



New Homeowner Registration Checklist

APPLICATION PROCESSING FEE: \$100.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: PALM BREEZES POA

(CASH CANNOT BE ACCEPTED)

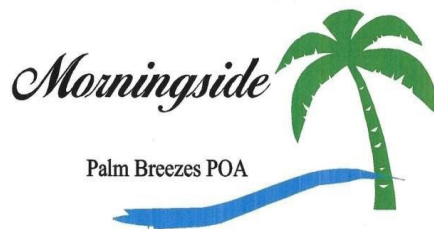
- ◇ Application Processing Fee of \$100.00
- ◇ Registration Form
- ◇ Vehicle Information Form
- ◇ Pet Information Form
- ◇ Email Consent Form
- ◇ Deed Restricted Community Form
- ◇ Disclosure Summary

*****BUYER WILL BE OBLIGATED TO PAY A CAPITAL CONTRIBUTION EQUAL TO THREE
(3) MONTHS ASSESSMENT UPON ACQUIRING TITLE*****

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 send a completed package to
Morningside/Palm Breezes POA, Inc.
c/o Campbell Property Management
525 NW Lake Whitney Place, Suite 202
Port Saint Lucie, Florida 34986

THANK YOU SO MUCH FOR YOUR COOPERATION!



NEW HOMEOWNER REGISTRATION FORM

Property Address: _____ Closing Date: _____

Applicant Name: _____ Phone: _____

Co-Applicant Name: _____ Phone: _____

Current Mailing Address: _____

City/State/Zip: _____

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

Applicant's employer's name: _____ No. of years there: _____

Address: _____ City/State/Zip: _____ Phone: _____

Co-Applicant's employer's name: _____ No. of Years there: _____

Address: _____ City/State/Zip: _____ Phone: _____

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

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF PALM BREEZES PROPERTY OWNERS' ASSOCIATION, INC., A COPY OF WHICH DOCUMENT(S) 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)

PURCHASER: _____

(Signature)

Date

PURCHASER: _____

(Print Name)

Date

PURCHASER: _____

(Signature)

Date

PURCHASER: _____

(Print Name)

Date



Owner/Resident Information Form

Name: _____

Address: _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____

Resident #2:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #3:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #4:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #5:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____



ACCESS CONTROL FORM

Key Fob: \$25/each

Name: _____

Address: _____

Telephone: _____

Email: _____

1. Fob Credential Number: _____

2. Fob Credential Number: _____

3. Fob Credential Number: _____

4. Fob Credential Number: _____

5. Fob Credential Number: _____

6. Fob Credential Number: _____

Children in household:

1. _____ /Age: _____ Relationship: _____

2. _____ /Age: _____ Relationship: _____

3. _____ /Age: _____ Relationship: _____

4. _____ /Age: _____ Relationship: _____

5. _____ /Age: _____ Relationship: _____

6. _____ /Age: _____ Relationship: _____



DESCRIPTION OF VEHICLE

Transponders: \$25/each (sticker) - \$35/each (portable device)

1. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

2. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

3. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

4. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

5. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____



Electronic Communication Authorization Form

In order to decrease the postage and mailing costs that the Association incurs and communicate pertinent information, your Board of Directors would like you to consider consenting to receive electronic communications, including official notices required by the Association's governing documents and Florida Statutes.

EMAIL CONSENT: (Please select one of the following options)

You must provide consent even if your e-mail address is currently on file.

_____ By initialing here, I authorize Palm Breezes Property Owners Association, Inc. to communicate Association matters with me via electronic transmission and to provide notice of Association meetings and other Association matters by email instead of mail or personal deliver to the email address designated above. I understand that email communication will be used to replace written notices required by the Association's governing documents and/or Florida law. I understand this consent will remain in effect until a written notice is sent to the Association. This consent is provided pursuant to Section 720.303, Florida Statutes.

_____ By initialing here, I ***do not*** authorize Palm Breezes Property Owners Association, Inc. to communicate Association matters with me via electronic transmission.

Property address: _____

Email address: _____
(Please print legibly)

Email address: _____
(Please print legibly)

Print Name

Date

Signature

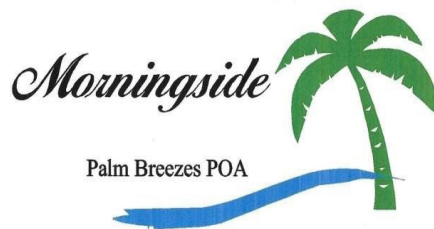
Date

Print Name

Date

Signature

Date



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

- The breed of dog commonly known as “**pit bull**” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall at all times, 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/her pet on the properties, including the common areas and the exclusive neighborhood common area.
- Pets must be registered [Pet Licensing | St. Lucie County, FL \(stlucieco.gov\)](http://stlucieco.gov)
- No more than three (3) household pets may be kept.

Do you have any pets? { } Yes { } No

Indicate Pet Type and include a picture of the Pet(s):

Pet 1: _____

Pet 2: _____

Pet 3: _____

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date



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 PALM BREEZES PROPERTY OWNERS' ASSOCIATION, INC.**
 - **I/We have received a copy from the Owner or Seller**
-

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date



Disclosure Summary for Palm Breezes Property Owners' Association, Inc.

- 1) As a purchaser 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.
- 4) You will 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 equal to three (3) months' Assessments upon acquiring the title.
- 6) You may be obligated to pay a special assessment to the respective municipality, county, or special district. As assessments are subject to periodic change.
- 7) Your failure to pay for these assessments could result in a lien on your property.
- 8) The statements contained in this disclosure are only a 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 Campbell Property Management for a fee.

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date

PURCHASER: _____
(Signature) Date

PURCHASER: _____
(Print Name) Date

Morningside/Palm Breezes POA, Inc.
c/o Campbell Property Management
525 NW Lake Whitney Place, Suite 202
Port Saint Lucie, Florida 34986
(772) 218-5405 | Smills@campbellproperty.com
www.palmbreezespoa.com