



Isle of Capri Check List

- Lease / Resale Application
- Application for Vehicle Permit
- Vehicle Registration
- Deed Page
- Age Verification Form
- Drivers License
- Mailbox Stenciling Request
- Disclosure Summary (Sales Only)
- Certificate of Acknowledgement (Leases Only)
- One Call Now
- Pet Page
- Insurance Form
- Email Consent Form (Sales Only)
- Voting Certificate (Sales Only)
- Lease / Resale Contract
- Non-refundable Processing Fee \$125.00 OR Rush \$150.00 (if closing is less than 2 weeks) payable to Watson Association Management
- Non-refundable Application Fee \$100.00 payable to Isle of Capri
- Refundable HOA security deposit equal to one months rent payable to Isle of Capri (Leases only)

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**

****** A Capital Contribution equal to Two (2) months' Assessments (\$260.00) will be collected upon acquiring title. ******

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



Association Management

LEASE/RESALE APPLICATION

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Date _____ Property Address _____

INFORMATION CONCERNING APPLICANT(S):

APPLICANT NAME: _____ AGE: _____ PHONE _____

CO-APPLICANT NAME: _____ AGE: _____ PHONE _____

PRESENT ADDRESS:

Other occupants: Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Do you intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Offer the home as a rental unit (PLEASE NOTE: New owner must wait one year before leasing. Tenant must be approved by association. Minimum length of lease is 3 months. Renters are not allowed to sub-lease at any time)

Applicants' Employer _____ Phone _____ Title _____

Number of years _____ Address _____ Supervisor _____

Co-Applicants' Employer _____ Phone _____ Title _____

Number of years _____ Address _____ Supervisor _____

EMERGENCY CONTACT PERSON _____

Phone _____ Address _____ Relationship _____

*If seller fails to provide a set of Documents to Buyer, a copy may be obtained from Watson Association Management, LLC at a cost of \$50.00. Owner and/or Lessee agree that the terms of the **attached lease agreement or sales contract** are within the requirements of the ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. Rules & Regulations.*

PURCHASER/LESSEE _____ **DATE** _____

PURCHASER/LESSEE _____ **DATE** _____

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Association Management

APPLICATION FOR VEHICLE PERMIT

NAME(S) _____ TELEPHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

VEHICLE #2:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

OWNERSHIP OF VEHICLE:

VEHICLE(S) 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

SIGNATURE _____

SIGNATURE _____

***** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION**

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**Deed Restricted 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 ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.

- I/We have received and read the documents of the association.
- I/We have NOT received and read the documents of the association.

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Buyer / Lessee
Signature _____ Date: _____

Buyer / Lessee
Signature _____ Date: _____



Association Management

AGE VERIFICATION FORM

The following information must be furnished by the applicant(s) of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Kings Isle as a community of housing for older persons in accordance with Kings Isle documents and the Federal Fair Housing Act.

Property Address _____

Applicant (s)

1. Name _____ Date of Birth _____

2. Name _____ Date of Birth _____

Other occupant(s)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such change in writing.

Applicant _____ *Date*

Applicant _____ *Date*

Please attach the following:

A photocopy of a driver's license (or other proof of age if occupant is not licensed.)

Verified by :

Signature _____ *Date*

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Association Management

ISLE OF CAPRI

MAILBOX STENCILING REQUEST FORM

ATTENTION BUYER:

Your mailbox at your new address **REQUIRES** your last name and city/state of your choice. Please complete the information below and furnish it with your purchase application. We will order the stenciling for you.

LAST NAME: _____

CITY YOU ARE FROM: _____

STATE YOU ARE FROM: _____

ADDRESS TO WHICH YOU ARE MOVING:

SIGNATURE: _____

PHONE NUMBER: _____

**IF YOU DO NOT HAVE YOUR PHONE HOOKED UP YET,
PLEASE CALL WATSON ASSOCIATION MANAGEMENT,
LLC. WHEN YOU DO – 772.871.0004**

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Disclosure Summary Isle of Capri

1. As a purchaser of property in this community, you will be obligated to be a member the Homeowners Association.
2. There are recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay monthly maintenance assessments to the Isle of Capri association. Assessments may be subject to periodic change. The current amount is **\$130.00 per month**.
4. You will be obligated to pay a Capital Contribution to Isle of Capri equal to two (2) months' Assessments upon acquiring title. The current amount that will be collected is **\$260.00**.
5. You may also be obligated to pay any special assessments that may be imposed by the association. If applicable, the current amount is **\$0.00**.
6. You will be obligated to pay a monthly maintenance assessment to the Kings Isle Master Association. The current amount is **\$311.00 per month**. A Capital Contribution for the Master Association will be collected at closing equal to two (2) months' of the monthly assessments. The **current amount is \$622.00**
7. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
8. Your failure to pay any of these assessments could result in a lien on your property.
9. 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.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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LEASES ONLY

