



## Lake Charles Association Inc.

550 SW Lake Charles Circle  
Port St. Lucie, FL 34986  
(772) 336-5966  
Fax # (772) 343-0592  
[www.lakecharlesslw.com](http://www.lakecharlesslw.com)

### Lease Instructions

A Lease/Resale package can only be processed by Advantage Property Management located at Lake Charles Office when complete. **A complete package must be submitted no less than two (2) weeks of close/lease date.** A complete package should include the following:

#### DOCUMENTS REQUIRED:

1. **An Application with Processing Fee – See Below**
2. **\$500.00 Refundable Security Deposit (Effective 7/1/08)**  
  
(Security Deposit may be refunded with authorization letter or fax from the Homeowner or Management Company is required – allow two (2) weeks after authorization to receive refund. Money will be deducted from the security deposit if Lessee has any unpaid fines or owes money to the Lake Charles Association for any property damages that Lessee may have caused.)
3. **A copy of the Lease Agreement**
4. **Documents MUST be Signed by both LESSEE and HOMEOWNER**

#### PROCESSING FEES

1. **\$100.00 Application Fee if lease start date is scheduled for two (2) weeks or more.**
2. **\$125.00 Rush Application Fee if Lease Start Date is scheduled less than (2) weeks.**

The **PROCESSING FEE** and **LEASE SECURITY DEPOSIT** should be made Payable to **Lake Charles Association, Inc.**

If the application is submitted incomplete, **it will be held** uninvestigated until the rest of the required information is received. Completed applications and fees / security deposit should be sent to Lake Charles Office.

# LAKE CHARLES ASSOCIATION

## ITEMS TO BE TURNED OVER FROM HOMEOWNER TO NEW LESSEES

- 1) **HOMEOWNER(S) MUST provide a copy of the Association's Governing Documents, which includes the Articles of Incorporation, Declaration of Covenants and By-Laws to the Lessee(s).** The Covenants Book may be purchased for \$50.00 at the Lake Charles Association's office located at the clubhouse if the homeowner has lost their copy.
  
- 2) **Gate Transponder(s) and Prox Card(s) MUST be turned over to Lessee(s) by Homeowner or Management Company.**
  - **Transponder** cost \$35.00. Additional Transponders may be purchase only for cars (**car registration required**) that are registered to Lake Charles property address. The transponder is used to gain gate access to front and back entrances of Lake Charles.
  - **Prox Card** cost is \$15.00 – Each home is allowed two (2) prox cards Prox Cards are needed to gain access to:
    - 1) Pool
    - 2) Front Entrance Gate when the guards are not on duty (may swipe card at the Telephone Box located on the Visitor Section).
  
  - **Any Transponder(s) or Prox Cards) that are not turned over to new homeowner will be Deactivated and cannot be Reactivated.**
  
- 3) **Garage Door Opener MUST be turned over to Buyer(s)**



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**\*APPROPRIATE SECTIONS MUST BE SIGNED BY  
BOTH HOMEOWNER & LESSEE\***

➤ **LEASE AGREEMENT WITH ASSOCIATION:**

**Per Florida Status, Section 720.3085: If a homeowner becomes delinquent on any monetary obligation owed to the Association, the Lake Charles Association then has the right to demand rental payments from their lessees.**

**Homeowner(s):**

I (we) agree that if the property is leased, and I (we) am/are delinquent on any monetary obligation owed to the Association, I (we) agree that upon direct demand from the Association, the tenant shall pay to the Association rental payments directly. Such payments shall be applied to past due and future monetary obligations owed to the Association by me (us).

I (we) agree that any deposit required by the Association from myself (us) in regard to leasing the property can be used by the Association for any past due monetary obligations owed to the Association.

_____ Homeowner Signature	_____ Homeowner Signature	_____ Date
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**Lessee(s):**

I (we) agree that if the Association makes a direct demand of payment of rents, I (we) shall make the rental payments directly to the Association. I (we) understand that the Association has the right to evict me (us) for failure to make rental payments upon demand directly to the Association.

