



### **Isle of Tuscany 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
- Mailbox Stenciling Form
- Insurance Information Form
- Disclosure Summary
- 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 Tuscany
- Mailbox Stenciling fee \$15.00 payable to Isle of Tuscany

\* 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

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



## **RESALE INFORMATION FORM**

PLEASE ALLOW UP TO THIRTY (30) BUSINESS DAYS FOR APPROVAL

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: \_\_\_\_\_

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

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

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

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

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NEAREST RELATIVE IN CASE OF EMERGENCY: \_\_\_\_\_

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

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- ◆ *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 TUSCANY 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:** \_\_\_\_\_

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**DEED RESTRICTED COMMUNITY**

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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 TUSCANY NEIGHBORHOOD  
ASSOCIATION, INC., and KINGS ISLE COMMUNITY  
ASSOCIATION INC.

- ☐ I/We have received and read the documents of the association.
- ☐ I/We have NOT received and read the documents of the association.

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

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

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**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 FORM

SIGNATURE

SIGNATURE

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

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## 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* \_\_\_\_\_

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## Screening Committee Form

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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 \_\_\_\_\_

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## PET PAGE

**If NO pets please sign and return with application**

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. AN OWNER MAY HAVE **ONE (1) PET** NOT TO EXCEED **FORTY (40) POUNDS**.

- 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 TUSCANY. I/WE UNDERSTAND IF NOT COMPLIED WITH I/WE 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: \_\_\_\_\_

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## ISLE OF TUSCANY

### MAILBOX STENCILING REQUEST FORM

#### ATTENTION BUYER:

Your mailbox at your new address **REQUIRES** your last name and city/state of your choice. Please complete the information below and furnish it with your purchase application with a check in the amount of \$15.00 payable to Isle of Tuscany. We will order the stenciling for you.

*LAST NAME:* \_\_\_\_\_

*CITY:* \_\_\_\_\_

*STATE:* \_\_\_\_\_

*ADDRESS TO WHICH YOU ARE MOVING:*

\_\_\_\_\_

*SIGNATURE:* \_\_\_\_\_

*PHONE NUMBER:* \_\_\_\_\_

**IF YOU DO NOT HAVE YOUR PHONE HOOKED UP YET, PLEASE  
CALL WATSON ASSOCIATION MANAGEMENT, LLC. WHEN  
YOU DO – 772.871.0004**

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## **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.**

**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.**

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## Disclosure Summary For The Isle of Tuscany

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 Tuscany association. Assessments may be subject to periodic change. The current amount is **\$135.00** per month.
4. You will be obligated to pay a Capital Contribution to the Isle of Tuscany equal to three (3) months' Assessments upon acquiring title. The current amount that will be collected is **\$405.00**
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: \_\_\_\_\_

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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 Isle of Tuscany 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 Tuscany

\*\*\*\*\*

Yes

☐

I authorize Isle of Tuscany 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 Tuscany and Watson Association Management.

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***VOTING CERTIFICATE***  
***Isle of Tuscany Neighborhood Association, Inc.***

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

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(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\_\_\_\_.

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**Signature**

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**Signature**

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

Property Address \_\_\_\_\_  
Port Saint Lucie, Florida 34986

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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.

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