



## **St. Andrews Townhomes Checklist**

- **For Sales:**

- Resale Application Page
- Vehicle Information for Gate Entry
- Restricted HOA Community Page
- Pet Page
- Electronic Transmission Authorization
- Clubhouse/Pool/Gym Access FOB Disclosure
- Disclosure Summary
- Voting Certificate
- Copy of executed Sales Contract signed by all parties
- Non-refundable Processing Fee of \$100.00 payable to Watson Association Management, LLC

- **For Leases:**

- Lease Application Page
- Vehicle Information for Gate Entry
- Restricted HOA Community Page
- Pet Page
- Authorization for Background screening
- Photo ID (must be legible)
- Clubhouse/Pool/Gym Access FOB Disclosure
- Copy of executed Lease Contract signed by all parties
- Non-refundable Processing Fee of \$100.00 payable to Watson Association Management, LLC
- Background Screening fee **\$25.00 per adult** payable to St. Andrews Townhomes

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

\*\*\*\*\* 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 1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952**

**\*\*\*BUYERS MUST OWN THEIR UNIT FOR MORE THAN ONE YEAR PRIOR TO LEASING\*\*\***

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

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



**LEASE/RESALE APPLICATION**

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

Applicant Name: \_\_\_\_\_ Active Military Service Member \_\_\_\_ Yes \_\_\_\_ No

Co-Applclicant Name: \_\_\_\_\_ Active Military Service Member \_\_\_\_ Yes \_\_\_\_ No

**Present Address:** \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-Applclicant Phone: \_\_\_\_\_

Any other Occupants? \_\_\_\_\_ If Yes, list names, age and relationship:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

**Any additional Lease occupant  
over 18 must submit an  
authorization for screening form  
and \$25.00 payable to St. Andrews**

**Do you intend to:**

- ☐ Live in the unit as a primary residence
- ☐ Maintain the unit as a secondary residence
- ☐ Rent unit from owner

Applicants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

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

Co-Applclicants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

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

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF ST. ANDREWS TOWMHOMES HOMEOWNERS 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.)

**\*\*\*BUYERS MUST OWNER THEIR UNIT FOR MORE THAN  
ONE YEAR PRIOR TO LEASING\*\*\***

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

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



**VEHICLE INFORMATION FOR RFID TAGS (GATE ENTRY)**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DESCRIPTION OF VEHICLE:**

**VEHICLE #1:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

**VEHICLE #2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ 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 APPLICATION

- 
- VEHICLE RFID TAGS ARE REQUIRED FOR MAIN GATE ENTRY ACCESS.
  - RFID TAGS WILL BE PLACED ON THE PASSENGER SIDE HEADLAMP OF THE VEHICLE.
  - TWO (2) RFID TAGS WILL BE PROVIDED FREE OF CHARGE AFTER CLOSING.
  - ADDITIONAL RFID TAGS ARE AVAILABLE FOR A CHARGE OF \$20.00 EACH. CHECK OR MONEY ORDER IS TO BE PAYABLE TO: ST. ANDREWS TOWNHOMES, INC. **NO CASH.**

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

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



~~~~~

**Restricted HOA Community**

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 ST. ANDREWS TOWNHOMES HOA, INC., a copy of which I/We  
have received from the owner.

~~~~~

Buyer/Lessee

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

Buyer/Lessee

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



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

- The breed of dog commonly known as “pit bull” is prohibited.
- 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.
- No more than two (2) household pets may be kept.

Pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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



# Association Management

## ST. ANDREWS TOWNHOMES HOMEOWNERS 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: \_\_\_\_\_

The above written consent is effective until revoked in writing.



**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR  
EACH LEASE APPLICANT OVER 18. BACKGROUND SCREENING FEE OF \$25.00  
PER APPLICANT PAYABLE TO ST. ANDREWS TOWNHOMES**

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING  
PLEASE PRINT CLEARLY**

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant hereby Authorizes St. Andrews Townhomes HOA, Inc and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search and background report required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless St. Andrews Townhomes HOA, Inc and Watson Association Management, LLC., their employees, managers, officers and directors, affiliates, subcontractors , and agents from any loss, expense or damage which may result directly or indirectly from information or reports furnished by Watson Association Management, LLC.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### **Clubhouse/Pool/Gym Access FOB Disclosure**

To access the Clubhouse/Pool/Gym facilities all residents are required to have an HOA registered Access FOB.

Access FOBS were issued to the original owner of each residence, two (2) per unit.

**The selling homeowner is required to transfer the residence FOBs to the buyer at the time of closing on the home.**

**Residence FOBs NOT transferred to the buyer at closing will be re-issued at a cost of \$20.00 each for the number of new FOBs requested (up to a maximum of 2).**

For the safety of all of the residence of our Community, the St Andrews Townhomes security system records all FOB entrance and exit activity into the Recreational Facilities.

I/We understand that access to the Clubhouse/Pool/Gym facilities is subject to the Rules and Regulations of St. Andrews Townhomes. I/We further understand that a FOB is required to access the recreational facilities and must be in the possession of the owner and/or their guests at all times when visiting the facilities. I acknowledge that access FOBs are HOA issued to the residence of record, and must be surrendered if the property is sold.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Disclosure Summary For St. Andrews Townhomes Homeowners Association

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's association.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay maintenance assessments to the association. Assessments may be subject to periodic change. The current amount is **\$588.00** per month and may be subject to change.
4. You may also be obligated to pay any special assessments that may be imposed by the association.
5. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
6. Your failure to pay any of these assessments could result in a lien on your property.
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 governing documents before purchasing property.
8. These documents are matters of public record and can be obtained from the record office in the county where the property is located or from Watson Association Management, LLC for a fee.

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

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



---

***VOTING CERTIFICATE***  
***St. Andrews Townhomes Homeowners Association, Inc.***

---

Know all men by these present, that the undersigned is the record owner (s) In St. Andrews Townhomes Homeowners Association, Inc. shown below, and hereby constitutes, appoints and designates:

---

**(Insert one owners name above)**

As the voting representative for the HOMEOWNERS 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\_\_\_\_.

---

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

Property Address \_\_\_\_\_  
Port St. Lucie, FL 34983

---

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.