



Isle of Tuscany Resale Check List

- Resale Information Form
- Deed Page
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of government issued ID
- Screening Committee Form
- Authorization for Screening (1 per adult)
- Pet Page
- Photo of Pet & Vet records (if applicable)
- Mailbox Stenciling Form
- Insurance Information Form
- Disclosure Summary
- Email Consent Form
- Voting Certificate
- Sales Contract
- \$125.00 or Rush \$150.00 payable to Watson Association Management (Non-refundable Processing Fee)
- \$100.00 payable to Isle of Tuscany (non-refundable Application fee)
- \$25.00 payable to Isle of Tuscany (Mailbox Stenciling fee)
- **\$50.00 per adult** payable to Isle of Tuscany (Screening fee)

* An application is considered a **RUSH** when the Closing/Lease date is **TWO (2) weeks** from the date you submit your Lease/Resale application.

* 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 386.246.9720 Fax 386.246.9271



Association Management

RESALE INFORMATION FORM

PLEASE ALLOW UP TO THIRTY (30) BUSINESS DAYS FOR APPROVAL

Property Address: _____ Date: _____

INFORMATION CONCERNING PURCHASER:

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Present Address: _____

Do you intend to occupy the home? Yes _____ No _____

Any other Occupants? _____yes _____No If so, please list name relationship & Age:

Any additional occupant must submit an authorization for screening form along with a \$50.00 fee payable to Isle of Tuscany

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

NEAREST RELATIVE IN CASE OF EMERGENCY: _____

Phone: _____ Relationship: _____

- ◆ *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 ISLE OF TUSCANY NEIGHBORHOOD INC., 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.*
- ◆ *I agree that I will not rent or sell to any person who has not been approved by the Association.*

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 386.246.9720 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 Regulation of ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC., and KINGS ISLE COMMUNITY 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.



Buyer Signature: _____ Date: _____

Buyer Signature: _____ Date: _____



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: _____

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 FORM

SIGNATURE _____ SIGNATURE _____

***** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO 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 386.246.9720 Fax 386.246.9271



AGE VERIFICATION FORM

The following information must be furnished by the owner or owners 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 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: _____

Owner(s)

1. Name _____
Date of Birth _____

2. Name _____
Date of Birth _____

Occupant(s) include owners(s) above if 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.

Owner _____
Date

Owner _____
Date

Please attach the following:

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

Please return this form with the application to Watson Association Management, LLC

Verified by:

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 386.246.9720 Fax 386.246.9271



Screening Committee Form

~~~~~

Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

Present address \_\_\_\_\_

Telephone Number \_\_\_\_\_

How many people will be occupying home? \_\_\_\_\_

Name and Birth date of household member(s) over 55 \_\_\_\_\_

Name and birth date of those 18 to 54 \_\_\_\_\_

Will you plan to live here year-round? \_\_\_\_\_

Where can you be reached if you are not in residence? \_\_\_\_\_

Did you receive a copy of the governing Documents to review? \_\_\_\_\_

Did you review them? \_\_\_\_\_

Do you agree to live by the governing Documents and other rules and regulations that govern the area? \_\_\_\_\_

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 386.246.9720 Fax 386.246.9271



**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT, SCREENING FEE OF \$50.00 PER APPLICANT PAYABLE TO ISLE OF TUSCANY**

**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 Isle of Tuscany Neighborhood Association and its Agent, Watson Association Management to obtain and verify a social security number search and criminal and credit report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Isle of Tuscany Neighborhood Association and Watson Association Management, 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.

Applicant 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 386.246.9720 Fax 386.246.9271



# 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 TUSCANY. 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: \_\_\_\_\_

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 386.246.9720 Fax 386.246.9271





## ISLE OF TUSCANY

### 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 with a check in the amount of \$25.00 payable to Isle of Tuscany. 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**



## **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 our homeowner documents.**

**Watson Association Management  
1648 SE Port St Lucie Blvd.  
Port St. Lucie, FL 34986  
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.**

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 386.246.9720 Fax 386.246.9271



## Association Management

### Disclosure Summary For The Isle of Tuscany

1. As a purchaser of property in this community, you will be obligated to be a member of 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 maintenance assessments to the Isle of Tuscany association. Assessments may be subject to periodic change. The current amount is **\$150.00** per month.
4. You will be obligated to pay a Capital Contribution to the Isle of Tuscany equal to three (3) months' Assessments upon acquiring title. The current amount that will be collected is **\$450.00**
5. You will 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. A Capital Contribution for the Master Association will be collected at closing equal to two (2) months of the monthly assessments.
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: \_\_\_\_\_

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 386.246.9720 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 Isle of Tuscany 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 Isle of Tuscany

\*\*\*\*\*

**Yes**

I authorize Isle of Tuscany 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 Isle of Tuscany and Watson Association Management.



Association Management

**(SALES ONLY)**

***VOTING CERTIFICATE***

***Isle of Tuscany Neighborhood Association, Inc.***

Know all men by these present, that the undersigned is the record owner (s) In Isle of Tuscany 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 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 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.