_____ Lessee Signature	_____ Lessee Signature	_____ Date
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➤ **SECURITY DEPOSIT:**

All homeowners / lessees must post a **\$500.00 refundable bond** with the Association prior to taking possession of a Lake Charles dwelling. The bond will be utilized as a security deposit to pay the Association any monies that may be owed for any property damages caused by lessees and may be utilized for payment of fines levied for Rules & Regulations and/or Covenants violations. The bond or any remaining portion thereof will be refunded to the homeowners / lessees upon notification received via authorization letter or fax within fifteen (15) days of the date the lessee vacates a Lake Charles dwelling. Homeowner is responsible to insure the bond is posted.

_____ Homeowner Signature	_____ Homeowner Signature	_____ Date
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_____ Lessee Signature	_____ Lessee Signature	_____ Date
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## Lake Charles Documents:

I (we) understand that we are moving into a deed-restricted community. I (we) hereby agree to abide by all Documents (Declaration of Covenants, Conditions and Restrictions) and Rules and Regulations of Lake Charles Homeowners Association.

- I (we) have received a copy of the Documents and the Quick Reference Guide from the Owner.
- I (we) will obtain a copy of these Documents from Advantage Property Management at a cost of \$50.00 – books may be purchased at Lake Charles Office.

**PLEASE SIGN & DATE BELOW:**

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**Lessee Signature**

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**Lessee Signature**

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**Date**

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**APPLICATION FOR VEHICLE PERMIT**

Name(s): \_\_\_\_\_ Tel. #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of vehicle(s):

VEHICLE #1	VEHICLE #2	VEHICLE #3
Vehicle Registered To:	Vehicle Registered To:	Vehicle Registered To:
Make:	Make:	Make:
Model:	Model:	Model:
Year:	Year:	Year:
Color:	Color:	Color:
Vin #:	Vin #:	Vin #:
Tag No.:	Tag No.:	Tag No.:
State:	State:	State:

**\*\*All information on this form must be completed.**

Any changes to the above described vehicle(s) must be submitted to the Office.

- It is understood that vehicles must be parked in garage and/or driveway.
- Parking on the street is not permitted between 2 AM and 6 AM.
- Vehicles must be parked without blocking the sidewalk, and cannot be parked on the lawn.
- Vehicles cannot park in designated "No Parking" areas.
- No Commercial vehicles or cars displaying logos/writing may be parked in the driveway overnight.
- Permits may be obtain from guardhouse to park in the pool parking lots

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* A copy of the vehicle registration(s) must be attached to application\*\***

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## PETS

PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

PET(S)                      YES \_\_\_\_\_                      NO \_\_\_\_\_

PET TYPE(S):

PET #1 \_\_\_\_\_

PET #2 \_\_\_\_\_

- **The dog breed commonly known as “pit bull” is prohibited.**
- **No pets shall be kept, bred, or maintained for any commercial purposes.**
- **Dogs which are household pets shall at all times (whenever they are outside a unit) be confined on a leash, held by a responsible person. NO EXCEPTIONS.**
- **Owner shall immediately pick-up and remove any solid animal waste deposited by his/her pet on the properties, including the common areas and the exclusive neighborhood common areas.**

**Lake Charles GATE Telephone Box**

**(This applies to residents with “772” Area Code only)**

If you would like to be listed at the Lake Charles Gate Phone, please complete and sign this form and return it to Advantage Property Management in one of the following ways:

- Mail it to 550 SW Lake Charles Circle, Port St. Lucie, FL 34986
- Place it in the lock box located in the Clubhouse
- A Code will be assigned to your telephone number
- Name will appear on List by Last Name and Initial (s)

Last Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_

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

Phone # or Cell # you want listed at Telephone Box: \_\_\_\_\_

\*\*\*\*\*

**CABLE – COMCAST:**

- **Basic cable and one (1) Digital TV Box and two (2) Adapters are included in the Lake Charles Association Services. It is the NEW lessee’s responsibility to obtain this box at the COMCAST office which is located at 261 SW Port Saint Lucie Blvd. (Winn Dixie Shopping Ctr.). COMCAST boxes are put under the name of the person picking up the box and should be returned to COMCAST upon vacating the home to avoid any charges for keeping it.**
- **When vacating property, box and adapters must be returned to Comcast.**
- **Internet connections or expanded services are not included by the Association and are the responsible of the new lessee.**

