

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

OWNER/RESIDENT REGISTRATION

Please Note: A copy of the contract or deed, as applicable, must be provided in order to obtain your Homeowner Certificate and related governing document.

Street Address of Parks Edge Property

Print Owner/Purchaser Name Phone # 1 phone # 2 Email address

Print owner/Purchaser Name Phone # 1 phone # 2 Email address

Print Owner/Purchaser Mailing Address City, State, Zip

Drivers' License/ID # State Issued Exp Date SSN

Is this property purchased for Owner of Tenant Occupancy? Owner _____ Tenant _____

All prospective tenants must submit an application to Parks Edge Property Owners' Association, Inc. PRIOR to occupancy for Board approval.

Is this property Bank owned as the result of a foreclosure, deed in lieu or other default? Yes ___ No ___

Contract Date Closing Date

Property Management Company or Owner Rep Phone Number

Contact Person Address Email Address

I/We, as Owners, authorize the above-referenced Management company or owner representative
To act on our behalf in all matters related to compliance with the Association

Owners' Initials

Vehicle Information				
Make	Model	year	color	Tag #

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

PET REGISTRATION FORM

Pet Information				
Type	Color	Weight	Breed	License#
Veterinarian's Name & Phone Number				

In accordance with C&R's page 10, section 7, I've read and agree to abide by the following pet regulations:

Read and initial each:

_____ No animals, livestock or poultry of any kind shall be raised, bred or kept on any lot except that dogs, cats or domestic pets may be kept, provided that they are not kept, bred or maintained for any commercial purposes.

_____ Animals and pets shall be restricted to the following: dogs, cats, fish, domestic birds, hamsters, lizards, gerbils, turtles. Domestic birds shall not include poultry of any kind. A maximum of two (2) dogs and (2) cats will be permitted. **The foregoing shall also apply to animals/pets which visit the Properties.**

_____ All dogs and cats must be inoculated against rabies by a duly qualified and licensed veterinarian. Pets shall also be inoculated in like manner in such cases of emergency whenever ordered by the Board of Health of the State of Florida.

_____ When outside of the residence, all dogs and cats must be accompanied by an attendant who shall have such dog/cat firmly held by the collar and leash, which leash shall not exceed eight (8) feet in length. No cats or dogs shall be permitted to run at large outside of the residence; this shall not prohibit a cat or dog from being maintained without a leash or other restraint within any enclosed privacy area of the residence in which the dog or cat resides and/or is maintained.

_____ The owner/custodian of each animal or pet and/or the individual walking same, shall be required to clean up after the pet/animal.

_____ If a dog or any other animal becomes obnoxious to other owners by barking or otherwise, the pet owner shall remedy the problem, or upon written notice from the Association, he or she shall be required to dispose of the pet.

_____ The pet/animal owner and the owner of the residence involved shall be strictly liable for damages caused to the Properties by the pet/animal.

_____ Any animal/pet owner's right to have an animal/pet reside in or visit the Properties shall have such right revoked if the animal/pet shall create a nuisance or shall become a nuisance



Parks Edge

3201 SW Landale Blvd.
Port St. Lucie, FL 34953

PROPERTY OWNERS' ASSN., INC.

Phone: 772.336.1525
Fax: 772.336.3605
www.ParksEdge.org
ParksEdgePOA@gmail.com

As a prospective Homeowner of a property within the Parks Edge Property Owners' Association, Inc., I/We understand the following:

- a) That I have met with the Parks Edge Orientation committee or an official representative of Parks Edge Property Owners' Association. I have received a copy of the Governing Documents and Rules and Regulations, fully understand the documents, and will abide by them according to Parks Edge Property Owners' Association, Inc. (POA).
- b) I understand that if the Governing Documents or Rules and Regulations are violated I may be subject to suspension of the use of POA facilities and/or may be fined up to \$25.00 per day (up to \$1000.00).
- c) I understand that if we want to rent the property we are required to notify the POA office. All prospective tenants must fill out an application. **The applicant and homeowner are responsible to have the application, fees and supporting materials submitted to Parks Edge Property Owners' Association, Inc. PRIOR to occupancy for Board approval.** If a Realtor and /or Property Manager is retained to supervise the property, I understand that we are required to notify the POA office with the address and telephone number of the individual or company responsible for supervising the property.
- d) I understand that we are responsible for all members of the family and guests when utilizing the facilities of the POA.
- e) I understand that we must provide, in writing, authorization for any tenant to use the facilities of the POA. I understand in doing so we only retain the right to vote and would have to be a guest to use the facilities.
- f) I have read the pet restrictions listed in the Covenants & Restrictions of the Association and understand that any pets residing on the property must be current on all vaccinations and registered with the Associations.
- g) All owners recorded on the property deed must sign and acknowledge responsibility in accordance with the POA Governing Documents and Rules and Regulations.

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Parks Edge Property Owners' Association, Inc.

POOL KEY CARD

Pool key cards are provided to Owners for a non-refundable \$50 fee. Residents may waive their right to a pool key card if they choose. Owners may delegate the use of common properties to their registered tenant(s).

