



**REFLECTION LAKES MASTER ASSOCIATION**  
**14020 Mirror Drive, Naples, FL 34114**  
[assistantmanager@reflectionlakesatnaples.com](mailto:assistantmanager@reflectionlakesatnaples.com)



**Purchase Application**

RLN Address & estimated settlement date: \_\_\_\_\_

Legal owner (as per deed): \_\_\_\_\_

**Please complete the application fully. Incomplete applications cannot be processed; therefore, cannot be approved. Include a copy of the sales contract and the applicant's driver's license or government photo ID.**

**Primary\* individual full name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phones & type (cell/landline): \_\_\_\_\_

Email: \_\_\_\_\_

\*Each unit must designate a primary individual that is authorized to vote on behalf of the unit and otherwise speak for the unit. Corporate owners must complete & attach a [Voter Certificate](#) to designate the primary individual.

**Individual 2 full name:** \_\_\_\_\_

Relationship to legal owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phones & type (cell/landline): \_\_\_\_\_

Email: \_\_\_\_\_

The Association Documents specify that all units are to be used as Single-Family Residences only. Please state the name, relationship and date of birth of all other persons occupying the unit on a regular basis:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

Person 3: \_\_\_\_\_

Person 4: \_\_\_\_\_

Person 5: \_\_\_\_\_

**EMERGENCY CONTACT:** Person to be notified in Case of an Emergency (enter name, phone & relationship):

\_\_\_\_\_

VEHICLE INFORMATION (enter State ID, plate, make, model & color)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I certify that the above information is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. If this application is accepted, I agree to abide by the Declaration of Covenants, Articles of Incorporation, Rules and Regulations and the By-Laws of the Reflection Lakes at Naples Master Association, Inc. Any approval is void in the event of false statements in the above application.

APPLICANT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CO-APPLICANT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Realtor/Agent Name, phone & email**

\_\_\_\_\_

Title Company name: \_\_\_\_\_

Title Company contact: (name, phone & email)

\_\_\_\_\_

**INFORMATION FOR PURCHASERS**

**TRANSFER FEE: Article 8.26(b) of the Declaration requires the payment of a \$1,000 transfer fee upon the conveyance of an ownership interest in a unit. This fee is due at closing and delinquent if not paid within 10 days. Checks should be payable to Reflection Lakes at Naples Master Association, Inc.**

**DISCLOSURE SUMMARY**

**Reflection Lakes has a limit of two pets per unit. All pets must be registered with the on site office.**

**Upon closing, the new owners need to contact the on site office to arrange access to the community. Owners get a call box listing for free and are able to purchase barcode stickers for vehicles and access devices for the clubhouse and gates. New owners receiving access devices from the old owners need to have the office transfer those devices to themselves.**

Estoppels are \$299.00 and will be provided in 10 business days. Rush estoppels are \$418.00 and will be provided within 3 business days. Addendums and additional pages are charged an additional fee of \$150.00. Estoppels for delinquent accounts are charged an additional \$179.00 (we will notify you via email if an account is delinquent when we receive your request). ***If delinquency fees are not paid at the time the estoppel is due, the estoppel request is subject to being canceled.*** Estoppels are only processed online. ***NOTE: Making the due date on your order sooner than the 10 business days will not mean you will receive it that day.*** An estoppel can be requested using the following link: [Estoppel Request](#)

**REFLECTION LAKES AT NAPLES MASTER ASSOCIATION, INC.**  
**PET REGISTRATION FORM**

Only two domesticated pets are permitted by the HOA. Landlords may have stricter requirements. Please refer to Section 8.8 of the Declaration and Article 6 of the Rules and Regulations. Pets must be registered with the office. A veterinary certificate of up to date vaccinations for each pet is required.

Unit Owner or Tenant name: \_\_\_\_\_

RLN address: \_\_\_\_\_

Pet 1:

- Type of pet (dog, cat, bird, etc.): \_\_\_\_\_
- Pet's name: \_\_\_\_\_
- Breed & description: \_\_\_\_\_
  
- License/Tag # \_\_\_\_\_

Pet 2:

- Type of pet (dog, cat, bird, etc.): \_\_\_\_\_
- Pet's name: \_\_\_\_\_
- Breed & description: \_\_\_\_\_
  
- License/Tag # \_\_\_\_\_

Return this form to the management office along with a veterinary certificate and photo for each pet.

Pet Agreement:

I am aware of the Reflection Lakes at Naples Master Association's rules, regulations, and restrictions regarding pets on the property and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFLECTION LAKES AT NAPLES MASTER ASSOCIATION, INC.  
CERTIFICATE OF APPOINTMENT OF VOTING MEMBER**

The RLN bylaws require corporate unit owners to designate an individual entitled to vote on behalf of the unit and otherwise speak for the unit. In the absence of a certificate on file, the unit may not vote and the total number of authorized votes shall be reduced accordingly until such certificate is filed.

Name of corporation: \_\_\_\_\_

Reflection Lakes address 1: \_\_\_\_\_

Reflection Lakes address 2: \_\_\_\_\_

Reflection Lakes address 3: \_\_\_\_\_

This is to certify that the undersigned hereby designates

\_\_\_\_\_  
(name of authorized individual)

to act as the representative for the above properties for the purpose of voting and expressing all approvals or denials that unit owners are entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration and Bylaws of the Association.

\_\_\_\_\_  
(authorized individual email address & phone number)

This certificate is made pursuant to the Bylaws and shall revoke all prior certificates and be valid until revoked by a subsequent certificate.

Printed name & date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_  
Corporate Secretary signature