PARKS EDGE
PROPERTY OWNERS' ASSOCIATION, INC.

3201 SW Landale Blvd
Port St Lucie, FL 34953
772-678-1335
parksedgepoa@gmail.com
www.parksedge.org

OWNER/RESIDENT REGISTRATION

Please note: To receive your Homeowner Certificate and related governing documents, you must provide a copy of the contract or deed, as applicable.

_____
Street Address of Parks Edge Property

_____
Print Owner/Purchaser's Name Phone Number Email Address

_____
Print Owner/Purchaser's Name Phone Number Email Address

_____
Print Owner/Purchaser Mailing Address City State Zip

_____
Drivers' License/ID State Issued Expiration Date SSN

_____
Drivers' License/ID State Issued Expiration Date SSN

Is this property purchased for Owner or 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 Representative 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. _____
Owner(s) Initials

Vehicle Information

Make	Model	Year	Color	Tag #

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As a current/prospective Property Owner of a home in 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 violation per day, up to $1,000.00 per violation.
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 property owner 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 for 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

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As a current/prospective Property Owner of a home in Parks Edge Property Owners' Association, Inc., I/We understand the following:

Initial Each:

_____ Parks Edge POA, Inc. requires a non-refundable capital contribution equal to the annual assessment, currently $225.00; a $100.00 non-refundable registration fee; and a $50.00 non-refundable transfer fee for all Property Owners of Parks Edge POA, Inc. An additional $200.00 non-refundable rush fee if the request, less than one (1) week of closing. Parks Edge POA, Inc. requires a $50.00 non-refundable fee for the pool key card if requested and is issued. **Only one (1) pool card key will be issued to each property.** Pool keys remain the property of Parks Edge Owner Association and must be relinquished upon request.

_____ I/We have completed the Resident Registration form with compete and factual information. Upon completion of the registration form and receipt of the necessary fees, 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 Property Owner's Registration Certificate proving such registration has been complete. 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 form the responsibilities and liabilities associated with ownership or residency within Parks 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, Inc governing documents and rules and regulations. I/We have received the registration package including a copy of the government document and rules and regulations of the community and agree to abide by those terms.

_____	_____	_____
Print Name	Date	Signature
_____	_____	_____
Print Name	Date	Signature

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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 animal, 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) dos and two (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 license 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 lengh. 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 t 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 form the Association, he or she shall be required to dispose of the pet.

_____ The pet/animal owner and the owner if 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.

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(OFFICIAL)

VOTING CERTIFICATE

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

Know all men by these present, that the understand 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 Property Owners 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 certification. Dated this _____ day of _____, 20_____.

_____ _____
Signature **Signature**

_____ _____
Signature **Signature**

(Unit owner's signature – if jointly-owned, both owner's signatures required)

Property Address _____Port St. Lucie, Florida 34953

_____ _____
Parks Edge Authorized Agent Name **Authorized Agent Signature**

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.

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THERE ARE NO LIFEGUARDS AT THE PARKS EDGE POA POOL AREA

To operate the key system:

1. Pass ket card over the reader at entry way
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

POOL HOURS ARE FROM 8:00 AM TO 8:00 PM

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

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POOL KEY CARD

Pool Key Cards are provided to Owners for a non-refundable $50.00 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 _____Port St. Lucie, Florida 34953

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 card may be requested by subsequent registered Tenant in the property, as long as one has not already issued to the property owner, since only one (1) pool key card may be issued per Property. The Tenant would be required to pay the $50.00 non-refundable fee. In accordance with the Covenants and Restriction, 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	Owner Signature	Date
_____	_____	_____
Owner Name	Owner Signature	Date

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ISSUED POOL KEY / RECEIPT FORM

Print Owner's Name | Phone # | Email Address

Property Address

Mailing Address

Driver's License # | State | Expiration Date | Social Security #

Key Card # | Activated Date | Owner's Initials

The following names will be admitted to the pool facilities with Key Card #

Name of persons using facilities | Date of Birth

Owner acknowledges the pool key 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 will be borne by the owner assigned to the key card. Protect your key card!

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

Signature | Date | Signature | Date

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Email Consent Form

If you would like to receive Parks Edge Property Owners Association, Inc, information such as Assessments mailing, election mailings, annual meeting notices, board meeting minutes, emergency emails, progress reports, etc. by email, please sign and return this form giving us permission to do so.

NAME:_____

PARKS EDGE ADDRESS:_____

MAILING ADDRESS:_____

PHONE NUMBER (H):_____ CELL:_____

EMAIL:_____

I/WE CONSENT to accept any association related information via email:

Signature:_____

Date:_____

Print Name:_____

Once consent is given, revocation of such consent may be delivered to the association via electronic transmission, by hand delivery, by United State mail, by certified U.S. mail or by commercial delivery service. The unit owners bear the risk of ensuring delivery of the revocation of consent.

Return to:

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Email: parksedgepoagmail.com