



# LIGHTHOUSE POINT IN BAYWINDS ASSOCIATION

## This is a 55 & Over Community

\*(Please check one) Application for PURCHASE  or LEASE  of  
Address/Unit # \_\_\_\_\_

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

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

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

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

### **Processing may take up to 30 days**

**The following must accompany this application or it will not be processed**  
**Application must be submitted in its entirety to avoid additional delays**

- APPLICATION FEE:** \$150.00 \*NON-REFUNDABLE\* Per Applicant 18 yrs or older, or Married Couple; Check or Money Order Made payable to Lighthouse Point Association, Inc.
- PROCESSING FEE:** \$100.00 \*NON-REFUNDABLE\* Check or Money Order Made payable to CMC MANAGEMENT.
- Copy of your Driver's License(s)/Photo I.D./Passport for all applicants
- Copy of vehicle registration(s)
- Copy of signed purchase or lease contract
- Lease Requirement: Owner(s) account must be current and violations corrected**

**Please Note: TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY.**

*A Certificate of Approval, which is required to close and prior to moving in, will be provided to the purchaser or renter after the interview/orientation.*

*If purchasing, you must supply the Management Company with a copy of your Warranty Deed and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.*

CURRENT OWNER MUST PROVIDE GOVERNING DOCUMENTS TO BUYER OR THEY CAN BE PURCHASED AT [www.condocerts.com](http://www.condocerts.com)



Century Management Consultants, Inc.,

**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**

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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

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**LIGHTHOUSE POINTE IN BAYWINWINDS 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

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

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