

Cobblestone Country Club
Homeowners' Association
10300 SW Rookery Way
Palm City, FL 34990

RE-SALE APPLICATION PACKAGE

A complete Application Package will include:

- A completely filled in Application with all signatures (clean and legible)
- A fully executed sales contract
- A \$50.00 Application fee or
- A \$75.00 RUSH Application fee (less than 15 days of closing)

All checks are payable to: COBBLESTONE COUNTRY CLUB HOMEOWNERS' ASSOC. If an application submitted is incomplete, it will be held uninvestigated until the rest of the required information is received

NOTE:

- Ownership records can only be changed when the Warranty Deed is received.

For questions, please contact the Management Office at 772-261-3161 or Email at Jessica@Divineassociations.com

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Palm City, FL 34990

RE-SALE APPLICATION

Please allow thirty (30) business days for processing. The application requires Board of Director approval. If additional space is needed, please use the other side. A copy of the sales contract must be attached to this application.

\$50.00 APPLICATION FEE IS REQUIRED FOR PROCESSING

Property Address: _____ Date: _____

Realtor or Agent: _____ Telephone #: _____

Sale Information:

Closing Date: _____ Title Company: _____ Tel #: _____

Applicant Name: _____ SS#: _____ DOB: _____

Co-Applicant Name: _____ SS#: _____ DOB: _____

Present Address: _____

Billing Address (if different from above): _____

If you are purchasing, do you intend to occupy the home? YES ___ NO ___

Occupant(s) other than the immediate family:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Applicant Employer: _____ Phone: _____

Address: _____

Title: _____ # of years: _____ Supervisor: _____

Pet(s) YES ___ NO ___ Type(s) Limit of three (3): _____

References, other than family members: Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Nearest Relative, in case of emergency _____

Relationship _____

Cobblestone Country Club Homeowners' Association

Statement of Understanding

I/We fully authorize investigation of all answers and references given in the application.

I/We hereby agree to abide by all Documents and Rules and Regulations of Cobblestone Country Club Homeowners' Association, Inc. a copy of which was received from the Seller. ___ Yes ___ No

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 Cobblestone Country Club Homeowners' Association, Inc. I/We have received the Documents of the Association and agree to abide by them.

If seller fails to provide a set of Documents, I/We understand a copy may be obtained from the Association at a cost of \$50.00 or the Documents are also available on the website.

www.cobblestonecc.info

As Owner(s) I/We agree that the terms of the attached contract are within the requirements of Cobblestone Country Club Homeowners' Association, Inc., Rules and Regulations.

As Owner(s), I/We will not rent to any person(s) who have not been approved by the Association. I/We also understand that upon renewal of an existing lease an inquiry to the office will be made to verify that no violations exist against the tenant(s) before a renewal is signed. A copy of any renewal must be given to the Association 30 days prior to the renewal date.

Property Address: _____

Purchaser: _____

Signature: _____ Date: _____

Co-Purchaser: _____

Signature: _____ Date: _____

Seller: _____

Signature: _____ Date: _____

Co-Seller: _____

Signature: _____ Date: _____

Cobblestone Country Club

Homeowners' Association

PET REGISTRATION

You must provide a recent photograph when submitting this form to Management

No more than 3 pets per household

Address: _____

Owner(s): _____

Type of Pet: _____ Breed: _____ Name: _____ Weight: _____

Age: _____ Color: _____ Vaccine License #: _____

Type of Pet: _____ Breed: _____ Name: _____ Weight: _____

Age: _____ Color: _____ Vaccine License #: _____

Type of Pet: _____ Breed: _____ Name: _____ Weight: _____

Age: _____ Color: _____ Vaccine License #: _____

Veterinarian: _____ Contact #: _____

Family/ Friend Emergency Contact: _____

If Registered Service Animal, please provide a copy of the registration to the Association.

It is understood the pet must be on a leash at all times while outside the dwelling and controlled by a responsible person. Cats are not allowed to roam throughout the neighborhood.

I also understand should the dog bark incessantly or become a nuisance to the neighbors or community, the Board of Directors may require the removal of the pet from the community.

Applicant's Signature

Date

COBBLESTONE COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.
RESIDENT'S INFORMATION FORM

OWNER'S NAME(S): _____

COBBLESTONE ADDRESS: _____ LOT #: _____

HOME TELEPHONE #: _____ MOBILE TELEPHONE #: _____

OTHER TELEPHONE #: _____ EMAIL ADDRESS: _____

VEHICLE:	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YEAR – ROUND RESIDENT: YES _____ NO _____

OUT OF STATE ADDRESS: _____

OUT OF STATE TELEPHONE #: _____

EMERGENCY CONTACT: _____ TELEPHONE #: _____

PET(S): (MAXIMUM OF THREE CATS/DOGS: BREED _____ BREED _____ BREED _____

NO PIT BULL OR PIT BULL MIXES ALLOWED: _____

TENANT(S) NAME(S): _____ TELEPHONE #: _____

AUTHORIZED SERVICE PERSONNEL:

PLEASE CALL THE GUARDHOUSE TO AUTHORIZE GUEST ENTRY AND OCCASIONAL SERVICE PEOPLE

NOTE: ALL QUESTIONS NEED TO BE ANSWERED TO UPDATE OUR RECORDS, HELPING US IMPROVE ACCESS PROCEDURES, COMMUNICATION AND THE GUARD'S EFFICIENCY!

RESIDENT _____ DATE _____ RESIDENT _____ DATE _____

PLEASE MAIL THIS FORM TO:
COBBLESTONE COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.

C/O Divine Association Management LLC
Jessica@Divineassociations.com
10300 SW Rookery Way Palm City, FL 34990
680 SW Bayshore Blvd Suite 117
Port Saint Lucie FL 34984
772-261-3161

