

**Magnolia Lakes Residents' Association, Inc.**

101 NW Magnolia Lakes Blvd.

Port St. Lucie, FL 34986

E-mail: [Magnolialakes101@gmail.com](mailto:Magnolialakes101@gmail.com)

Phone: (772) 336-0153 Fax: (772) 336-0373

**RE-SALE APPLICATION PACKAGE**

Applications can only be processed when they are complete.

**\*\*PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

**CHECKLIST:** A complete application package will include:

- A completely filled in Application with all signatures (clean and legible)  
\*\*Rules and Regs must be reviewed and initialed on every page.
- A \$490.00 required Capital contribution fee
- A \$300.00 Application fee is required and payable to **Magnolia Lakes Residents' Association**  
**Or \$350.00 RUSH Application fee (less than 15 days of closing) payable to Magnolia Lakes Residents' Association**
- Valid driver's license for all applicant's Valid
- vehicle registration for all vehicles
- Pet photo(s), pet vaccine(s), and pet License(s) attached Copy of
- Sales Contract
- Applicants will need to schedule an orientation meeting: call 772-336-0153

All checks are payable to:

**MAGNOLIA LAKES RESIDENTS' ASSOC. INC.**

If an application when submitted is incomplete, it will be held uninvestigated until the rest of the required information is received NOTE:

- Mail or fax (772) 336-0373 a copy of the Warranty Deed after your closing.
- It does not need to be recorded.
- Ownership records can only be changed when the Warranty Deed is received.

For questions, please contact the Association Offices at (772) 336-0153 or email [Magnolialakes101@gmail.com](mailto:Magnolialakes101@gmail.com)

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**RE-SALE APPLICATION**

Please allow thirty (30) business days for processing. The application requires Board of Director approval. If additional space is needed, please use the other side. A copy of the sales contract must be attached to this application.

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Realtor or Agent: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Sale Information:

Closing Date: \_\_\_\_\_ Title Company: \_\_\_\_\_ Tel #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

Billing Address (if different from above) \_\_\_\_\_

If you are purchasing do you intend to occupy the home? YES  NO

Occupant(s) other than the immediate family: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Applicant Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Title: \_\_\_\_\_ # of years: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Pet(s) YES  NO  Type(s) Limit of two (2): \_\_\_\_\_

References, other than family members: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Relative, in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_

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***Statement of Understanding***

I/We fully authorize investigation of all answers and references given in the application.

I/We hereby agree to abide by all Governing Documents and Rules and Regulations of Magnolia Lakes Residents' Association, Inc. a copy of which **was received from the Seller.**

**Yes**       **No**

I/We understand that I/We are moving into a deed restricted community. I/We hereby agree to abide by all Governing Documents and Rules and Regulations of Magnolia Lakes Residents' Association, Inc. I/We have received the Governing Documents of the Association and agree to abide by them.

If seller fails to provide a set of Documents, I/We understand a copy may be obtained from the Association at a cost of \$50.00.

As Owner(s) I/We agree that the terms of the attached contract are within the requirements of Magnolia Lakes Residents' Association, Inc., Rules and Regulations.

As Owner(s), I/We will not rent to any person(s) who have not been approved by the Association. I/We also understand that upon renewal of an existing lease an inquiry to the office will be made to verify that no violations exist against the tenant(s) before a renewal is signed. A copy of any renewal must be given to the Association 30 days prior to the renewal date.

**Property Address:** \_\_\_\_\_

Purchaser: \_\_\_\_\_

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

Co-Purchaser: \_\_\_\_\_

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

Seller: \_\_\_\_\_

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

Co-Seller: \_\_\_\_\_

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

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## POOL COMPLEX RULES & REGULATIONS GENERAL RELEASE

The following is to acquaint each Homeowner of Magnolia Lakes with his/her obligations, while using the Magnolia Lakes Pool Complex. The intent is to be fair to all residents and provide a facility where people can go to enjoy themselves.

### GENERAL USE

The Magnolia Lakes Pool Complex is to be used only by the Homeowners of Magnolia Lakes, their guest(s) and/or their invitee(s). Residents using the Pool Complex are responsible for leaving the facilities clean after use. The Pool Complex tables, chairs, or common equipment of any kind shall not be removed from the premises. No radios, CD players, or tape decks are allowed within the Pool Complex area. No bicycles, skateboards, in-line skates, or roller skates are allowed within the Pool Complex. Guest must be accompanied by a Magnolia Lakes resident.

### HOURS

The Pool Complex hours are from 6:30am to dusk daily.

### CHILDREN

Children under 14 years of age must be accompanied by an adult while using the Pool Complex.

### ALCOHOL / FOOD

Alcoholic beverages and glass containers of any kind are NOT allowed within the Pool Complex area.

### CONDUCT

Abuse of the Pool Complex Amenity may constitute grounds for restriction of the use of the facility. At no time may any Magnolia Lakes Homeowner, family member, their guest(s) and/or their invitee(s) cause a nuisance or disturb the peace, quiet, comfort, safety, or security of other occupants or surrounding property. No illegal, noxious or offensive activity shall be conducted at any time, as may diminish or destroy the enjoyment of the Pool Complex. Homeowners and their tenant(s) are liable for the cost of repair resulting from damage caused indirectly or directly by themselves, family members, their guest(s) and/or their invitee(s) to any feature of the Pool Complex Amenity, collection of which will be the same as a specific, individual assessment. The Board of Directors of the Association has the right to suspend the use privileges of any Homeowner and/or their guest(s) and/or their invitee(s) for violations of these Rules & Regulations.

