



**THE ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.**

**PHONE: 561-641-1016**

**FAX: 561-641-9118**

**THIS IS A 55 & OVER COMMUNITY**

\*(Please check one) **Application for PURCHASE**  or **LEASE**  of # \_\_\_\_\_ **Lantern Bay Circle**

**Desired date of occupancy** \_\_\_\_\_ **Closing Date if purchase:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Co-applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**\*ALL APPLICATIONS MUST BE SUBMITTED IN THEIR ENTIRETY TO AVOID ADDITIONAL DELAYS.**

**ALLOW UP TO 30 DAYS FOR PROCESSING.**

**THE FOLLOWING ITEMS ARE REQUIRED AND MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED:**

- 1) COMPLETED APPLICATION REQUIRED**
- 2) COPY OF ALL APPLICANTS' DRIVERS' LICENSE(S) REQUIRED**
- 3) COPY OF SALE OR LEASE CONTRACT REQUIRED**
- 4) \$100.00 NON-REFUNDABLE APPLICATION FEE – CHECK OR MONEY ORDER MADE PAYABLE TO THE ESTATES AT BAYWINDS**
- 5) \$100.00 NON-REFUNDABLE PROCESSING FEE – CHECK OR MONEY ORDER MADE PAYABLE TO CMC MANAGEMENT**
- 6) A CAPITAL CONTRIBUTION IS REQUIRED AT CLOSING, WHICH IS EQUAL TO ONE (1) QUARTER ASSESSMENT**
- 7) LEASE REQUIREMENT: OWNER(S) ACCOUNT MUST BE CURRENT AND VIOLATIONS CORRECTED**

**\*AN INTERVIEW IS REQUIRED BEFORE A CERTIFICATE OF APPROVAL WILL BE ISSUED AND IS REQUIRED FOR CLOSING**

**MICHELLE HOLMES, LCAM  
PROPERTY MANAGER**



C/O CMC MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467  
561-641-1016 ~ 561-641-9118 FAX

**TO: ALL NEW OWNERS**

**FROM: THE BOARD OF DIRECTORS**

**RE: ASSOCIATION REQUIREMENTS**

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Please be advised that as a new owner at The Estates at Baywinds Neighborhood Association, Inc. you are now a member of the Homeowner Association. This memorandum is to advise you of your responsibilities as a member of the Association.

1. As a member of the Association, you are agreeing to abide by the Association's Documents as recorded in the Palm Beach County Official Records. If you have not received a copy of these documents from the seller of your unit, they are available to you from CMC Management for a fee.
2. As a member of the Association, you are agreeing to abide by the rules and regulations as set forth by the Association's Board of Directors. They are included in your documents that you should have upon closing.
3. Make sure that your title company has verified that the homeowner fees on your new home have been paid. These fees are a lien against your unit, and you could be responsible if they are outstanding.
4. Make sure your title company forwards a copy of your **warranty deed** to CMC Management. This must be done in order for the home to be transferred to your name in the official records of the Association. ***The management company will not change the name on the official records without receiving this information, which in turn could hold up any correspondence concerning Association matters from reaching you.***
5. It is your obligation to make sure that mailing addresses and telephone numbers are kept up to date with the management company.
6. Homeowner fees are due in advance on the first day of each month. A coupon book will be mailed to you as a courtesy prior to the beginning of each year. You should ask for the coupon book from the person you are purchasing your home from. It is your responsibility to pay these fees even if the coupon book is not received by you. If you do not receive a coupon book, please call CMC Management.

Should you have any further questions concerning the Homeowners Association, please feel free to contact CMC Management @ 561-641-1016, and they will be happy to assist you.

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS AS SET FORTH ABOVE AND AGREE TO COMPLY WITH SAME.

PURCHASER: \_\_\_\_\_ PURCHASER: \_\_\_\_\_  
(SIGNATURE) (SIGNATURE)

PURCHASER: \_\_\_\_\_ PURCHASER: \_\_\_\_\_  
(PRINT NAME) (PRINT NAME)

PROPERTY ADDRESS: \_\_\_\_\_  
(PLEASE PRINT)  
\_\_\_\_\_



**THE ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.**

**LEASE AND /OR RESALE APPLICATION**

Date: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

Owner/Lessees' Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Owners Name: \_\_\_\_\_

( ) Single      ( ) Married      ( ) Widow      ( ) Separated      ( ) Divorced

Number of people who will occupy unit (adults): \_\_\_\_\_

**Military Status: Active? Yes  No**

Vehicles:

(1) Make \_\_\_\_\_ Model \_\_\_\_\_ Lic. Tag # \_\_\_\_\_

(2) Make \_\_\_\_\_ Model \_\_\_\_\_ Lic. Tag # \_\_\_\_\_

(Additional) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, CMC MANAGEMENT AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT TO THE ASSOCIATION CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNED, THE APPLICANT RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT, CMC MANAGEMENT, INC., MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE ASSOCIATION.

SIGNATURE: \_\_\_\_\_

APPLICANT

SIGNATURE: \_\_\_\_\_

SPOUSE

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**THE ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION,**

**AGE VERIFICATION CERTIFICATE**

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Baywinds as a community of housing for older persons in accordance with Baywinds Documents and the Federal Fair Housing Act.

Lot # \_\_\_\_\_ Address \_\_\_\_\_

1. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

2. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Occupant(s) {Include owner(s) above if occupant(s)}

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of Baywinds Community Association, Inc. of such change in writing.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

CMC MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467