



Windy Pines Lease/Resale Checklist

- Lease/Resale Application Page
- Vehicle Page
- Deed Restricted Page
- Pet page
- Email Consent form
- Authorization for Screening form
- Photo ID (must be legible)
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Lease/Resale Contract
- \$125.00 payable to Watson Association Management (Non-refundable Processing fee)
- \$100.00 payable to Windy Pines HOA (Application fee)
- \$35.00 **per adult** payable to Windy Pines HOA (Background/Credit screening fee)

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**

Thank you for your Cooperation!

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

9.30.24



Applicant Criteria for Residence at Windy Pines III & IV

Windy Pines III & IV requires that all residents, tenants and owners must complete and pass an application approval process that includes a background and credit check.

The Board of Directors has established minimum criteria for applicants. Any applicant that does not meet the following standard will not be accepted for residence at Windy Pines III & IV.

The following is the minimum criteria which must be met to be considered as a resident, tenant or owner of a unit in Windy Pines III & IV.

- *A FICO Credit Score of not less than 650.*
- *No convictions (misdemeanor or felony) for any sexual offense.*
- *No felony convictions for any federally described violent crime.*
- *No felony convictions for sale and/or distribution of illegal drugs.*
- *No evictions from any residential or living facilities.*

The Board of Directors has enacted these minimum requirements to safeguard the quality of life and value within our community and reserve the right to reject any applicant for reasons including but not limited to those outlined in this document.

I acknowledge receipt, from my Seller/Lessor, of a copy of the Rules and Regulations (and Homeowners Association documents, if applicable). I understand and agree to the fact that I will be residing in a Homeowners Association and am obligated to abide by the laws of the Windy Pines Community and consent to the right of the Windy Pines Homeowners Association to enforce those laws and assess fines for violation(s). I understand that if I am accepted as an owner/lessee, this application will become part of my Association documents/lease.

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

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

Date: _____ Property Address: _____

Applicant Name: _____ Phone/Cell #: _____

Co-Applicant Name: _____ Phone/Cell #: _____

Current Mailing address: _____
(Address, City, State & Zip)

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 \$35.00 payable Windy Pines HOA

Do you intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Offer the unit as a rental

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Co-Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF WINDY PINES III & IV HOA, INC., A COPY OF WHICH 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.)

AN OWNER SHALL NOT BE PERMITTED TO LEASE THEIR UNIT DURING THE FIRST YEAR AFTER OBTAINING TITLE TO THE LOT

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

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

VEHICLE INFORMATION

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: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

***ALL INFORMATION ON THIS FORM MUST BE COMPLETED

***NO BOAT, TRAILER, RECREATIONAL VEHICLE OR COMMERCIAL VEHICLE SHALL BE PARKED, STORED OR OTHERWISE KEPT ON ANY PORTION OF THE PROPERTY EXCEPT IN THE GARAGE.

***ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW VEHICLE APPLICATION.

Signature

Date

Signature

Date

IF MORE THAN 2 VEHICLES – USE ADDITIONAL FORM

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



~~~~~

**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 WINDY PINES III & IV 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

- No pets shall be kept, bred, or maintained for any commercial purpose.
- Household pets shall always whenever they are outside a home be confined on a leash held by a responsible person. Household pets shall mean dogs, cats and other animals expressly permitted by the Association.
- 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.

Pet(s)? Yes _____ No _____

<u>Type/Breed</u>	<u>Color/Name</u>	<u>Weight</u>

Signature: _____ Date: _____

Signature: _____ Date: _____

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



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 Windy Pines III & IV HOA, 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 Windy Pines III & IV HOA, Inc.

Yes

I authorize Windy Pines III & IV HOA, 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 Windy Pines III & IV HOA, Inc. and Watson Association Management.



**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT.
FEE: \$35.00 per adult applicant, made payable to Windy Pines HOA**

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name: _____ DOB: _____

Social Security Number: _____ Phone: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Applicant hereby Authorizes Windy Pines III & IV HOA, Inc. and its Agent, Watson Association Management, LLC, to obtain and verify a social security number, credit report and criminal background screening required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Windy Pines III & IV 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: _____



Disclosure Summary For Windy Pines III & IV Homeowners' Association, Inc.

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 **\$130.00** per quarter.
4. You may also be obligated to pay any special assessments that may be imposed by the association.
5. You will be obligated to pay a Capital Contribution to Windy Pines III & IV HOA equal to 25% of annual Assessments upon acquiring title. The current amount that will be collected is **\$130.00**. This fee is not to be construed as an advancement of HOA fees.
6. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
7. Your failure to pay any of these assessments could result in a lien on your property.
8. 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.
9. 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: _____

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



(SALES ONLY)

VOTING CERTIFICATE
Windy Pines III & IV HOA, Inc.

Know all men by these present, that the undersigned is the record owner (s) in Windy Pines III & IV HOA, 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_____.

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

Property Address _____
Port St. Lucie, FL 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.

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952 Phone 772.871.0004 Fax 772.871.0005
1410 Palm Coast Parkway NW, Palm Coast, FL 32137 Phone 386.246.9270 Fax 386.246.9271