Property Address _____

Initial

Pool key card Number _____ has been assigned to this property for the owners use.

No pool key card has been assigned to this property and the Owner waives the right to the use of this amenity.

No pool key card has been assigned to this property at the time of Owner registration;

A pool key may be requested by subsequent registered Tenant in the property.

In accordance with the Covenants and Restrictions, Article 1X, Section 11(e), my (our) signature(s) below approve the delegation of use and enjoyment in the common properties to the authorized Tenants of this property. This delegation remains effective until rescinded in writing to the office of the Parks Edge Property Owner's Association office.

Owner Name

Date

Owner Signature

Date

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

As a current/prospective Homeowner of a property within Parks Edge Property Owners Association Inc., I/we understand the following:

Initial each

_____ Parks Edge POA, Inc. requires a \$100 Non-refundable registration fee for owners of property within these boundaries of the PE POA, Inc. community and an additional \$200 non-refundable fee rush request (less than two business days) of processing. Parks Edge POA, Inc. requires a \$50.00 non-refundable fee for each pool key card requested and issued. **Only one pool key is issued to each property.** Pool keys remain the property of Parks Edge Owners Association and must be relinquished upon request.

_____ I/We have completed the Resident Registration form with complete and factual information. Upon completion of the registration form and receipt of the registration fee, I/We will receive a copy of the Governing Documents of the Association, including Rules and Regulations promulgated by the Board of Directors of the Association, as well as a Homeowner's Registration Certificate proving such registration has been completed. It is my/our responsibility to read and review the document, fully understand the provisions contained herein, and abide them accordingly. I/We understand that if the Bylaws, Covenants and Restrictions or Rule and Regulations are violated, I/we may be subject to suspension of the use of POA facilities and /or may be fined.

_____ I/We understand that if the property has a Realtor and/or Property Manager that I/We are required to notify the POA with the name of the Realtor and or Property Manager or other authorized agent and all relevant contact information for the individual or company responsible for supervising the property. I/We understand that naming an authorized representative does not absolve me/us from the responsibilities and liabilities associated with ownership or residency within Park Edge, POA, Inc., including but not limited to registration requirements, compliance with the rules and regulations and any associated violations and fines as a result of non-compliance.

_____ I/We understand that if the property is to be used as a rental for tenants the **Tenant(s) is/are required to complete a tenant application for Board approval prior to occupancy in the property.** I/We understand this is a fineable violation of the Governing Documents, said violation occurring upon the inception of the lease of the date of Tenant registration. Tenants are not required to re-register with the inception of a new lease nor pay another registration fee but must provide a current lease each year. I/We elect to receive communications from the POA electronically No Yes Email _____.

_____ I/We understand that I/We are responsible for all members of the family, tenants and guests when utilizing the facilities of the POA.

_____ I/We agree to abide by Parks Edge Property Owners Association governing documents and rules and regulations. I/We have received the registration package including a copy of the governing document and rules and regulations of the community and agree to abide by those terms.

Signature

Date

Signature

Date



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ISSUED POOL KEY /RECEIPT FORM

Print Owner's Name	Home Phone No.	Work Phone No.	Cell Phone
Property Address			
Alternate Mailing Address		City, State	Zip
Driver's License #	State	Expiration Date	Social Security #
Key Card#	Activated Date	Owner Initial	

The following names will be admitted to the pool facilities with key card #

Name of persons using facilities	Date of Birth
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----

Owner acknowledges that the first pool card is a \$50.00 non-refundable fee. Replacement cards may also be issued for an additional \$50.00 non-refundable fee.

Notify the office immediately if your key card is lost or stolen. Damages or other maintenance fees will be borne by the owner assigned to the key card of the individual found to be responsible. Protect your key card!

Owner and guests acknowledge responsibility to abide by all current rules and regulation.

Signature	Date	Signature	Date
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THERE ARE NO LIFEGUARDS AT THE PARKS EDGE POA POOL AREA.

To operate the key system:

1. Pass key card over the reader at entryway
2. Gate automatically closes behind you
3. Once entering the pool area you are under video surveillance
4. To exit, pass the key card over reader again
5. In case of emergency, press the red button to exit

All pool rules apply. Individuals who choose not to follow the rules may have their privileges suspended and/or revoked according to pool rules. Owners and tenants are responsible for the actions and behavior of their guests, including suspensions, fines and restitution for damages, if Necessary.

VIDEO SURVEILLANCE IS REVIEWED DAILY

PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

(SALES ONLY) TO BE COMPLETED ONCE COPY OF DEED IS PRESENTED

(OFFICIAL)

VOTING CERTIFICATE

Know all men by these present, that the undersigned is the record owner (s) in Parks Edge Property Owners Association, Inc. shown below, and hereby constitutes, appoints and

Designates: _____
(Insert one owner 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. Dated this _____ Day of _____, 20 ____.

Signature

Signature

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

Property Address _____ **Port St. Lucie, Florida 34953**

Parks Edge Authorized Agent Name

Authorized Agent Signature

Corporate Seal

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 becomes the representative. All owners must sign this form to acknowledge this appointment.