

## **Callaway Place Application Check List**

- o Resale Application Page
- o Vehicle Page
- o Pet Page
- o Deed Page
- o Email Authorization Form
- Voting Certificate
- Resale Contract
- Non-refundable Processing Fee \$125.00 or \$150.00 RUSH (less than 2 weeks) payable to Watson Association Management

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

\*\*Please submit and/or send all complete applications and fees to Watson Association Management, LLC office located at 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952



### **RESALE APPLICATION**

Property Address:	Date:		
INFORMATION CONCERNING APPLIC	<u>CANT</u> (s):		
Applicant Name:		Phone:	
Co-Applicant Name:		Phone:	
Present Address:	_		
Other occupants: Yes No Name	Relationship	Age	
Name গর্জকর্মকর্মকর্মকর্মকর্মকর্মকর্মকর্মকর্মকর্ম		Age ରବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ୍ଦବ	
☐ Live in the home as a primary reside ☐ Maintain the home as a secondary re			
<i>ଵ</i> ୕୶ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕ଵ୕	<i>୕</i> ୶୶ୡ୶ୡ୶ୡୡୡ୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷୷	ଶର୍କ ପ୍ରତ୍ୟକ୍ତ ବ୍ୟବ୍ୟ ବ୍ୟବ	
Applicant Employer	Phone	Title	
Number of years Address		Supervisor	
Co-Applicant Employer	Phone	Title	
Number of years Address	ૹ૾ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ	Supervisor জন্মকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার্কাকার	
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EMERGENCY CONTACT PERSON			
PhoneAddress		Relationship	
I (we) fully authorize investigation of all answ	vers and references given.		
If seller fails to provide a set of Documents to Management, LLC at a cost of \$50.00.	Buyer, a copy may be obta	tined from Watson Association	
Purchaser:		Date:	
Purchaser:		Date:	

#### **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:
***ALL INFORMATIO	N ON THIS FORM MUST BE COM	PLETED	
	/AN, BOAT, TRAILER, RECREAT ED, STORED OR OTHERWISE K BARAGE.		
	N USE OR APPEARANCE OF TH HE BOARD OF DIRECTORS WITH		
Signature	Date S	Signature	Date

## IF MORE THAN 2 VEHICLES - USE ADDITIONAL FORM

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952 808 Dunlawton Avenue, Port Orange, FL 32127 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 386.246.9720 Fax 386.246.9271



#### PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- No pets shall be kept, bred, or maintained for any commercial purpose.
- ➤ 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.
- The Board can revoke the privilege of having a pet on the property.

Pet(s)? Yes No		Please sign and	Please sign and return if no pets		
Pet Type: Name:		Age:	Color:	Sex:	
Pet Type: Name:		Age:	Color:	Sex:	
Signature:			Date:		
Signature:			Date:		

This form is REQUIRED, if no pets please mark "NO" above



#### **DEED RESTRICTED COMMUNITY**

community. I (we) hereby agree to at	$\mathcal{E}$
& Regulations of CALLAWAY PLA	•
I (we) received a copy from the Sell	1
of Documents to Buyer, I (we) Association Management at a cost of	• • • • • • • • • • • • • • • • • • • •
Buyer Signature:	Date:
	_
Ruyer Signature:	Date:



#### **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 Callaway Place 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 Callaway Place Association, Inc.

****	*****************
<u>Yes</u> □	I authorize Callaway Place Association, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.
	Email Address:
	Unit Address:
	Phone Number(s):
	Signature(s):
	Printed Name(s):
<u>No</u> □	I do not want to receive emails from Callaway Place Association, Inc. and Watson Association Management



# VOTING CERTIFICATE Callaway Place Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In Callaway Place Association, Inc. shown below, and hereby constitutes, appoints and designates:		
	(Insert on	e owners name above)
<b>U</b> 1	esentative for the HOME ant to the by-laws of the	EOWNERS ASSOCIATION owned by said Association.
<b>U</b> 1	•	zed and empowered to act in the capacity herein set fies or evokes the authority set forth in this voting
Dated this	day of	
Signature (Owner's	signature – If jointly-ov	Signature wned, both owners' signatures required)
Property Address		cie, FL 34986

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952 808 Dunlawton Avenue, Port Orange, FL 32127 1410 Palm Coast Parkway NW, Palm Coast, FL 32137

must sign this form to acknowledge this appointment.

Phone 772.871.0004 Fax 772.871.0005 Phone 386.252.2661 Fax 386.673.4943 Phone 386.246.9720 Fax 386.246.9271

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