**Lake Charles Association, Inc.**  
**Homeowner Registration Form**  
**LEASE**

**For Gate Transponder & Prox Cards**  
**(Please Print)**

**Name of Homeowner:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

Lake Charles Address: \_\_\_\_\_

Homeowner's Resident Address: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

I, the above homeowner authorize the transponder and prox cards to be issued to the following noted tenant of record:

\_\_\_\_\_ HOMEOWNER SIGNATURE \_\_\_\_\_ DATE

**\*\*It is the Owner's responsibility to turn over the Gate Transponder (at least 1) and Prox Cards (2 cards); otherwise the Owner will be required to purchase new ones. New Transponders cost \$35.00 (car registration required) and Prox Cards cost \$15.00 each. These are used for gate entrances and the pool.**

**Tenant Information**

**LEASE START DATE: \_\_\_\_\_**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

Telephone # ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

**Additional Drivers in Household:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

\*\*\*\*\*

**PROX CARD NUMBERS ISSUED: 1) \_\_\_\_\_ 2) \_\_\_\_\_**

**VEHICLE TRANSPONDER INFORMATION**  
**(Proof of Vehicle Registration Required)**

<u>Vehicle Model</u>	<u>License Plate Number</u>	<u>Transponder # Issued</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

# LAKE CHARLES ASSOCIATION GUARDHOUSE RESIDENT ACCESS INFORMATION

(PLEASE PRINT CLEARLY)

(If more space is needed, please use the rear of the form and please check this box )

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Initial Input:  Update Input (Keep Original Input:  Update Input (Replace Input):

I am an Owner  Tenant  Owner/Tenant Signature: \_\_\_\_\_

Primary Resident Name: \_\_\_\_\_

Other Primary Resident: \_\_\_\_\_

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

Local Residence Phone #: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_  Mobile  Fax

\*\*\*\*\* PIN #: \_\_\_\_\_ (chose any 4 digits plus 1 alpha character) \*\*\*\*\*

E-mail Address: \_\_\_\_\_

If anyone residing in the residence needs assistance in case of an emergency check here

Please list all other occupants living in home **but not primary residents**, including tenants, children, family, etc.:

Last Name:	First Name:	Relationship	Age

**Permanent Authorized Guests (Entry will be granted without calling homeowner)**

(Use the check box if the Guest is Temporary and add date of expiration)

Name	Temporary	Date	Name	Temporary	Date
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	

**Permanent Barred Guests (No Entry will be granted to the Community)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Vendor Information: (Check the box is you want to allow the vendor entry without calling you first)**

Housekeeper: \_\_\_\_\_  Medical: \_\_\_\_\_   
 Exterminator: \_\_\_\_\_  Pool Service: \_\_\_\_\_   
 Other: \_\_\_\_\_  Caregiver: \_\_\_\_\_   
 Temporary Vendor: \_\_\_\_\_ Date Expires \_\_\_\_\_ Type \_\_\_\_\_   
 Temporary Vendor: \_\_\_\_\_ Date Expires \_\_\_\_\_ Type \_\_\_\_\_

**Motor vehicles registered to this address:**

Make	Model	Year	Color	Plate	State	Transponder #

**Restricted Entry:**

If you wish your unit to be classified as Restricted, please check this box

Restricted entry means that the Gatehouse Security Officer will call you and you must verbally approve EVERYONE wishing to visit you even though they are on your approved guest list or authorized contractors list. **There is no exception to this policy.**

**Office Use Only:**

Name of Updater:  Yes By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Updated Gate Entry System:  Yes Unit # \_\_\_\_\_ Date Entered: \_\_\_\_\_  
 Copy to Clubhouse:  Yes Checked Master database:  Yes 2/1/12