

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

## St. Lucie Gardens Homeowners Association Inc.

c/o Coastal Property Management  
10 SE Central Parkway, Suite 400  
Stuart, FL 34994  
Office: (772) 600-8900 Fax: (772) 266-9801

### Sales Application Check List

All items must be submitted or your application will not be processed.

This form must be submitted with all other necessary paperwork.

#### General submission requirements

- Fully executed application
- Fully executed sales contract
- \$100 Application fee (non-refundable) – Please make check payable to ST. LUCIE GARDENS HOA
- Title Company Info for Sale/Purchase

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

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

Company Phone: \_\_\_\_\_

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

- Buyer's Realtor Info for Sale/Purchase

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

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

Company Phone: \_\_\_\_\_

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

- Seller/Current Owner Realtor's Info for Sale/Purchase

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

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

Company Phone: \_\_\_\_\_

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

- Certificate of Approval delivery option (Mark "X" by delivery option)

\_\_\_\_\_ Mail original to Title Company and email copy to \_\_\_\_\_

\_\_\_\_\_ Mail original to Buyer's Realtor and email copy to \_\_\_\_\_

\_\_\_\_\_ Mail original to Seller's Realtor and email copy to \_\_\_\_\_

St. Lucie Gardens Homeowners Association, Inc.  
SALES APPLICATION  
c/o Coastal Property Management  
10 SE Central Parkway, Suite 400  
Stuart, FL 34994

The Association shall review the application within thirty (30) days of receipt of required information, documents and fees. Please ensure all required items are submitted as a complete package – incomplete packages will not be processed. A Certificate of Approval will be issued to the designated recipient.

**APPLICATION INSTRUCTIONS**

**APPLICANT must submit:**

- Completed Application (Application will not be processed without all signatures)
- Signed copy of Sales Contract
- **\$100.00 Application Fee** (non-refundable) made payable to: ST. LUCIE GARDENS HOA
- Owner may not park a trailer, boat, van, camper, truck or commercial vehicle at St. Lucie Gardens, unless it is fully in the garage.

**All items must be submitted as an entire packet to:**

Coastal Property Management  
10 SE Central Parkway, Suite 400  
Stuart, FL 34994

Thank you in advance for your cooperation in following this process.

*If you have any questions please call:* Coastal Property Management – (772) 600-8900

**Every effort will be made to expedite the notification process**

# SALES APPLICATION

Date of Application \_\_\_\_\_ Property Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

NAME(S) OF APPLICANT: \_\_\_\_\_ Email: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ Email: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

## VEHICLE(S) RESIDING AT RESIDENCE

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_

NUMBER PEOPLE WHO WILL BE RESIDING AT THE HOME \_\_\_\_\_

PETS: Number of Pets \_\_\_\_\_ Type \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**The undersigned, in the event that such approval is granted by the Board of Directors of St. Lucie Gardens HOA, Inc., hereby agrees to abide by the Articles of Incorporation, Declaration of Covenants and Restriction and By-Laws, all covenants, conditions, rules and regulations as set forth, as now or hereafter amended, and any additional covenants, conditions, rules and regulations as may be imposed from time to time by the Board of Directors or the members of St. Lucie Gardens HOA, Inc. Should we have a guest, we will ensure that they too are familiar with the Rules and Regulations.**

*The undersigned, in the event that such approval is granted by the Board of Directors of St. Lucie Gardens HOA, Inc., hereby agrees to abide with the above stated.*

\_\_\_\_\_  
Purchaser Signature

\_\_\_\_\_  
Co-Purchaser Signature

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

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

Date Submitted: \_\_\_\_\_