



### **Ocean Garden Check List**

- Lease/Resale Application Page
- Vehicle Page
- Current Vehicle Registration(s) & photos
- Deed Page
- Pet Page
- Copy of Photo ID (must be legible)
- General Authorization for Screening
- Email Consent Form
- Disclosure Summary (Sales Only)
- Voting Certificate (Sales Only)
- Lease/Resale Contract
- Screening Fee \$25.00 per adult payable to Ocean Garden
- Non-refundable Processing Fee \$100.00 or \$125.00 RUSH application 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  
1648 SE Port St. Lucie Blvd.  
Port St. Lucie, FL 34952**

**\*\* An application is considered a RUSH when the closing/lease date is TWO (2) weeks or less from the date you submit your application.**

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

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

### APPLICANT INFORMATION:

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

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

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

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

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

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

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

Any additional occupant over 18 must submit an authorization for screening form with the screening fee of \$25.00 payable to Ocean Garden

### **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

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

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

Co-Applicant 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 OCEAN GARDEN ASSOCIATION, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

### PLEASE NOTE:

- ◆ Leases must be a minimum of one month (1).
- ◆ A copy of the sales contract or lease must be attached to this application.
- ◆ Renters are not permitted to sub-lease at any time.

Purchaser/Lessee agrees to the terms of the attached contract/lease are within the requirements of OCEAN GARDEN ASSOCIATION, INC. Rules & Regulations pertaining thereto.

Purchaser/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

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# Association Management

## APPLICATION FOR VEHICLE PERMIT

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: \_\_\_\_\_

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

\*\*\*A COLOR PHOTOGRAPH OF ABOVE-MENTIONED VEHICLE(S) MUST BE ATTACHED

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

### **FOR ASSOCIATION USE ONLY**

The above application is approved \_\_\_\_\_ not approved \_\_\_\_\_

Reason for non-approval: \_\_\_\_\_

Signer: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

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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 OCEAN GARDEN ASSOCIATION, INC., a copy of  
which I/We have received from the owner.



Buyer / Lessee  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Buyer / Lessee  
Signature \_\_\_\_\_ Date: \_\_\_\_\_



**PET PAGE**

Section 10.9 **Pets.** NO Dogs. Domestic indoor cats, small birds and small fish only. **30-pound** limit at maturity.

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

Pet#1:Breed \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Pet #2:Breed \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

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

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



**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT**  
**FEE: \$25.00 per adult applicant, made payable to Ocean Garden**

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING**

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

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

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

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

Applicant hereby Authorizes Ocean Garden Association, Inc and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search, criminal background and credit report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Ocean Garden Association, 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: \_\_\_\_\_

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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 consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Ocean Garden 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 Ocean Garden Association, Inc.

\*\*\*\*\*

Yes I authorize Ocean Garden Association, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.

**Email Address:** \_\_\_\_\_

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

**Phone Number(s):** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Printed Name(s):** \_\_\_\_\_

No  
 I do not want to receive emails from Ocean Garden Association, Inc. and Watson Association Management.



## Disclosure Summary For Ocean Garden Association

1. As a purchaser of property in this community, you will be obligated to be a member of a condominium 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 **\$468.00 per month.**
4. You may 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: \_\_\_\_\_

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Association Management

**(SALES ONLY)**

***VOTING CERTIFICATE***  
***Ocean Garden Association, Inc.***

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

**(Insert one owners name above)**

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

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

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

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

Property Address \_\_\_\_\_  
Daytona Beach, FL 32119

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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