

Callaway Place Application Check List

- Resale Application Page
- Vehicle Page
- o Pet Page
- o Deed Page
- o Email Authorization Form
- Voting Certificate
- o Resale Contract
- Non-refundable Processing Fee \$125.00 or \$150.00 RUSH (less than 2 weeks) 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 office located at 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952



RESALE APPLICATION

Property Address:		Date:	
INFORMATION CONCERNING APP	<u>LICANT</u> (s):		
Applicant Name:	Phon	e:	
Co-Applicant Name:	Phon	Phone:	
Present Address:			
Other occupants: YesNo Name	Relationship	Age	
ত্ৰত্বত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত্ৰত	sidence		
Maintain the home as a secondar ককককককককককককককককককককককককককককককককক	•	ૹ૽ૹ૾ઌ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽	
Applicant Employer	Phone	Title	
Number of yearsAddress		_Supervisor	
Co-Applicant Employer	Phone	Title	
Number of yearsAddress			
ૡ૽ઌ૾ઌ૾ઌ૽ઌ૽ઌ૽ઌ૽ઌઌઌઌઌઌઌઌઌઌઌઌઌઌઌ ઌઌઌઌઌઌઌઌઌઌ			
EMERGENCY CONTACT PERSON			
PhoneAddress_		Relationship	
I (we) fully authorize investigation of all a	nswers and references given.		
If seller fails to provide a set of Document Management, LLC at a cost of \$50.00.	ts to Buyer, a copy may be obtained f	rom Watson Association	
Purchaser:	Date	:	
Purchaser:	Date	:	

VEHICLE INFORMATION

anature	Date	Sig	nature	Date
	***ANY CHANGES IN USE OR APPEARA SUBMITTED TO THE BOARD OF DIREC			` ,
	***NO TRUCK OR VAN, BOAT, TRAILER SHALL BE PARKED, STORED OR OT EXCEPT IN THE GARAGE.			
				D COMMEDCIAL VEHICLE
	***ALL INFORMATION ON THIS FORM MU	ST RE COMPLE	TED	
City:		Stat	e:Z	/ip:
Street A	Address:			
Vehicle	2 registered to:			
Vehicle	1 registered to:			
VCITICIC	ray.	0.0.0.0		
_	Tag:			
	Gross V			
Make:		Model:		Year:
HICLE #2	<u> </u>			
Vehicle	Tag:	State:		
Color: _	Gross V	Veight:	VIN:	
Make: _		Model:		Year:
HICLE #1	<u>.</u>			
ESCRIPTI	ON OF VEHICLE:			
City:		Stat	:e:Z	'ip:
	Address:			
Name:			Phone:	
Name:			Phone:	

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



PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- No pets shall be kept, bred, or maintained for any commercial purpose.
- ➤ Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- 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.
- The Board can revoke the privilege of having a pet on the property.

Pet(s)? Yes	No	Please sign and	return if no pets	
Pet Type: Name:	_	Age:	Color:	Sex:
Pet Type: Name:	_	Age:	Color:	Sex:
Signature:			Date:	
Signature:			Date:	

This form is REQUIRED, if no pets please mark "NO" above



DEED RESTRICTED COMMUNITY

community. I (we) hereby agree to a & Regulations of CALLAWAY PLA	abide by all Documents and Rules
I (we) received a copy from the Sel	ler. If seller fails to provide a set
of Documents to Buyer, I (we)	•
Association Management at a cost of	f \$50.00.

Buyer Signature:	Date:
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 Callaway Place 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 Callaway Place Association, Inc.

*****	*****************
<u>Yes</u> □	I authorize Callaway Place Association, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.
	Email Address:
	Unit Address:
	Phone Number(s):
	Signature(s):
	Printed Name(s):
<u>No</u> □	I do not want to receive emails from Callaway Place Association, Inc. and Watson Association Management.



VOTING CERTIFICATE Callaway Place Association, Inc.

Know all men by these present, that the undersigned is the shown below, and hereby constitutes, appoints and designate the state of the shown below.	
(Insert one ow	vners name above)
As the voting representative for the HOMEOW undersigned pursuant to the by-laws of the Ass	•
The voting representative is hereby authorized forth until the undersigned otherwise modifies certificate.	and empowered to act in the capacity herein set or evokes the authority set forth in this voting
Dated thisday of	
Signature (Owner's signature – If jointly-owned)	Signature d, both owners' signatures required)
Property Address Port St. Lucie,	
Port St. Lucie,	FL 34980

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952 1410 Palm Coast Parkway NW, Palm Coast, FL 32137

must sign this form to acknowledge this appointment.

Phone 772.871.0004 Fax 772.871.0005 Phone 386.246.9270 Fax 386.246.9271

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