

**Newport Isles Property Owners Association, Inc.**

1856 SW Newport Isles Blvd. - Port St. Lucie, FL 34953

Tel: 772.345.1642 ~ Fax: 772.345.1662

Email: Newportislesoffice@gmail.com

**Re-Sale Registration Package**

**\* RE-SALE REGISTRATION TAKE APPROXIMATELY 2 WEEKS TO PROCESS**

A complete application package will include:

1. **A completely filled in Registration with all signatures (clear and legible).**
2. **Copy of SIGNED CONTRACT with name of realtor.**
3. The following fees (**3 SEPARATE CHECKS - certified check or money order**), **(NO PERSONAL CHECKS)** should be made payable to: **Newport Isles POA**

- a. **Registration Fee**                    **\$300.00 – Separate Check (Non-refundable)**
  
- b. **Capital Contribution**            **\$523.56 (Single Family) – Separate Check**  
   **\$899.25 (Townhome) - Separate Check**
  
- c. **Background Check**                **\$95.00 - Separate Check (Non-Refundable)**
  - Each Individual needs to fill out a background form - (18 yrs. or older)  
***(if you have (2 or more) background forms make (1) check for total amount)***
  - Overseas & Canadian background checks takes 3 weeks to process  
(Call office for price)
  
- d. **Pet Fee**                                **\$300.00/each Pet (Non-Refundable)**

**Dogs: The HOA will need a picture of each dog and verification of breed, verification of vaccinations, and must be registered with the city. Please attach documentation to this application.**

**A Welcome Meeting** with the Property Manager and Tenant(s) regarding Newport Isles Rules and Regulations must be scheduled within the first week after moving in. Please call the HOA office to schedule a time for your Welcome Meeting 772-345-1642. Barcodes and Picture ID's will not be given out until Welcome Meeting.

**IMPORTANT: Please provide HOA Office with a copy of your **CLOSING STATEMENT** after closing and a copy of your **HOMEOWNER'S INSURANCE POLICY.****

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**Re-Sale Registration**

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

Purchaser's Realtor:: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Seller's Realtor: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Title Co: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S. No.: \_\_\_\_\_ Tel No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S. No.: \_\_\_\_\_ Tel No: \_\_\_\_\_

If you are purchasing, do you intend to occupy the home:  Yes  No

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

**Additional Listing of Occupants Living at this Address**

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

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

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

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

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

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

Title: \_\_\_\_\_ No. of years: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Pet(s): \_\_\_\_\_ [Yes] \_\_\_\_\_ [No] Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Nearest relative not living with you: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Statement of Understanding**

I/we fully authorize investigation of all answers and references given.

I/we hereby agree to abide by all Documents and Rules and Regulations of Newport Isles Property Owners Association, Inc., a copy of which was received by the Seller.

Received:             Yes             No

If Seller fails to provide a set of Documents at closing for the Buyer, you may obtain a copy from Newport Isles Property Owners Association, Inc. at a cost of \$50.00.

Owners agree that the terms of the attached contract are within the requirements of the Newport Isles Property Owners Association, Inc. Rules and Regulations.

As owners, I/we agree that I/we shall not sell to any person(s) who has not been approved by the Newport Isles Property Owners Association, Inc.

**Purchaser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Purchaser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Seller:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Seller:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***SELLER NEEDS TO SIGN THIS FORM***

**Do not bring this application to Newport Isles HOA office unless this form is signed by the Seller.**

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**Acknowledgement of Deed Restrictions**

I/we understand that I/we are moving into a deed restricted community. I/we hereby agree to abide by all Documents and Rules and Regulations of **Newport Isles Property Owners Association, Inc.** I/we have received the Documents of the association and agree to abide by them.

If Seller fails to provide a copy of the Documents and Rules and Regulations, I/we may obtain a copy from the Association's Property Manager at a cost of \$50.00.

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

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

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

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

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

**NEWPORT ISLES PROPERTY OWNERS ASSOCIATION, INC.**  
**Resident Access Information Form**

**\* This form must be fully completed in legible print**

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

**Newport Isles Property Address:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Telephone Numbers:** 1st \_\_\_\_\_ 2nd \_\_\_\_\_  
(This will be the number used for contacting resident for guest authorization)

**RESIDENT:** Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**RESIDENT:** Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Additional Listing of Occupants Living at this Address:**

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

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

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

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

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

**Permanent Visitors:**

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**Permanent Visitors:**

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**Resident's Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ ST: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ ST: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ ST: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ ST: \_\_\_\_\_

**Emergency Contact:**

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Alerts** (i.e., DO NOT ADMIT, CALL FOR ALL VISITORS): \_\_\_\_\_

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**Newport Isles Property Owners' Association, Inc.**

**Barcode and Picture ID Record**

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

Homeowner Name(s): \_\_\_\_\_

Tel No.: \_\_\_\_\_ Tel No.: \_\_\_\_\_

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

**Additional Listing of Occupants Living at this Address:**

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

**Vehicle #1** Tag No.: \_\_\_\_\_ State: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**Vehicle #2** Tag No.: \_\_\_\_\_ State: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**Vehicle #3** Tag No.: \_\_\_\_\_ State: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

**Vehicle #4** Tag No.: \_\_\_\_\_ State: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Picture ID #: \_\_\_\_\_

**E-Mail Authorization for  
Newport Isles Property Owners' Association, Inc.**

I, \_\_\_\_\_, declare that I am a member of the Newport Isles Property Owners' Association, Inc. I represent myself and any other owner of the property shown below who may also be a member of the Newport Isles Property Owners' Association, Inc. living at this address.

I hereby give permission to Newport Isles Property Owners' 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 Newport Isles Property Owners' Association, Inc. Declaration of Covenants, Restrictions and Easements, pg 52, Article III, Section B – Meetings.

I understand that official business includes, but is not limited to Board Meetings, Special Board Meeting, Notices, Giving Notice, Official Records, Rosters and Financial Reports. These communications include notice of meetings to change the Rules and By-laws, notice of meetings to make changes to dues, 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 the Newport Isles Property Owners' Association, Inc.

My Newport Isles street address is:

\_\_\_\_\_

My official e-mail address for all communication is:

\_\_\_\_\_

AUTHORIZATION:

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



**ADVANTAGE PROPERTY MANAGEMENT**

**ASSOCIATION: NEWPORT ISLES POA**

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

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

_____	_____	_____	____-____-____	____/____/____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____		_____		_____
<b>Other Name(s) Maiden/Married</b>		<b>Driver's License Number</b>		<b>State</b>
_____				
<b>Email Address</b>				

<b>Date of Birth</b> ____/____/____	<b>Telephone</b> (____) _____
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**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: \_\_\_\_\_

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

**ADVANTAGE PROPERTY MANAGEMENT**

**ASSOCIATION: NEWPORT ISLES POA**

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

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

_____	_____	_____	____-____-____	____/____/____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____		_____		_____
<b>Other Name(s) Maiden/Married</b>		<b>Driver's License Number</b>		<b>State</b>
_____				
<b>Email Address</b>				

<b>Date of Birth</b> ____/____/____	<b>Telephone</b> (____) _____
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**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: \_\_\_\_\_

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