

Windstone Property Owner's Association

c/o Coastal Community Association Management
909 SE Central Parkway, Stuart, FL 34994
Phone: 772-286-0030 Fax: 772-286-0250

Resale Package

Please return completed package to Coastal Community Association Management for processing.

A complete package includes:

- A completed application with all signatures
- Fully executed Sale and Purchase Agreement. It must include the name, address, and telephone number of the Realtor(s) and the name of the title company, address, and telephone number together with the closing date.
- **ESTOPPEL REQUESTS MAY BE OBTAINED BY CONTACTING ACCOUNTING DEPARTMENT INC. 561-747-5503**
- A non-refundable application fee of \$100 made payable to *Windstone Property Owner's Association*
- A non-refundable processing fee of \$100.00 made payable to *Coastal Community Association Management*. If processing time is less than 2 weeks of close/lease date, than a Rush Processing fee of \$125.00 will supersede.

If application is submitted incomplete, it will be held **uninvestigated** until the rest of the required information is received.

NOTE:

- Please ensure that a copy of the Warranty Deed is mailed or faxed to **Coastal Community Association Management** after closing at 772-286-0250. It does not need to be recorded.
- Ownership records will only be changed when the Deed is received.

Your application may be mailed to:

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909 SE Central Parkway, Stuart, FL. 34994

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Phone: 772-286-0030 Fax: 772-286-0250

Date: _____

Owner: _____ Phone: _____

Address: _____

Title Company: _____ Closing Date: _____

Contact: _____ Phone: _____

This Resale Notice must be accompanied by a completed Purchase Agreement and submitted for approval 14 days prior to Closing.

Name of Realtor: _____ Phone No: _____

Applicants Name: _____ Phone No: _____

Present Address: _____ State: _____ Zip: _____

Occupation: _____

Vehicle _____ Vehicle _____

NAMES OF PERSONS WHO WILL OCCUPY HOME

RELATIONSHIP

I/We the undersigned, hereby make application to the Windstone Property Owners Association, Inc. for the purchase of _____. I/We understand that our approval is subject to the observation of the Covenants and Restrictions of the governing Documents of the Association including the acceptance of the Architectural controls for construction, and we hereby agree that we have received a copy of such Documents.

Buyers Signature _____

Buyers Signature _____

WINDSTONE POA, INC.
CERTIFICATE OF APPROVAL

KNOW ALL MEN BY THESE PRESENTS:

That, pursuant to the Covenants and Restrictions of Windstone Property Owners Associations, Inc. recorded at OR Book 831, page 725, public records of Martin County, Florida, by and through the undersigned, does by these presents, approve the transfer of

(ADDRESS) _____

FROM: _____

TO: _____

Windstone Property Owners Association, Inc. hereby waives its right of first refusal to repurchase the above described property.

Windstone Property Owners Association, Inc. further certifies that

(NAME) _____
Has/have been approved and accepted as a Member of the Windstone Property Owners Association, Inc.

IN WITNESS WHEREOF, Windstone Property Owners Association, Inc. has caused these presents to be executed this _____ day of _____, 20__.

Windstone Property Owners Association, Inc.

By: _____

Title: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20__ by

_____ who is/is not personally known to me or who has

produced (identification) _____,

And who did/did not take an oath.

(SEAL/STAMP) Notary Public:

E-MAIL AUTHORIZATION/CONTACT INFORMATION SHEET

Please help us keep Association records up to date by providing your current information below. This information will be used internally as a database for Windstone’s Official Membership Roster as required by our Documents and Florida Statutes. In the event we put together a Community Directory for the Membership, please advise if you will want your phone number and/or email addresses **excluded** from such a Directory.

We also need to have your authorization to allow the Board of Directors and Windstone’s Property Management to correspond with and make required notifications to you on an **official** basis **via email**, (as per Florida Statutes).

An important reason to give this authorization is that we’ll be able to **decrease the costs incurred by the Association for paper mailings to Members**. And in addition to cutting costs, authorizing us to contact you via email will greatly increase the timeliness and frequency of information you receive regarding Community matters. Communication is vital to any Community and we’d like to do this in the most cost-effective way possible.

We also need this information to ensure that the programing in the Tele-entry system is accurate.

Name(s): _____

Lot Number: _____

Street Address: _____

Mailing Address (if different than Property Address: _____

Telephone Number: _____

Cellphone Number: _____

Email Address: _____

Email contact Authorization YES* _____ NO _____

*Your authorization can be rescinded at any time by written notification from you.

Please take a moment to supply us with this vital information, preferable via return e-mail to: beth@coastalstheone.com

Sincerely,
Windstone Board of Directors