



AVANT-GARDE MANAGEMENT

2688 SE Willoughby Blvd, Suite 101, Stuart, Florida 34994

Office: (772) 320-9617

Cobblestone Country Club
Homeowners' Association, Inc.
Sale/ Lease Application Checklist (circle one)

Date Received: _____ RUSH _____ \$100/15 Busi. days Closing/Leasing Dates: _____

Buyer / Renter(s): _____ Phone: _____

Co-buyer/Co-renter(s): _____ Phone: _____

Property Address: _____ Email: _____

ALL ITEMS INCLUDING THE APPLICATION FEES MUST BE SUBMITTED ALONG WITH THIS CHECKLIST FOR THE APPLICATION TO BE PROCESSED. PLEASE ALLOW FIFTEEN (15) BUSINESS DAYS FOR PROCESSING. THE APPLICATION REQUIRES BOARD OF DIRECTOR APPROVAL.

General Submission Requirements:

- Fully Executed Application
Executed Contract
Driver's License or Photo ID over 18
Pets? Yes or No (No more than 3 allowed)
If RUSH, \$100 to Avant-Garde Management
\$50 Cobblestone Application Fee
\$125 to Avant-Garde Management -Processing

Buyer /Lessee Realtor Info:

Company Name: _____
Realtor Name: _____
Phone: _____
Email: _____

Owner or Owner Realtor Info:

Company Name: _____
Name: _____
Phone: _____
Email: _____

Title Company Name Info (if applicable):

Name: _____
Phone: _____
Email: _____

Email for Certificate of Approval to: Pick-up? Y or N

Person/Company: _____
Email: _____
Email: _____

Management Comments: DATE: _____ INSPECTION: _____

Table with 4 columns: Ledger, Vio's in Top: Yes / No, COA, Info Email. Row 1: BKGN: N/A, Scanned & Saved, INTERVIEW: N/A, Update Tops.

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Homeowners' Association

c/o Avant-Garde Management

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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 Avant-Garde Management
2688 SE Willoughby Blvd., Suite 101
Stuart, FL 34994

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www.avantgardemgmt.com

Owner Information Update

Name of Primary Owner: _____

Name of Second Owner: _____

Property Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Mobile: _____

Primary E-Mail: _____ Alt. E-Mail: _____

Official Mailing Address: _____

City: _____ State: _____ Zip code: _____

Please consider receiving Association information and official correspondence electronically. This would assist in decreasing postage and printing costs.

Yes, I authorize my Association and Avant-Garde Management to communicate and send official Association notices to me via electronic transmission.

Signature

Date

Please notify Avant-Garde Management if any information on this form changes.