



LIGHTHOUSE POINTE IN BAYWINDS ASSOCIATION

PHONE: 561-641-1016

FAX: 561-641-9118

**THIS IS A
55 & OVER COMMUNITY**

- ___ 1) COMPLETED APPLICATION REQUIRED**
- ___ 2) COPY OF ALL APPLICANTS DRIVERS LICENSE REQUIRED**
- ___ 3) COPY OF SALE OR LEASE CONTRACT REQUIRED-MUST BE ATTACHED**
- ___ 4) \$100.00 APPLICATION FEE PAYABLE TO LIGHTHOUSE POINTE REQUIRED
(CHECK OR MONEY ORDER)**
- ___ 5) \$100.00 PROCESSING FEE PAYABLE TO CMC MANAGEMENT REQUIRED (CHECK
OR MONEY ORDER)**
- ___ 6) ALLOW 30 DAYS FOR PROCESSING**

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

***A CERTIFICATE OF APPROVAL WILL BE ISSUED AND IS REQUIRED FOR CLOSING**

**MARK JACOBS, LCAM
PROPERTY MANAGER**

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

LIGHTHOUSE POINTE IN BAYWINDS ASSOCIATION, INC.
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

Please be advised that as a new owner at Lighthouse Pointe in Baywinds 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) _____

LIGHTHOUSE POINTE AT BAYWINDS 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

LIGHTHOUSE POINTE IN BAYWINDS ASSOCIATION, INC.

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 _____

Owner(s) as appear in the last recorded deed

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

TO BE FILLED OUT BY APPLICANT(S)
(Please type information or print clearly)
FOR CMC OFFICE USE ONLY

This is a Purchase **or** **This is a Rental**

Association: _____

If Purchase, projected closing date: _____

If Rental, Lease Term from _____ **to** _____

Address of Unit: _____

Applicant Name: _____

Co-Applicant Name: _____

Billing Address if different from Unit Address: _____

Phone # _____ **Phone #** _____

Email: _____

Email: _____

**This form is to be submitted to the Accounting Department by the Manager after
approval of application.**