



## **Port St Lucie Medical Plaza Checklist**

- Application Page
- Deed Restricted Community Page
- Email Consent form
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Addendum to Lease Page
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing fee of \$125.00 or \$150.00 RUSH (less than 2 weeks) payable to Watson Association Management

**\* An application is considered a RUSH when the Closing/Lease date is 2 weeks or less from the date you submit your application.**

**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**

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)

9.30.24



# Association Management

## **LEASE/RESALE APPLICATION**

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Date \_\_\_\_\_ Unit # \_\_\_\_\_

**INFORMATION CONCERNING APPLICANT(S):**

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ Phone \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

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CONTACT PERSON IN CASE OF EMERGENCY \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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*I (we) fully authorize investigation of all answers and references given.*

*I (we) hereby agree to abide by all documents and Rules and Regulations of **Port St. Lucie Medical Plaza**, a copy of which was received from the Lessor/Seller.*

*If seller fails to provide a set of Documents to Buyer, a copy may be obtained from Association Management at a cost of \$50.00.*

*Owner and/or Lessee agree that the terms of the **attached lease/contract** are within the requirements of the Port St. Lucie Medical Plaza Rules & Regulations.*

*I agree that I will not rent or sell to any person who has not been approved by the Association.  
Renters are not permitted to sub-lease their premises.*

*Owner and/ or Lessee must provide a copy of the Sales Contract or Lease Agreement with application.*

**PURCHASER/LESSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PURCHASER/LESSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Deed Restricted Plaza**

I/We understand that we are moving into a deed-restricted plaza. I/We hereby agree to abide by all Documents and Rules and Regulations of the Port St Lucie Medical Plaza a copy of which I/We have received from the owner.

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

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



**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 Port St Lucie Medical Plaza 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 Port St Lucie Medical Plaza.

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Yes

I authorize Port St Lucie Medical Plaza 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 Port St Lucie Medical Plaza and Watson Association Management.

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**DISCLOSURE SUMMARY  
FOR  
Port St Lucie Medical Plaza**

1. As a purchaser of property in Port St Lucie Medical Plaza, you will be obligated to be a member of an Association.
2. There have been or will be recorded restrictive covenants governing the use and occupancy of units in this business park.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. You will also be obligated to pay any special assessments imposed by the association. Such special assessments may be subject to change.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. Your failure to pay special assessments or assessments levied by a mandatory association could result in a lien on your property.
6. The developer may have the right to amend the restrictive covenants without the approval of the association membership or the approval of the parcel owners.
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 either matters of public record and can be obtained from the record office in the county where the property is located or are not recorded and can be obtained from the association.

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

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

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Port St. Lucie Medical Plaza***

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KNOW ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) IN PORT ST. LUCIE MEDICAL PLAZA, AND HEREBY CONSTITUTES, APPOINTS AND DESIGNATES:

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(Insert one owners name above)

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

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**Signature**

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**Signature**

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

Property Address \_\_\_\_\_  
Port Saint Lucie, Florida 34952

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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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## Addendum to Lease

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from **Port St Lucie Medical Plaza** (the Association) that the Landlord is delinquent in paying any monetary obligation due to the Association, the tenant will pay his/her subsequent rental payments and continue to make such payments until all the monetary obligations of the Landlord (parcel owner) have been paid in full to the association and the Association release the tenant or until the tenant discontinues tenancy in the parcel.” Payment due the Association may be in the same form as you paid your Landlord and must be sent by United States mail or hand delivery to the Association, 1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952 payable to **Port St Lucie Medical Plaza**.

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

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

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

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

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