

Lakes at Tradition Homeowners' Association, Inc.

11840 SW Tradition Lakes Blvd.

Port St. Lucie, FL 34987

P: 772-345-0690 F: 772-345-0691

lathoa@gmail.com

Resale Application Instructions

1. The following items must be submitted to the Lakes at Tradition office **PRIOR** to the resale of any unit:
 - a. Completed resale application
 - b. Copy of the signed contract
 - c. Completed and signed acknowledgement of Covenants & Restrictions (attached)
 - d. Application fee of \$100.00. Checks should be made payable to The Lakes at Tradition HOA.
2. **PRIOR to closing**, the Purchaser must schedule an interview with an Association representative. The purpose of this interview is to review the Association's documents, policies and procedures.
3. After receiving the required paperwork, payment and completing the required interview a Certificate of Completion will be issued.
4. Upon closing, the Association will issue up to two bar codes, the cost of which is included in the application fee. Vehicle registrations are required to receive the bar codes. Only registered residents will be issued barcodes. A maximum of two additional bar codes will be issued upon request and cost \$5 each.
5. Upon occupancy the Association will issue two Recreation Center keycards, the cost of which is included in the application fee. Fobs may be available for upgrade from keycard for a fee of \$15.00 per fob at time of orientation.

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RESALE APPLICATION

PROPERTY ADDRESS: _____

SELLER NAME: _____

SELLER PHONE: _____ CELL: _____

ESTIMATED CLOSING DATE: _____

AGENT NAME: _____ CELL: _____

EMAIL: _____

BUYER NAME: _____

BUYER PHONE: _____ CELL: _____

BUYER EMAIL: _____

ALTERNATE ADDRESS: _____

DO YOU WISH HOA CORRESPONDENCE TO BE SENT TO ALTERNATE ADDRESS? _____

Please list the names and relationship of all persons, other than applicant, who will be residing in the unit:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Please list any pets that will be residing in the unit:

NAME _____ TYPE/BREED _____

NAME _____ TYPE/BREED _____

FOR OFFICE USE ONLY:

DATE RECEIVED _____ BY _____

CHECK # _____ AMOUNT _____ COPY OF DRIVERS LICENSE ATTACHED _____

APPOINTMENT DATE _____ TIME _____

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**Acknowledgement of Association
Covenants & Restrictions**

I / We, _____, acknowledge receipt of the Association's Declaration of Covenants & Restrictions as filed with the State of Florida on August 19, 2003.

I / We, _____, agree to abide by the Covenants & Restrictions as well as any other Rules & Regulations adopted by the Association.

I / We, _____, understand that failure to comply with the Association's documents may result in the issuance of a fine, possible legal action, the deletion of all bar codes issued to the unit and revocation of Recreation Center privileges via deactivation of keycards.

Purchaser signature

Date

Purchaser signature

Date

For and on behalf of the Board of Directors

Date