



### **River Palms Riverfront Registration Checklist**

- New Owner Information Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Email Authorization
- Disclosure Summary
- Voting Certificate
- Swiftlane Entry form
- Copy of executed Sales Contract
- Non-refundable Processing Fee of \$100.00 payable to Watson Association Management, LLC

**Please make sure when submitting your package  
all documents and fees are included.**

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

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005  
Phone 386.246.9270 Fax 386.246.9271



**PROPERTY TRANSFER FORM**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW OWNER INFORMATION:**

Owner #1: \_\_\_\_\_ Active Military Service Member: \_\_\_\_ Yes \_\_\_\_ No

Owner #2: \_\_\_\_\_ Active Military Service Member: \_\_\_\_ Yes \_\_\_\_ No

Owner #1 Phone: \_\_\_\_\_ Owner #2 Phone: \_\_\_\_\_

Any other occupants? \_\_\_\_ If so, please list the name, age & relationship: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street, City, State, & Zip)

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

Owner's employers name/Job Title: \_\_\_\_\_ No. of years there: \_\_\_\_\_

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

Owner's employers name/Job Title: \_\_\_\_\_ No. of years there: \_\_\_\_\_

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

Please list the name & number of the nearest relative in case of an emergency:

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

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

- ♦ I/WE FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.
- ♦ I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF RIVER PALMS RIVERFRONT 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.}

**PLEASE NOTE:**

- ♦ A copy of the sales contract must be attached to this package.

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

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

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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**

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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 Regulations of River Palms Riverfront Condominium Association, Inc.. I (we) received a copy from the Seller. If owner fails to provide a set of Documents to Purchaser, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

**Other Items you should be aware of:**

**Parking Restrictions:** Commercial, moving and work vehicles parked for longer than three (3) hours must park on the South side of Building 1825.

**Elevator Moving Pads:** For any Move Ins/Outs and/or Furniture deliveries, owners must call Watson Association Management (386-246-9270) at least 72 Hours prior to moving.

**Quiet Hours:** Hours for Moving, Furniture deliveries, and Repairs:

- a. Permitted Hours: All moving, Furniture deliveries, and non-emergency repairs and construction withing the Condominium premises are allowed only from Monday through Saturday, between the hours of 8:00AM and 6:00 PM.
- b. Exceptions: Requests for exceptions to these hours must be submitted to Watson Association Management at least 72 hours prior.

**Trash:** All moving boxes/moving supplies must be broken down and carried to the trash room. All broken down boxes/cardboard needs to be placed in the dumpster.

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

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

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**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 common areas and the exclusive neighborhood common area.

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no pets please sign and return form with package)

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

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

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

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# Association Management

## RIVER PALMS RIVERFRONT CONDOMINIUM ASSOCIATION, INC

### AUTHORIZATION AND CONSENT FOR NOTICE BY ELECTRONIC TRANSMISSION

Owner name: \_\_\_\_\_

Property/Unit Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

The association may provide notice by electronic transmission in a manner authorized by law for meetings of the board of directors, committee meetings requiring notice under this section, and annual and special meetings of the members to any member who has provided a facsimile number or e-mail address to the association to be used for such purposes; however, a member must consent in writing to receiving notice by electronic transmission.

By signing below, I/we hereby provide our written consent to Watson Association Management to provide notice of board, membership and committee meetings, and other such notices as allowed by Florida Statute, to us by electronic transmission in lieu of other forms of notice, consistent with the requirements of §718.112(1)b(d)6 and §720.303(2)(c)(1), Fla. Stat., at the email address(es) listed below.

**All** Owners of Record must sign below:

#### Owner #1:

Email Address: \_\_\_\_\_  
(PRINT CLEARLY)

Signature: \_\_\_\_\_

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

#### Owner #2

Email Address: \_\_\_\_\_  
(PRINT CLEARLY)

Signature: \_\_\_\_\_

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

Please return this form to [customersupport@watsonrealtycorp.com](mailto:customersupport@watsonrealtycorp.com)

The above written consent is effective until revoked in writing.



## **Disclosure Summary**

### **For River Palms Riverfront Condominium Association, Inc..**

1. As a purchaser of property in this community, you will be obligated to be a member of a Condominium Association.
2. You will be obligated to pay assessments to the Association, which assessments are subject to periodic change.
3. Your failure to pay these assessments could result in a lien on your property.
4. The restrictive covenants cannot be amended without the approval of the Association membership.
5. 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.
6. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

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

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



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***VOTING CERTIFICATE***  
***River Palms Riverfront Condominium Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In RIVER PALMS RIVERFRONT CONDOMINIUM ASSOCIATION, INC. shown below, and hereby constitutes, appoints and designates:

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**(Insert one owner's name above)**

As the voting representative for the RIVER PALMS RIVERFRONT CONDOMINIUM ASSOCIATION, INC. 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\_\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

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

Property Address \_\_\_\_\_  
Titusville, Florida 32780

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