### INDEMNIFICATION

The undersigned Homeowner(s) acknowledge that the use of the Magnolia Lakes Pool Complex by themselves, their guest(s) and/or their invitee(s) shall be at their own risk and agree to abide by the posted Rules & Regulations. The undersigned Homeowner(s), shall hold harmless the Magnolia Lakes Residents' Inc. its Director Officers and Members for any claim(s) arising from the use of the Magnolia Lakes Pool Complex by any Homeowner, their guest(s) and/or invitee(s).

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Magnolia Lakes Address

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**Vehicle Information**

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name: \_\_\_\_\_  
(both applicant & spouse)

Present Address: \_\_\_\_\_  
(Street, City, State, Zip)

**Vehicle #1**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Vin#: \_\_\_\_\_

Tag#: \_\_\_\_\_

State: \_\_\_\_\_

Decal: \_\_\_\_\_

**Vehicle #2**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Vin#: \_\_\_\_\_

Tag#: \_\_\_\_\_

State: \_\_\_\_\_

Decal: \_\_\_\_\_

Vehicles are registered to:

\_\_\_\_\_

\_\_\_\_\_

\*Please be sure to list **all** vehicles at the property. Additional copies of this form are available upon request.

**\*Please note: All information on this form must be completed. A picture must be provided if the vehicle is a truck.**



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**Application for Pet Approval**

Applicants Name: \_\_\_\_\_

Pet #1 – Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Pet #2 – Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant understands and agrees that the keeping of pets on the premises is a privilege and not a right and may be revoked by the Association upon written notice. Those pets which in the sole discretion of the Association endanger the health, make objectionable noise, are aggressive in nature, or constitute a nuisance or inconvenience to the Owners of other Units or the Owner of any property located adjacent to the properties may be expelled and removed from the properties by the Board. Pets are not permitted in the Clubhouse, Gym, or Pool area. Pets shall be confined to a leash whenever they are outside a unit and accompanied by a responsible individual. **NO MORE THAN TWO (2) PETS MAY BE KEPT. IT SHALL BE THE PET OWNERS OBLIGATION TO REMOVE ALL OF THE PETS WASTE MATERIAL FROM ALL PROPERTY MAINTAINED BY THE ASSOCIATION.**

A photograph of all pets described above must be provided. All domestic pets must be licensed and have a current rabies vaccination per Port Saint Lucie Code. All applicants must provide written proof to the Association that the pet has a Port Saint Lucie Pet license and all applicants must provide written proof of a current rabies vaccination before pet can occupy residence. Dog & Cat licenses can be obtained by mail from Port Saint Lucie Animal Control.

I agree to abide by the Association's Covenants regarding pets and the Port Saint Lucie Code regarding animals.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Picture(s) attached?  Yes  No

# Permission for Magnolia Lakes Residents' Association, Inc. to use e-mail for all communications required by law

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## **Instructions:**

1. If you agree to use e-mail and help us save on postal expenses, please fill this out and either drop it off at the Clubhouse Property Manager's office or mail it back to us along with your next quarterly dues payment.
2. Please send an e-mail to [Magnolialakes101@gmail.com](mailto:Magnolialakes101@gmail.com) so we can validate it against the one here.

Thank You

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I (print full name) \_\_\_\_\_

Declare that I am a member of the Magnolia Lakes Residents' Association, Inc. I represent myself and any other owner of the property shown below who may also be a member of the Magnolia Lakes Residents' Association living at this address.

I hereby give permission to Magnolia Lakes Residents' Association, Inc. authorizing them to use electronic mail (e-mail) to transmit all official business to me. Using this transmittal method constitutes "telecopy" or "telegraph" and complies with Chapter 720.303 Florida Statutes, the Magnolia Lakes Residents' Association, Inc. Protective Covenants, pg. 24 Article XIII, Section 2-Notices, and the Magnolia Lakes Residents' Association, Inc. By Laws, pg. 8, Article 7, Section 5-Meetings.

I understand that official business includes, but is not limited to Board Meetings, Special Board Meetings, Notices, Giving Notice, Official Record, Rosters, and Financial Reports. These communications include notice of meetings to change the Rules and Bylaws, notice of meetings to vote on special assessments, and for other purposes.

I understand that I can revoke this permission at any time with written notice to Magnolia Lakes Residents' Association, Inc.

**My Magnolia Lakes Street Address is:**

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**My official e-mail address for all communication is:**

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If your e-mail changes, let us know what your new e-mail is so we can correct our records.

**AUTHORIZATION:**

\_\_\_\_\_  
Signature

Initials: \_\_\_\_\_, \_\_\_\_\_



**ADVANTAGE PROPERTY MANAGEMENT ASSOCIATION:**

**MAGNOLIA LAKES**

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

Please supply the following information to facilitate a background check on you.

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last Name                      First Name              Middle Name              Social Security Number              Date of Birth

\_\_\_\_\_  
Other Name(s) Maiden/Married                      Driver's License Number State

\_\_\_\_\_  
Email Address

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_              Telephone (\_\_\_\_) \_\_\_\_\_

**DISCLOSURE REGARDING  
BACKGROUND INVESTIGATION**

Advantage Property Management ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**READ, ACKNOWLEDGED AND AUTHORIZED**

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

Initials: \_\_\_\_\_, \_\_\_\_\_