



Gardens of Gulf Cove
Property Owners Association, Inc.
~ A Deed Restricted Community ~

Checklist for Buyers
and additional Occupants

All forms can be submitted in person, e-mail, via U.S. Mail. After hours we have provided a locked drop box at the management office located at 6464 Coniston St. Please fill forms out completely to avoid any delay.

- ☐ 1. Fill out the **Background Application** for each adult over the age of eighteen (18) intending to reside at the property, or one (1) form for each married couple.
- ☐ 2. Fill out the **Property Owner Registration** form and **Homeowner Disclosure** form.
- ☐ 3. **Provide a copy of a valid Driver's License**, legally accepted ID (if no driver's license) or Passport (non-US citizen) with the application for each adult.
- ☐ 3. **Check or Money Order** must accompany the application (no Cash) We do not accept checks drawn from institutions outside of the United States.
 - \$ 75.00 - **each person over the age of 18** (background check)
 - \$ 75.00 - for a **married couple** (background check)
 - \$ 100.00 - for the **Application Fee**

These fees are subject to change without notice.
- ☐ 5. The Association Manager will review the background/credit check reports. If there are complications with any report, additional review may be necessary with the Board of Directors and/or Attorney.
- ☐ 6. Upon approval of the background/credit check, each applicant will be notified by management.
- ☐ 7. Within 30 days of taking possession you must register with the Association by providing a completed Registration form, Homeowner Disclosure Statement and a copy of your Warranty Deed.

After all steps are completed, visit the Management Office for your Recreation/Pool pass(es)

Additional information on this process and other important rules can be found in the Gardens of Gulf Cove Bylaws and the Declaration of Covenants and Restrictions, available at www.TheGardensOfGulfCove.com.
Your cooperation with these requirements is appreciated. Congratulations and thank you for deciding to make our community your home!

6464 Coniston Street, Port Charlotte FL 33981 ~ office: 941-697-4443 ~ fax: 888-841-5370
E-mail: gardensofgulfcove@gmail.com ~ Website: www.thegardensofgulfcove.com

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Gardens of Gulf Cove Property Owners Association, Inc.

BACKGROUND APPLICATION

NOTE: Please print neatly. Information that is not legible will delay the process of this application. Provide a copy of a valid driver's license, legally accepted ID (if no driver's license) or passport (non-US citizen) with application for each adult.
** Non-married applicants or additional occupants residing at residence over the age of 18 need to fill out this form separately.

Garden's Property Address: _____

Approximate Closing date: _____

Applicants Full Legal Name: _____ Maiden/Alias: _____

Phone #: _____ Email Address: _____

Date of Birth: _____

Driver's License # _____ State _____

Have you ever been evicted? _____ If so, please explain: _____

Have you ever been arrested on misdemeanor or felony? _____ If so, please explain: _____

Present Address: _____ ZIP CODE: _____ OWN / RENT

Dates (from – to) _____ Manager/Landlord: _____ Phone: _____

Reason for leaving: _____

SPOUSE

Spouse Full Legal Name: _____ Maiden/Alias: _____

Phone #: _____ Email Address: _____

Date of Birth: _____

Driver's License # _____ State _____

Have you ever been evicted? _____ If so, please explain: _____

Have you ever been arrested on misdemeanor or felony? _____ If so, please explain: _____

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contracted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information.

Applicant Full Legal Name

Spouse Full Legal Name

Date

Date

This portion of the form will be disposed of after background is completed.

Applicants Full Legal Name

Spouse Full Legal Name

Social Security #

Social Security #

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Please complete & return so we have your most updated information

Gardens of Gulf Cove Property Owners Association, Inc.

PROPERTY OWNER REGISTRATION

Property Owner’s Name(s): _____

Gardens Address: _____

E-mail Address #1: _____ Phone #: _____

- ☐ Send Newsletters and General Announcements
- ☐ Send official documents, meeting notices, annual dues invoice

E-mail Address #2: _____ Phone #: _____

- ☐ Send Newsletters and General Announcements
- ☐ Send official documents, meeting notices, annual dues invoice

Mailing / Address of Record:

Street: _____

City: _____ State: _____ Zip: _____

Total occupants living in house: _____
(Adults) (Children)

Additional Occupant - Name & relation to responsible occupant(s) _____ Date of birth _____

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Additional Occupant - Name & relation to responsible occupant(s) _____ Date of birth _____

- All owners are required to register with the Gardens of Gulf Cove Property Owners’ Association office. In accordance with Florida Statute 720, it is the responsibility of each Property Owner to update this information with the Association business office as often as circumstances require.
- Owners are prohibited from leasing their property for a period of one (1) full year from the date of purchase.
- Resident and Guest ID’s are non-transferable – ID’s cannot be “shared”.
- If property is deeded as a Trust, please provide trust documentation.

In keeping with the Bylaws, the Covenants & Restrictions, and the Rules & Regulations of the Gardens of Gulf Cove and insurance regulations, please fill out this form completely and return it. This information is required to insure only residents (and their authorized occupants) use the amenities. If the Association office does not have current information on file, your additional occupants will not be permitted use of the amenities.

SIGNATURE OF PROPERTY OWNER _____ DATE _____

PROPERTY MANAGER NAME & PHONE # (only if applicable) _____ PROPERTY MGR E-MAIL _____

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The Board of Directors

Gardens of Gulf Cove Property Owners Association, Inc.

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2020/2021 HOA Disclosure Summary
for Gardens of Gulf Cove Property Owners Association Inc.
A Florida Not for Profit Corporation

- 1. Gardens of Gulf Cove is a mandatory membership property owners association. As a purchaser in the Gardens of Gulf Cove, you will be obligated to be a member of the Property Owners Association.
- 2. There are restrictive covenants recorded in the official records of Charlotte County. These covenants govern the use and occupancy of properties within the association. In addition to the recorded covenants, the board of directors have adopted reasonable rules for the use of the common elements.
- 3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. For the budget year 2021 the annual assessment is \$385.00. You may also be obligated to pay special assessments imposed by the association upon notification by the board of directors.
- 4. Your failure to pay these special or regular assessments to the association when due could result in a lien on your property.
- 5. The association is governed by the laws of the State of Florida, the County of Charlotte and the United States.
- 6. The restrictive covenants may be modified or restated from time to time by the affirmative vote of the membership as outlined in the covenants and by-laws.
- 7. The statements contained in this disclosure are only summary in nature. As a prospective purchaser in this community, you should refer to the covenants and governing documents before purchasing property.

Date

Purchaser

Date

Purchaser

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The Board of Directors