

## ASSOCIATION APPLICATION FOR PURCHASE

Please complete all questions and sign below:

Sales Contract must be attached

Association Name: \_\_\_\_\_

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

Closing Date: \_\_\_\_\_ Title Company: \_\_\_\_\_

Sellers: \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_

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

Pets: Yes \_\_\_\_\_ No \_\_\_\_\_ Description \_\_\_\_\_

Please refer to the Documents and Rules & Regulations for specifics regarding pets

Number of Vehicles: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Nbr: \_\_\_\_\_ —St:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Nbr: \_\_\_\_\_ —St:

In case of an Emergency please notify:

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

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

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

I/We the undersigned agree that we have read and understand the Rules & Regulations of the Association. We agree to abide by all covenants, restrictions, rules presently enacted and new rules which may be promulgated from time to time by the Association.

Purchaser signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Watson Association Management, 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952 Phone (772) 871.0004 Fax (772) 871.0005 or [michellefigueroa@watsonrealtycorp.com](mailto:michellefigueroa@watsonrealtycorp.com)