# Bedford at the Lakes Homeowners Association

Property Address:	
Date Received:	_
Date of Closing/Lease Commencement Date:	(NO EMAIL FILES)
<ul><li>Sales Contract/Lease</li><li>Application for Vehicle Permit</li></ul>	

- Deed Restricted Form
- Vehicle Registration
- Moving Form
- Email Authorization
- Sales Certificate
- Disclosure Summary
- ACH Authorization Form
- Bedford at the Lakes Application Fee \$100(Non-Refundable)

Capital Contribution is required for this association, please see Disclosure Summary form.

Please allow 2 weeks turnaround time. A Zoom or Phone interview is required.

\$125 Processing Fee Made Payable to Divine Association Management. Non-Refundable

> MAIL TO (REGULAR MAIL: NO FED EX OR UPS) 113 NW BENTLEY CIRCLE PORT SAINT LUCIE FLORIDA 34986

Jd:12/2023

#### RESALE/LEASE PACKET

Realtor's Name:	Company:	Phone:	Email:	
Property Address:		Closing	; Date:	
Information Concerni	ng Applicant:			
Name:		Name:		
Present Address:				
Do you intend to occu	ipy? Yes No			
If no: Maintain the ho	me as secondary	Offer it as rental unit		
Pets: YesNo (Photo and Immuniza		Age of Pets ny packet)	_ Туре	Breed
Email Address:				
If Not mailing address	:			
Spouses Name:	Othe	r Occupants		
Phone:	Relati	onship:		
Applicants Employer:		Phone:	Title:	
Number of Years:	_Address:			
Applicants Employer:		Phone:	Title:	
Number of Years:	_Address:			
Please list names of n	earest relatives in ca	se of an emergency.		
Name:	Addres	5S:		
Phone:	Relation	onship:		
		sNoIf seller fails tion Management at a c	•	f Documents to
<ul><li>I (we) hereby</li><li>Owner(s) ag</li></ul>	y abide by all docum a copy rees that the terms Bedford at t	e investigation of all and lents and Rules and Reg of which was received of the attached sales co he Lakes HOA Inc. Rules o any person who has no	ulations of Bedford from seller. ontract are within t and Regulations.	d at Lakes HOA Inc. he requirement of

#### Application for Vehicle

#### Bedford at the Lakes

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

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

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

Description of Vehicles(s):

Vehicle #1	Vehicle #2	Vehicle #3
Make:	<u>Make:</u>	<u>Make:</u>
Model:	<u>Model:</u>	<u>Model:</u>
Year:	Year:	Year:
Color:	<u>Color:</u>	<u>Color:</u>
Tag:	Tag:	<u>Tag:</u>
<u>State:</u>	<u>State:</u>	<u>State:</u>

**\*\*\***All information must be completed.

A copy of Vehicle Registration must be submitted with this application.

Any changes in vehicles must be submitted to the office. Please read the following disclosure:

I understand there are No Commercial vehicle, recreational vehicle campers trailer boat van or truck of any kind allowed on HOA or owners property.

### Moving Form

Property Address:		
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I/We\_\_\_\_\_ understand that the covenants Bedford at the Lakes prohibit moving into the community on Sunday and Holiday.

I/we \_\_\_\_\_\_further understand that the covenants also prohibit any moving vehicles (i.e. moving trucks, vans and /or trailers) from being parked overnight.

Signature	Date:	
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Signature	Date:
-	

## LANDLORD/PURCHASER INFORMATION SHEET

Name:			
		(Purchaser or Land	llord)
Property Address:			
Alternate Mailing Ad	dress		
City	_State_		_Zip
Phone		_Cell	
Email			(please write legibly)

# DEED RESTRICTED COMMUNITY

Bedford at the Lakes

I (we) understand that we are moving to a deed restricted community. I (we) agree to abide by all Documents and Rules and Regulations of Bedford at the Lakes Homeowners Association, Inc., a copy was received from the seller. If seller fails to provide a set of Documents to Buyer, a copy can be obtained by Association Management at a cost of \$50.

Name:		
	(Signature)	
Name:		
	(Print)	
Name:		
	(Signature)	
Name:		
	(Print)	

# Bedford at the Lakes

#### **Disclosure Summary**

- 1. As a purchaser of property in this community, you will be obligated to be a member of a homeowners 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. The current amount is **<u>\$720.00</u>** per quarter.
- 4. You will also be obligated to pay a capital contribution equal to two (2) months' Assessments upon acquiring title. The current amount that will be collected IS **<u>\$480.00.</u>**
- 5. You will be obligated to pay a special assessment to the respective municipality, county, or special district. All assessment are subject to periodic change.
- 6. You failure to pay any of these assessment could result in a lien on your property.
- 7. The statement contain in this disclosure form are only summary in nature, and as a perspective purchaser you should refer to the covenants and the association governing documents before purchasing the property.
- 8. These documents are masters of public records and can be obtained from the record office in the county where the property is located.

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

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

### **Email Authorization**

# We want to keep you better informed about the development and issues regarding your investment as an owner in the BEDFORD AT THE LAKES HOA, Inc.

Florida statue states 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 BEDFORD AT THE LAKES HOA, Inc. and Divine Association Management to send you agendas of upcoming meetings, reports and actions taken by the Board at those meetings, and updates or special information. Your email address will not be used for any other purpose than those listed in the previous sentence.

Yes \_\_\_\_\_

I authorize BEDFORD AT THE LAKES HOA, Inc. and Divine Association Management to email me appropriate Notices, agendas, reports, and other information.

Property Address:	
Name:	Name:
Email Address:	_Email:
Phone Number	Phone:
No	
I do not want to receive emails from Bedford	

Management except as required by the HOA By-Laws to be sent by regular mail.

Signature:	Date:	
Signature:	Date	

## (Sales Only)

### **VOTING CERTICATE**

**BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATIONS, INC.** 

KNOWN ALL MEN BY THESE PRESENT, THAT THE UNDERSIGNED IS THE RECORD OWNER (S) BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC, SHOWN BELOW, AND HERBY CONSTITUTE AND DESIGNATES:

#### (INSERT ONE OWNERS NAME ABOVE)

As the voting representative for the HOMEOWNERS ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The aforementioned voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

Date This \_\_\_\_\_\_ Day of \_\_\_\_\_\_, 20\_\_\_\_\_,

Signature

Signature

(Unit owner's signature-If jointly-owned, both owners' signatures required)

Property Address:

### Port Saint Lucie Florida 34986

When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and become the representative. All owners must sign this form to acknowledge this appointment.



Online Communication Portal for all your HOA needs.

We are pleased to announce that we provide all communication online through a secure online portal. Here you will receive:

- Monthly/Weekly
- Newsletter
- Notices
- Architectural Forms
- Documents
- HOA Documents

Please fill out this form with your contact information. This information is kept strictly confidential to protect your privacy.

	<u>Please print cl</u>	<u>early</u>	
Association Name:			
Last Name	_ First Name		
Phone Number:		_Mobile	_House
*Email Address:			
Phone Number:		_Mobile	_House

\*Only one email per household.