Certificate of Acknowledgement

Additional Condition of Approval Agreement

An Additional Condition of Approval to the required Certificate of Acknowledgement, to facilitate occupancy of a unit by lease, whereby the Owner and Tenant shall be required to sign this agreement prior to occupancy, with the Isle of Capri, providing that should Owner fail to make necessary assessment payments in accordance with the Isle of Capri Documents, that the Isle of Capri shall have the authority to contact the Tenant, advise them of the delinquency of the Owner, and the Tenant shall be required to make rent payments to the Isle of Capri. Such rent payments made to the Isle of Capri shall be deemed payments of rents, and to the extent that they bring the Unit current, will result in the reinstatement of all services. Upon rent payments to the Isle of Capri to bring the account current, including all payments identified in this agreement, any excess funds will be forwarded to the Owner, and Tenant be advised that all further rent payments should be to the Owner while the Owner is current on all of its obligations as set forth herein.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____



Isle of Capri One Call Now Alert System
New Member Information Form

We are pleased to announce that we provide a new message notification service designed by One Call Now Alert, Inc. that will improve and expedite the way we communicate with our Members. This service has the following key features:

- Emergency Alerts Notification – this service will immediately inform Members of serious weather related emergencies.
- Courtesy Reminder Messages – this service is used to inform Members of last minute Board meeting changes, reminders for voting and elections, local water department announcements, etc.
- Inspection Reminder Messages – this service is used to inform Members of what the property management company will be looking to inspect each quarter.
- Polls and Surveys – this service will allow Members to participate in issues affecting all Members. Members will be asked to vote on a series of questions and the results will be distributed to each Member as well as posting the results in the Club House (if your association has one) for your viewing convenience.

Please fill out this form with your contact information. The information you provide will be kept strictly confidential to protect your privacy. It will be used to communicate important information to you.

PLEASE PRINT CLEARLY

Association Name: _____

Last Name _____ First Name _____

Primary Phone Number: _____ Is this a mobile phone? ____yes____no

Alternate Phone Number: _____ Is this a mobile phone? ____yes____no

E-Mail Address: _____ FAX _____

I do not wish to include my # in this program

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Association Management

PET PAGE

If NO pets please sign and return with application

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PET #1:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

PET #2:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

AN OWNER MAY HAVE **TWO (2) PETS**. DOGS/CATS ARE NOT TO EXCEED **TWENTY-FIVE (25) POUNDS** EACH AT MATURITY. AN OWNER MAY HAVE **ONE (1) PET** NOT TO EXCEED **FORTY (40) POUNDS**.

- OWNER MUST PICK UP AFTER THEIR PET
- NO LEASH LONGER THAN EIGHT (8) FEET IS ALLOWED
- I WILL KEEP MY DOG AWAY FROM PEOPLE WHO ARE WALKING TO AVOID A POSSIBLE ACCIDENT
- CATS ARE NOT TO BE TURNED LOOSE

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING THIS PET INTO THE ISLE OF CAPRI. I/WE UNDERSTAND IF NOT COMPLIED WITH I/WE WILL BE IN VIOLATION AND ACTION WILL BE TAKEN BY THE BOARD.

Signature

Date

Signature

Date

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ Date: _____

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Important Insurance Information

Date: _____
Name: _____
Address: _____
Telephone No: _____
Insurance Co. Name: _____
Insurance Agent Name: _____
Insurance Agent Address: _____
Insurance Agent Phone # _____
Homeowner Policy No. _____

To all buyers, new owners: you are buying a single-family home and it must be insured as such. We are not a condo association where you only insure the contents of your home. Upon closing, you are required to furnish proof of insurance on your home as per Isle of Capri documents.

**Watson Association Management
1648 SE Port St Lucie Blvd.
Port St. Lucie, FL 34952
or Fax: 772-871-0005**

Each year when you renew your policy, we need a copy of the declarations page which shows coverage dates for current year.

******NEW HOMEOWNERS - PLEASE KEEP THIS PAGE FOR YOUR REFERENCE AND RECORDS.**

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EMAIL CONSENT FORM

New Florida Statutes state it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management to send you information of 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 Isle of Capri Neighborhood Association, Inc.

Yes

I authorize ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other correspondence.

Email Address: _____

Phone Number(s): _____

Property Address: _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC. and Watson Association Management.

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Association Management

(SALES ONLY)

VOTING CERTIFICATE
Isle of Capri Neighborhood Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) In Isle of Capri Neighborhood Association, Inc. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the NEIGHBORHOOD ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The aforementioned voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as 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 _____
Port Saint Lucie, Florida 34986

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.

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