

The Retreat at Seabranh Homeowners Association, Inc.



3171 SE Dominica Terrace | Stuart, FL 34997
T: 772-219-4474 | F: 772-219-4746

BUYERS INFORMATIONAL INSTRUCTIONS

The following items must be completed and/or submitted to Signature Property Management:

- Copy of Fully Executed Sales/Purchase Contract
- Buyers Informational Application to be completed in full and legible
- Signed Acceptance of the Rules & Regulations
- Copy of Driver License(s)
- A non-refundable application fee of \$150.00 made payable to ***The Retreat HOA***
- A non-refundable processing fee of \$125.00 made payable to ***Signature Property Management***

NOTE:

All applications must be submitted in full. If not, this will delay the approval process.

Applications take a minimum of 14 days for review & processing. Please submit your application to us in a timely manner to avoid a delay. ***Once reviewed an Acknowledgement of Sale will be issued.***

Please ensure that two (2) FOB access keys have been turned over to the new owners. If not, the new resident will be charged \$50.00 per FOB, maximum of two (2) FOBS per residence.

Realtor Signage, Open house Signage and or Balloons are not permitted on the property.

Capital Contribution of one (1) quarter assessment fee will be collected at closing

Submit the entire package to:

The Retreat at Seabranh HOA, Inc.
c/o Signature Property Management
3171 SE Dominica Terrace
Stuart, FL 34997

Applications will not be accepted via fax or email. If an application is submitted incomplete, it will not be accepted or processed until all the required information, signatures, fees, etc. are received.

Updated: 1-25-2022

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CHECKLIST FOR BUYERS INFORMATIONAL FORMS – Please Print

Property Address: _____

Closing: _____

General Submission requirements:

- Completed Buyers Informational Application
- Fully executed Sales/Purchase Contract
- Signed acceptance of the Rules & Regulations Form
- A non-refundable application fee of \$150.00 made payable to *The Retreat HOA*
- A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*
- Copy of Driver License(s)
- Title Company Information:
 - Company Name: _____
 - Address: _____
 - Contact #: _____
 - Email: _____
- Owners Realtor Information:
 - Company Name: _____
 - Address: _____
 - Contact #: _____
 - Email: _____
- Buyers Realtor Information:
 - Company Name: _____
 - Address: _____
 - Contact #: _____
 - Email: _____
- Certificate of Acknowledgement for delivery options: (Mark “X” by delivery option)
 - _____ Email Copy to Realtors
 - _____ Email Copy to Owner
 - _____ Mail Original to: _____

I/We certify that the information requested above and contained in this application is provided for membership with The Retreat POA. I/We acknowledge receipt of a copy of the Declaration of Covenants and Conditions, Articles of Incorporation, Bylaws and Rules and Regulations of The Retreat Homeowners Association from the owner. I/We have read these documents and agree to abide by them. Failure to comply with terms and conditions thereof shall be a material default and breach of the purchase agreement.

Applicant Signature

Date

Co-Applicant Signature

Date

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BUYERS INFORMATIONAL FORMS – Please Print

DATE: _____

PROPERTY ADDRESS: _____

CLOSING DATE: _____

MORTGAGE COMPANY: _____

CURRENT HOMEOWNER INFORMATION (SELLER): *(all information must be printed and legible)*

Name of Owner: _____

Address of Owner: _____

Owner Phone Number: _____ Email: _____

APPLICANT(S) INFORMATION (BUYER):

Applicant Name: _____

Applicant Present Phone Number: _____ Cell: _____

Applicant Present Address: _____

*Applicant Email Address: _____

Current Employer & Address of Applicant: _____

Co-Applicant Name: (Listed on Contract) _____

Co-Applicant Present Phone Number: _____ Cell: _____

Co-Applicant Present Address: _____

*Applicant Email Address: _____

Current Employer & Address of Applicant: _____

****BY PROVIDING YOUR EMAIL ADDRESS, YOU AUTHORIZE THE MANAGEMENT COMPANY TO COMMUNICATE VIA EMAIL REGARDING ASSOCIATION BUSINESS****

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OCCUPANTS: (OTHER THAN THE APPLICANTS)

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>AGE</i>	<i>TELEPHONE NUMBER</i>

PETS:

Yes [] No [] *If yes, list Name, Breed, Age, Color and Sex*

<i>NAME</i>	<i>BREED</i>	<i>AGE</i>	<i>COLOR</i>	<i>SEX</i>

VEHICLE INFORMATION:

ASSOCIATION RULE: Trucks, Motorcycles, Boats, Vans and Commercial Vehicles must be parked within the garage and may not be parked in the driveway. ***All pick-up trucks, regardless of size are permitted to be parked in the driveway as long as it has a full bed cap on the back with windows and no commercial markings or ladder racks. If not, the pick-up truck must be garaged at all times. Covers over the bed of the truck does not negate this rule.***

NOTE: Pictures (front, back & sides) of any pick-up truck must be included in your application.

<i>MAKE</i>	<i>MODEL</i>	<i>YEAR</i>	<i>STATE</i>	<i>LICENSE PLATE #</i>

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**Acknowledgement of Association
Rules & Regulations & Governing Documents**

(Please sign only the statement that applies)

BUYER(S) ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

I/we have received from the Property Owner a copy of all the deeded Documents, Rules and Regulations as amended, or as may be promulgated hereafter by the Board of Directors. I/we understand that I/we are moving into a deed restricted community. I/we have read, understand, and agree to abide by said Documents, Rules, and Regulations of **THE RETREAT AT SEABRANCH HOMEOWNERS ASSOCIATION, INC.**

Applicant: _____ **Co-Applicant:** _____
(Signature) (Signature)

Applicant: _____ **Co-Applicant:** _____
(Print Name) (Print Name)

Date: ____/____/____

Date: ____/____/____

OR

If owner fails to provide a set of Documents to Buyer, I/we will obtain a copy from the Association's Property Management Company at my/our expense. I/we understand that I/we are moving into a deed restricted community. Prior to moving into said property, I/we agree to abide by said Documents, Rules, and Regulations as amended, or may be promulgated hereafter by the Board of Directors of **THE RETREAT AT SEABRANCH HOMEOWNERS ASSOCIATION, INC.**

Applicant: _____ **Co-Applicant:** _____
(Signature) (Signature)

Applicant: _____ **Co-Applicant:** _____
(Print Name) (Print Name)

Date: ____/____/____

Date: ____/____/____

(Only sign acknowledgement that identifies current possession status of Documents)