



Matanzas Cove Homeowners Association, Inc.

Age Restricted Community 55+

Sale/Lease Application Check List

- Sale / Lease Information Form
- Deed Page
- Age Verification Form
- Photocopy of government issued ID
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Pet Page
- Disclosure Summary (Sales Only)
- Email Consent Form
- Certificate of Acknowledgement (Leases Only)
- Voting Certificate (Sales Only)
- Lease / Sales Contract
- Non-refundable Processing Fee \$125.00 or Rush \$150.00 payable to Watson Association Management

Please make sure when submitting your application all documents and fees are included. Send all completed applications and fees to Watson Association Management 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952

******A One-time Capital Contribution of (\$500.00) will be collected upon acquiring title******



Association Management

SALE / LEASE INFORMATION FORM

PLEASE ALLOW TEN (10) BUSINESS DAYS FOR PROCESSING

Property Address: _____ Date: _____

INFORMATION CONCERNING PURCHASER/TENANT:

Name: _____ Age: _____

Phone #: _____

Name: _____ Age: _____

Phone #: _____

Present Address: _____

Do you intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence

Any other occupants:

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: _____

(Name)

Phone: _____ Relationship: _____

- ◆ *I (we) hereby agree to abide by all documents and Rules and Regulations of MATANZAS COVE HOA INC., a copy of which was received from the Lessor/Seller.*
- ◆ *Owner and/or Lessee agree that the terms of the **attached lease/contract** are within the requirements of MATANZAS COVE HOA INC. 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.*

Purchaser/Tenant: _____ Date: _____

Purchaser/Tenant: _____ 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 Matanzas Cove HOA is a 55+ Community and is a deed-restricted community. I (we) hereby agree to abide by all Documents and Rules and Regulation of MATANZAS COVE HOMEOWNERS ASSOCIATION, INC. I (we) received a copy from the Lessor/Seller. If seller/lessor fails to provide a set of Documents to Buyer, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

- I/We have received and read the documents of the association.
 - I/We have NOT received and read the documents of the association.
-

Buyer/Lessee Signature: _____ Date: _____

Buyer/Lessee Signature: _____ Date: _____



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 MATANZAS COVE HOA as a community of housing for older persons in accordance with MATANZAS COVE HOA documents and the Federal Fair Housing Act.

Property Address: _____

Owner(s)

1. Name _____

Date of Birth _____

2. Name _____

Date of Birth _____

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 (10) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such a change in writing.

Owner

Date

Owner

Date

Please attach one of the following:

A photocopy of a driver's license, Birth Certificate, Passport, Immigration card, Military Identification or any other state, local, national or international official documents containing a birth date of comparable reliability. All owners and occupants must provide.

Verified by:

Signature

Date

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Association Management

APPLICATION FOR VEHICLE PERMIT

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: _____

Signature _____ Date _____ Signature _____ Date _____

***ALL INFORMATION ON THIS FORM MUST BE COMPLETED

***TRUCKS, MOTORCYCLES, COMMERCIAL VEHICLES, RECREATIONAL VEHICLES AND TRAILERS MUST BE PARKED IN THE CONFINES OF THE GARAGE AT ALL TIMES

***ALL VEHICLES MUST BE REGISTERED AND IN WORKING ORDER. THE REPAIR OF VEHICLES IS PROHIBITED WITHIN THE MATANZAS COVE HOA.

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

***** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION**

FOR ASSOCIATION USE ONLY

The above application is approved _____ not approved _____

Reason for non-approval: _____

Signer: _____ Position: _____ Date: _____

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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: _____

PET #3:

Type: _____ Breed: _____ Weight: _____ Color: _____

Name: _____

AN OWNER MAY HAVE THREE (3) PETS.

- 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
- OWNER MUST PICK UP AFTER THEIR PET

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING PET(S) INTO THE MATANZAS COVE HOA. 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

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Disclosure Summary For Matanzas Cove Homeowners Association

1. As a purchaser of property in this community, you will be obligated to be a Member of the Homeowners' Association.
2. Matanzas Cove Homeowners Association, Inc. is a age restricted community 55+. There are recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay a Monthly Assessment to the Matanzas Cove Association. Assessments may be subject to periodic change. The current amount is **\$110.00 per month.**
4. You will be obligated to pay a Capital Contribution to Matanzas Cove HOA upon acquiring title. The current amount that will be collected is **\$500.00.**
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 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. 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: _____

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EMAIL CONSENT FORM

New Florida statutes state it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of Matanzas Cove HOA 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 Matanzas Cove HOA.

Yes

I authorize Matanzas Cove HOA and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other correspondence.

Email Address: _____

Property Address: _____

Phone Number(s): _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from Matanzas Cove HOA and Watson Association Management.



(LEASES ONLY)

**Certificate of Acknowledgement
Matanzas Cove Homeowners Association, Inc.
Monthly Assessment**

Owner and Tenant shall be required to sign this Agreement prior to Occupancy. Should Owner fail to make necessary Monthly Assessment payments in accordance with the Matanzas Cove HOA Documents, the Matanzas Cove HOA or authorized Agent shall have the authority to contact the Tenant, advise them of the Delinquency of the Owner, and the Tenant shall be required to make future rental payments to the Matanzas Cove HOA. All future rental payments will continue until the owner(s) Account is brought current. All payments will be made payable to Matanzas Cove HOA c/o Watson Association Management 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

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(SALES ONLY)

VOTING CERTIFICATE
Matanzas Cove Homeowners Association, Inc.

Know all men by these present, that the undersigned is the record owner (s) in Matanzas Cove Homeowners Association, Inc. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the Voting Representative for the MATANZAS COVE HOMEOWNERS ASSOCIATION home 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

(Homeowners signature – If jointly-owned, both Homeowners signatures required)

Signature

Property Address _____
Palm Coast, Florida 32137

When there is a Corporation or Partnership as Owners of the property, then a Voting Representative must be appointed by the Corporation or Partnership. All Owners must sign this form to acknowledge this Appointment.

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