

## Community Association of Waterford Lakes, Inc.

C/o A. R. Choice Management, Inc.  
100 Vista Royale Blvd, Vero Beach, FL 32962  
(772) 567-0808, Fax: (772) 567-2551  
[Francine@archoice.com](mailto:Francine@archoice.com) ~ [Shelly@archoice.com](mailto:Shelly@archoice.com)

Dear Prospective Buyer,

So you're thinking of purchasing the property in the Community Association of Waterford Lakes. We are excited that you have chosen our beautiful community!

Our office is responsible for managing this association. Upon closing we are also responsible for the collection of maintenance assessments which are due on the 1st day of January, April, July and October. Once you close, our office will send you an **information sheet with payment options**.

Your management team is Francine M. Kelly- Manager, Shelly Moss Greer – Administrative Assistant, and Lisa Rule - Accountant. Please contact us with any questions or concerns.

At your convenience, we ask that you complete the enclosed **New Buyer Packet** and return it to us so that we are sure to have the correct closing information on file prior to your purchase.

There is a \$75.00 cost associated with these documents (check made payable to AR Choice Management) in providing them to each Realtor/Buyer that makes a request for information. This fee will be added to the estoppel fee/invoice and collected at closing. If there is any information that you feel is missing from this packet, please contact us, as we aim to provide concise information for all your association needs.

Once we receive the Warranty Deed from the closing agent/title company, we can change our association records to reflect the new ownership information. This will prompt our office to send you a Welcome Packet with additional information after closing.

We look forward to meeting you!

Sincerely,

*Francine M. Kelly*

Francine M. Kelly  
Community Association Manager  
AR Choice Management, Inc.

## **HOMEOWNER QUESTIONNAIRE**

**Buyer #1 Name:** \_\_\_\_\_

**Buyer #2 Name:** \_\_\_\_\_

**Property Address #:** \_\_\_\_\_

### **Local Phone Numbers:**

Res: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

### **Alternate Mailing Address (if different than property address)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Res: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Contact Person In Case Of Emergency**

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Res: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

Do you wish to be listed in the Resident Directory if published ? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Should your email address be included in the Directory if published? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **INTENDED USE OF UNIT**

Are you purchasing this unit for;

(\_\_\_\_) Personal Housing (\_\_\_\_) Rental to others (\_\_\_\_) For Relatives

Will the unit be occupied:

(\_\_\_\_) Year Round ( ) Seasonal (\_\_\_\_) Other: \_\_\_\_\_

**Community Association of Waterford Lakes, Inc.**

c/o A. R. Choice Management, Inc.

100 Vista Royale Blvd., Vero Beach, FL 32962

(772) 567-0808, Fax: (772) 567-2551

[Francine@archoice.com](mailto:Francine@archoice.com) ~ [Shelly@archoice.com](mailto:Shelly@archoice.com)

**ITEMS TO BE TURNED OVER AT CLOSING**

AT CLOSING, THE SELLER(S) MUST PROVIDE:

A COPY OF THE ASSOCIATION'S "GOVERNING DOCUMENTS" WHICH INCLUDES THE ARTICLES OF INCORPORATIONS, DECLARATION OF COVENANTS AND BY-LAWS TO THE BUYER (S).

If seller fails to provide a set of Documents, to Buyer, a copy may be obtained by A.R. Choice Management at the following cost. Please initial which set of documents you require.

- (a) \_\_\_\_\_ Already have a set of Documents from the Seller.
- (b) \_\_\_\_\_ Request Electronic set of Documents (forwarded to my e-mail) at a cost of \$25.00 made payable to A.R. Choice Management (no cash or credit card please).
- (c) \_\_\_\_\_ Request Hard set of Documents at a cost of \$75.00 made payable to A.R. Choice Management (no cash or credit card please).

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

## **CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE**

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of

(address) \_\_\_\_\_, in the Community Association of

Waterford Lakes, Inc. have designated: \_\_\_\_\_  
(Only 1 owner can be the voting representative, choose which owner & print name above)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, Articles and Bylaws of the Association.

The following examples illustrate the proper use of this Certificate:

- Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate ***required*** designating either Bill **OR** Mary as the voting representative. NOT A THIRD PERSON.
- Unit owned by John Doe and his brother, Jim Doe. Voting Certificate ***required*** designating either John **OR** Jim as the Voting Representative. NOT A THIRD PERSON.
- Unit owned by Overseas, Inc., a corporation. Voting Certificate ***required*** designating person entitled to vote, signed by the President or Vice President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- Unit owned by John Jones. No Voting Certificate required.

This Certificate is made pursuant to the Declaration and the Bylaws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

***PLEASE RETURN THIS FORM TO OUR OFFICE.***

A. R. Choice Management, Inc.  
100 Vista Royale Blvd., Vero Beach, FL 32962

## Consent to Receive Community Association of Waterford Lakes Notices via Electronic Transmission

In order for the Association to send via email, notices that would otherwise require regular postal mailing, the Association must receive and keep in the records this written consent form. Therefore, the board requests that you sign and date this document and send it via regular mail, certified mail, other commercial delivery service, fax message 772-567-2551, email attachment, or hand delivery to:

Community Association of Waterford Lakes  
c/o A.R. Choice Management, Inc.  
100 Vista Royale Blvd. Vero Beach, FL 32962  
[Shelly@archoice.com](mailto:Shelly@archoice.com)

I/we, \_\_\_\_\_, owner(s)  
Print Legibly

of \_\_\_\_\_  
Print Your Association Address Legibly

consent to receive via electronic transmission all and any documents, notices, or invoices that the board of association may elect to send to me, or is otherwise required to send to me as owner.

The email address(s) to use for those notices is:

Print Legibly \_\_\_\_\_ @ \_\_\_\_\_

Print Legibly \_\_\_\_\_ @ \_\_\_\_\_

I/we agree to notify the Association if at any time there is a change in my/our email address, but such notification of a new address shall not constitute a revocation in the electronic consent.

I/we understand that I/we may revoke this consent at any time by delivering in the same manner as this consent my/our written and signed instruction to revoke consent. I/we also understand that should the board of association experience two consecutive unsuccessful attempts to send any notice, that such Experience constitutes an automatic revocation of my/our consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date