



**LAKE VIEW HOMEOWNERS ASSOCIATION
AT PALM COAST, INC.
1410 Palm Coast Parkway NW
Palm Coast, FL 32137**

*Watson Association Management
Susan Matthews, CAM 386-246-9274
smatthews@watsonrealtycorp.com*

President
Kellie Sisco 386-302-5112
kidsisco@yahoo.com

Vice President
Chris Brauner 386-264-6485
chris.sue.brauner@sbcglobal.net

Treasurer
Rick Cahill 386-986-6436
rcahill200@gmail.com

**DISCLOSURE SUMMARY FOR LAKE VIEW HOMEOWNERS ASSOCIATION
AT PALM COAST, INC. (HOMEOWNERS ASSOCIATION)**

1. AS A PURCHASER OF THE PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF THE HOMEOWNERS' ASSOCIATION.
2. THERE HAVE BEEN RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY. PLEASE READ AND BECOME FAMILIAR WITH THESE COVENANTS.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION, WHICH ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
4. YOUR FAILURE TO PAY THESE ASSESSMENTS COULD RESULT IN A LIEN ON YOUR PROPERTY.
5. THERE IS NO OBLIGATION TO PAY RENT OR LAND FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION.
6. THE RESTRICTIVE COVENANTS CAN BE AMENDED WITH TWO-THIRDS (2/3) AFFIRMATIVE VOTE OF THE MEMBERSHIP.
7. 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'S GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
8. THESE DOCUMENTS ARE MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY/CITY WHERE THE PROPERTY IS LOCATED.

Date: _____ 20____

BUYERS:

Note: Upon closing, a signed copy of this disclosure summary should be forwarded to the Lake View Homeowners Association at Palm Coast Inc. at the above address.

Rev. 10.3.25



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NEW OWNER INFORMATION FORM

DATE: _____

LOT NUMBER: _____

NAME OF NEW OWNER/S: _____

CURRENT MAILING ADDRESS: _____

City	State	Zip Code
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TELEPHONE NUMBERS: Home #: _____

Cell #: _____

Cell #: _____

E-MAIL ADDRESS(S): _____

If you have a second address, please provide that information below.

ADDRESS: _____

City	State	Zip Code
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TELEPHONE #: _____

Please forward the completed form as soon as possible, along with the signed Disclosure Summary, to the address above.

Thank you for your help in this matter.



Association Management

REGIONAL OFFICE
ASSOCIATION MANAGEMENT

CONSENT TO ACCEPT ASSOCIATION NOTICES AND GENERAL CORRESPONDENCE VIA E-MAIL

ASSOCIATION NAME: _____

Re: Consent to Accept E Mail Notifications

I consent to receiving e-mail notification of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail.

I also understand that Annual owner meetings and Special Meetings requiring membership voting or establishing a quorum will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

PLEASE REMEMBER TO SEND ANY FUTURE CHANGES TO YOUR E MAIL ADDRESS TO YOUR ASSOCIATION MANAGER, Susan Matthews, smatthews@watsonrealtycorp.com Direct: 386-246-9274.

Unit / Property Address: _____

Print Owner Name: _____

Owners Signature: _____

Owner's Mailing Address: _____

Phone Number: _____

Date: _____

E MAIL ADDRESS _____

PLEASE RETURN THIS FORM TO: smatthews@watsonrealtycorp.com or mail it to Watson Association Management, 1410 Palm Coast Parkway NW, Palm Coast, FL 32137 Association information available at www.watsonassociationmanagement.com under "Our Properties".

Thank you.

Lake View HOA
Architectural Review Committee Application

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

Type of Submittal (Please Check)

New Construction*	[]	Addition*	[]
Pool Review*	[]	Fence	[]
Tree Removal	[]	Driveway/Walkway	[]
Landscaping	[]	Other	[]
Lighting	[]	_____	

PROPOSED ALTERATIONS

NOTE: Samples must be submitted with this application.

Present Colors:

Proposed Changes:

Primary: _____

Trim: _____

Shutters: _____

Doors: _____

Garage Doors: _____

_____ Roof

(Type & Color) _____

Fence: _____

Pool: Size _____

Enclosure Color _____

Deck: _____

Porch/Lanai: Size _____ Material _____ Roof & Color _____

Other Changes: _____

Contractor Name and Telephone No.: _____

Contractor License No.: _____

Explanation to Clarify Any of the Above: _____

***NOTE:** Two copies of blueprints and a survey are required with this application.

Please forward this application and all attachments to:

Joe Pelella, 18 Lakeside Place East, Email: joepel@verizon.net Direct 434-917-4589

Lake View HOA
Architectural Review Committee Action

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

Date Received: _____

Date Reviewed: _____

Approved: _____

Denied: _____

Comments/Suggestions: _____

ARC Members - Please sign and date:
