Oceans Atrium One Condominium 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 Oceans Atrium One Condominium Association, Inc. and Watson Association Management.

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Mail Payments: 430 NW Lake Whitney Place, Port St. Lucie, FL 34986

or

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

Association Name: Oceans Atrium One Condominium Unit Account Number _____

I (we) hereby authorize Western Alliance 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

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Disclosure Summary For OCEANS ATRIUM ONE CONDOMINIUM ASSOCIATION, INC.

1. As a purchaser of a unit in this community, you will be obligated to be a member of a condominium 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. 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 or from Watson Association Management, LLC for a fee.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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