

# **Palm Pointe/Palm Isles Homeowners Association, Inc.**

c/o FirstService Residential.

543 NW Lake Whitney Place, #101 Port St. Lucie, FL 34986

772-323-2004 - Fax 772-878-1519

[www.Palmpointepalmisles.com](http://www.Palmpointepalmisles.com)

## PURCHASE / RENTAL APPLICATION INSTRUCTIONS:

1. Fill out application completely and fax or e-mail to FirstService Residential, at the above address. Please allow 15 days for review and action to be taken by the Palm Pointe/Palm Isles Homeowners Association.

Email at: [Deanna.arce@fsresidential.com](mailto:Deanna.arce@fsresidential.com)

2. The signed application of receipt of the Association Documents must be submitted before a Certificate of Approval is released.
3. If you need a copy of the community documents, rules and regulations, visit the community website at [www.Palmpointepalmisles.com](http://www.Palmpointepalmisles.com)

Every effort will be made to expedite the notification process.

Feel free to contact me if you have any questions.

Sincerely,

*Ingrid Sarmiento*

Ingrid Sarmiento, LCAM  
[Ingrid.sarmiento@fsresidential.com](mailto:Ingrid.sarmiento@fsresidential.com)

For and on behalf of the Board of Directors

Date Received: \_\_\_\_\_

Closing or Occupancy Date: \_\_\_\_\_

CV Date Received: \_\_\_\_\_

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

Community: PALM POINTE/ PALM ISLE- Property Address: \_\_\_\_\_

**\*\* ALL ITEMS MUST BE SUBMITTED ALONG WITH THIS CHECKLIST OR  
YOUR APPLICATION WILL NOT BE PROCESSED.**

## **Application Check List**

General Submission requirements-PLEASE CHECK ALL THAT APPLY

- Fully executed application** ID# \_\_\_\_\_
- Fully executed sales contract or lease agreement**
- Application Fee**
- Title Company Info**
  - Company Name: \_\_\_\_\_
  - Company Phone: \_\_\_\_\_
  - Company Email: \_\_\_\_\_
- Buyer/Tenant Realtor Info**
  - Company Name: \_\_\_\_\_
  - Company Phone: \_\_\_\_\_
  - Company Email: \_\_\_\_\_
- Seller/Owner Realtor Info**
  - Company Name: \_\_\_\_\_
  - Company Phone: \_\_\_\_\_
  - Company Email: \_\_\_\_\_
- Certificate of approval for delivery option (Mark "X" by delivery option)**
  - \_\_\_\_\_ Title Company email
  - \_\_\_\_\_ Buyer or Realtor to pick up at FirstService Residential office
  - \_\_\_\_\_ Seller or Realtor pick up at FirstService Residential office
- Community Specific Requirements (if applicable)**
- Comments:** \_\_\_\_\_

# PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION, INC.

c/o FirstService Residential  
543 NW Lake Whitney Pl., Ste. 101, Port St. Lucie, FL 34986  
Office: (772) 323-2004 – Fax: (772) 878-1519

## PURCHASE / LEASE APPLICATION INSTRUCTIONS:

Fill out application completely and submit to FirstService Residential via mail, fax or e-mail.  
[Deanna.arce@fsresidential.com](mailto:Deanna.arce@fsresidential.com) or [Ingrid.sarmiento@fsresidential.com](mailto:Ingrid.sarmiento@fsresidential.com) If leasing, a copy of the fully executed lease agreement must be included upon submission of application.

Please allow 15 days for review and action to be taken by the Palm Pointe/Palm Isles HOA. Every effort will be made to expedite the notification process. Please contact FirstService Residential if you have any questions.

Purchase \_\_\_\_\_ Lease \_\_\_\_\_ Application \_\_\_\_\_

Name (s): \_\_\_\_\_ Present Phone #: \_\_\_\_\_

(As it will appear on the Deed)  
Property Address: \_\_\_\_\_ Occupancy/Closing Date: \_\_\_\_\_

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

How Long: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

Email Address: (confidential) \_\_\_\_\_

Name of Owner, if Renting: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_

Name and # of Agent Handling Purchase/Rental: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Present Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Will anyone other than spouse and children listed above reside with you?*

If yes, list names & relationship: \_\_\_\_\_

**Do you have any pets who will be residing in the unit? No Pit Bull, Pit Bull Mixed Breeds or Pit Bull Terriers Allowed.**

If yes, please list: \_\_\_\_\_

**Personal References:**

Address:

Phone #:

(1)

(2)

**Vehicles for the Residence:** Make/Model:

Color:

State/Tag#:

(1)

(2)

(3)

**DO YOU HAVE ANY COMMERCIAL OR RECREATIONAL VEHICLES, BOATS, CAMPERS, TRAILERS, PANELLED VANS, OR TRUCKS MODIFIED TO INCLUDE A LIFT KIT? YES \_\_\_\_\_ NO \_\_\_\_\_**

**THESE VEHICLES MUST BE PARKED INSIDE THE GARAGE OVERNIGHT.**  
**NO OVERNIGHT STREET PARKING OF ANY VEHICLE IS ALLOWED.**

The rental or lease of any Dwelling Unit cannot be more than two (2) times a year and any rental or lease agreement shall provide for a term of at least three (3) months. Violation of this paragraph may be enjoined by an action instituted by the Association in any court having jurisdiction.

Entrance Gate Remotes and Pool Key should be turned over at closing. If you do not receive them, they are available at FirstService Residential at a cost of \$25 for the key and \$28 for the Gate Remote. (Prices subject to change) Owner or Tenant must contact FirstService Residential after closing in order for their name to be included in the directory for visitor access.

Please contact FirstService Residential if you do not receive your maintenance fee coupon book within 30 days of closing.

### **ACKNOWLEDGEMENT**

I have received a copy of the Association Documents. I have read and agree to abide by the Covenants of the Palm Pointe/Palm Isles Homeowners Association. Failure to comply with terms and conditions thereof shall be a material default and breach of the Purchase / Lease agreement.

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Purchaser/Lessee**

\_\_\_\_\_  
**Purchaser/Lessee**

\_\_\_\_\_  
**Date**

# Palm Pointe/Palm Isles Homeowners Association, Inc.

c/o FirstService Residential  
543 NW Lake Whitney Place, Suite 101  
Port St. Lucie, FL 34986  
Office: (772) 323-2004 Fax: (772) 878-1519

## **OWNER & RESIDENT INFORMATION UPDATE**

Please fill out this form to assure that we have the most current information on file regarding your unit.  
The information provided will be used for management purposes only.

**PLEASE PRINT**

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

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

Residency Status:  Full-Time  Seasonal If seasonal,

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

Away Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you currently have a tenant?  No  Yes If yes,

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

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Realtor/Managing Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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.  
**Florida Statutes protects owners e-mail addresses and phone numbers from being released or shared.**

### **E-MAIL CONSENT**

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

By initialing this box, I **authorize** Palm Pointe/Palm Isles Homeowners Association, Inc. and FirstService Residential to communicate with me via electronic transmission.

By initialing this box, I **do not authorize** Palm Pointe/Palm Isles Homeowners Association, Inc. and FirstService Residential to communicate with me via electronic transmission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return this form to FirstService Residential by mail or fax as provided above. You must notify FirstService Residential if any information on this form changes.**