



Carriage Pointe HOA, Inc. Checklist

Please use this checklist to help ensure your application is complete and ready to be submitted.

- **For Sales:**

- Resale Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Email Authorization
- Disclosure Summary
- Voting Certificate
- Copy of executed Sales Contract
- Gate Access Form
- Non-refundable Processing Fee of \$125.00 payable to Watson Association Management, LLC
- Application fee \$100.00 payable to Carriage Pointe HOA, Inc.

- **For Leases:**

- Lease Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Addendum to Lease Page
- Copy of executed Lease Contract
- Non-refundable Processing Fee of \$125.00 payable to Watson Association Management, LLC
- Application fee \$100.00 payable to Carriage Pointe HOA, Inc.

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 386.246.9720 Fax 386.246.9271

www.WatsonAssociationManagement.com

6.3.24



Association Management

LEASE/RESALE APPLICATION

Date: _____ Property Address: _____

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? ___ Yes ___ No If Yes, list name, age & relationship:

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

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
- Rent unit from owner

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

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

Address: _____ Phone #: _____

I/WE FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF CARRIAGE POINTE HOA, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM THE 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.)

LESSEE/PURCHASER: _____ Date: _____
Signature

LESSEE/PURCHASER: _____ Date: _____
Printed Name

LESSEE/PURCHASER: _____ Date: _____
Signature

LESSEE/PURCHASER: _____ Date: _____
Printed Name

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

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 APPLICATION

SIGNATURE

SIGNATURE

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



~~~~~

**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 CARRIAGE POINTE HOA, INC., a copy of which I/We have  
received from the owner.

~~~~~

Lessee/Buyer
Signature _____ Date: _____

Lessee/Buyer
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.
- 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.

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Signature: _____ Date: _____

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 Carriage Pointe 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 of Carriage Pointe HOA, Inc.

Yes

I authorize Carriage Pointe 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 Carriage Pointe HOA, Inc. and Watson Association Management.



Disclosure Summary For Carriage Pointe HOA, Inc.

1. As a purchaser of property in this community, you will be obligated to be a member of a Homeowners 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 in the amount of **\$495.00 quarterly**. Assessments may be subject to periodic change.
4. You will 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: _____

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



(SALES ONLY)

VOTING CERTIFICATE
Carriage Pointe HOA, Inc.

Know all men by these present, that the undersigned is the record owner (s) IN CARRIAGE POINTE 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 _____
Fort Pierce, FL 34981

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
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

Carriage Pointe Estates HOA

Managed by - **Watson Association Management**
1648 SE Port St Lucie Blvd., Port St. Lucie, FL 34952
Ph. (772) 871-0004 Fax (772)871-0005
www.Watsonassociationmanagement.com email: paminfo@Watsonrealtycorp.com

SECURITY GATE & INFORMATION FORM

Welcome to the neighborhood. You may pick up barcodes at the address above. The first (3) are free & each additional is \$10.00

Checks or Money Orders made payable to **Carriage Pointe Estates HOA.**

No CASH or Plastic accepted.

Vehicle #1

Make: _____
Model: _____
Color: _____
Tag# _____
State: _____

Vehicle #3

Make: _____
Model: _____
Color: _____
Tag# _____
State: _____

Vehicle #2

Make: _____
Model: _____
Color: _____
Tag# _____
State: _____

Vehicle #4

Make: _____
Model: _____
Color: _____
Tag# _____
State: _____

GATE ACCESS INFORMATION

Please print clearly

OWNERS NAME: _____

PROPERTY ADDRESS: _____

PHONE #: _____

FOUR DIGIT GATE CODE: _____

(PREFERRED PERSONAL GATE CODE)

- **PLEASE NOTE: ALL INFORMATION ON THIS FORM MUST BE COMPLETED**

- **ALL VEHICLES MUST BE REGISTERED TO THE OWNERS OF THE HOME, AND/OR REGISTERED TENANTS OF THE HOME AND/OR SON'S/DAUGHTER'S OF ABOVE.**

- **ANY TENANT NOT PROPERLY REGISTERED WITH THE ASSOCIATION WITH, AN UP-TO-DATE LEASE WILL NOT BE ISSUES BARCODES UNTIL SUCH PAPERWORK IS SUBMITTED AND PROCESSED BY STAFF.**

- **IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAY AND/OR GARAGES.**

PARKING IN THE STREETS ARE NOT PERMITTED.

TODAY'S DATE: _____

AMOUNT PAID: _____

CHECK/MO # _____

OWNERS SIGNATURE: _____



~~~~~

## Addendum to Lease

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from **Carriage Pointe HOA, Inc.** (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, c/o Watson Association Management 430 NW Lake Whitney Place, Port St. Lucie, FL 34986 and payable to **Carriage Pointe HOA, Inc.**

~~~~~

Lessee Signature _____ Date: _____

Lessee Signature _____ Date: _____

Owner Signature _____ Date: _____

Owner Signature _____ Date: _____

Property Address: _____

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.246.9720 Fax 386.246.9271