

HOMEOWNER PACKAGE CHECKLIST

Homeowner's Name(s): _____ Cove: _____

Tenant's Name(s) (IF APPLICABLE): _____

Address: _____ Date: _____

Received By: _____ Date: _____

Checklist Items:	Received/Done/Needed:
1. Check Driver's License(s)	
2. Warranty Deed/Settlement Statement (HOMEOWNER)	
3. Mailing Address Notification Form (HOMEOWNER)	
4. Age Verification Form (HOMEOWNER)	
5. Gate Information Form	
6. Access Card Information Form(s)	
7. Access Card/Barcode Owner Approval	
8. Barcode Label Information Form(s)	
9. Copy of Car Registration(s)/New Vehicle Paperwork	
10. New Visitor Call-in Code	
11. Homeowner Binder (OWNER) Make sure to briefly run through with owner.	
12. 1 Free Club Show Ticket for Each New Resident Make sure you mark it off on the sheet.	
13. Warranty Deed or Settlement Statement Copied and Emailed to warrantydeeds@castlegroup.com cc: Matt/Debbie	
14. Copy of Neighborhood/Cove Approval Form from the individual neighborhood.	
15. Contact Information Entered into Jenark?	
16. Delete Old Access Cards/barcodes (PREVIOUS OWNER)	

Notes: (follow up calls made, date, time, by whom, result)

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MAILING ADDRESS NOTIFICATION

PROPERTY: _____
ADDRESS

NEW RESIDENT NAMES: _____

**PLEASE MAIL ALL CORRESPONDENCE RELATING TO THE ABOVE
PROPERTY TO:**

☐ **The above property address**

☐ **The following address:**

As of what date would you like your HOA mailing address effective? _____

If you are leaving for a season, when will you return and when would
you like your HOA mail to be sent to your Baywinds address? _____

CONTACT PHONE NUMBER (home)

CONTACT PHONE NUMBER (cell)

EMAIL ADDRESS (primary)

EMAIL ADDRESS (secondary)

OWNER SIGNATURE

DATE

**A COPY OF THE WARRANTY DEED OR CLOSING STATEMENT MUST BE ON FILE AT THE CLUBHOUSE
OFFICE.**

BAYWINDS COMMUNITY ASSOCIATION, INC.

AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner or the 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 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.

Address: _____

Owners(s) as they appear on the recorded deed: 1. Name _____

Date of Birth _____

2. Name _____

Date of Birth _____

Occupant(s): Please include all other occupant(s) (Type: Other Baywinds Residents or Tenants)

Name: _____ **D.O.B.** _____ **Type:** _____

Name: _____ **D.O.B.** _____ **Type:** _____

Name: _____ **D.O.B.** _____ **Type:** _____

Name: _____ **D.O.B.** _____ **Type:** _____

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

Owner Signature

Date

Owner Signature

Date

Owner Signature

Date

Owner Signature

Date

BAYWINDS COMMUNITY ASSOCIATION, INC.

Gate Information Form

(The gate information form is maintained by whoever resides at the Baywinds address.)

PLEASE PRINT

Name: _____ Visitor Call-In Code #: _____

Street Address: _____

Home Phone #: _____ Cell Phone #: _____

PLEASE CHECK THE APPROPRIATE BOX:

☐ Homeowner at the above address

☐ Tenant at the above address (Please provide Homeowner's Name, Address & Phone #, below)

Name: _____ Address: _____ Phone #: _____

☐ Other Baywinds Resident (Not Homeowner or Tenant) (Please provide Homeowner's Name & Phone #, below)

Name: _____ Phone #: _____

EMERGENCY CONTACT (for whomever resides at the Baywinds address):

Name: _____ Phone #: _____ Alternate Phone #: _____

PERSONS RESIDING AT THIS ADDRESS:

Name: _____ ☐ Homeowner ☐ Tenant ☐ Other Baywinds Resident

Name: _____ ☐ Homeowner ☐ Tenant ☐ Other Baywinds Resident

Name: _____ ☐ Homeowner ☐ Tenant ☐ Other Baywinds Resident

Name: _____ ☐ Homeowner ☐ Tenant ☐ Other Baywinds Resident

AUTHORIZED VISITORS:

(Limit of five last names per Baywinds address; you may have multiple people with the same last name)

1. Last Name: _____ First Name(s): _____

2. Last Name: _____ First Name(s): _____

3. Last Name: _____ First Name(s): _____

4. Last Name: _____ First Name(s): _____

5. Last Name: _____ First Name(s): _____

Signature: _____ Date: _____

**BAYWINDS COMMUNITY ASSOCIATION, INC.
CLUB BAYWINDS**

Club Baywinds ACCESS CARD INFORMATION FORM

PLEASE PRINT

Applicant Name: _____

Baywinds Address: _____

Home Phone (Local): _____ **Other Phone:** _____ **Email:** _____

PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ **I am a Baywinds Homeowner.** (Include a copy of your Warranty Deed to show proof of ownership).
- ☐ **I am a Tenant at the above address.** (Include a copy of the executed Lease Agreement and a completed Club Baywinds Access Card Owner Approval Form).
- ☐ **Other Baywinds Resident (other than Homeowner or Tenant) at the above address.** (Include proof of residency: Florida Drivers License or Florida ID Card and a completed Club Baywinds Access Card Owner Approval Form).

HOMEOWNER CERTIFICATION

I certify, by my signature, that I am a Homeowner at the above Baywinds address. I agree that should I sell the aforementioned Home, I will notify Management and return my Club Access Card(s).

A COPY OF THE HOMEOWNER'S WARRANTY DEED MUST BE PROVIDED OR ON FILE.

Homeowner Signature: _____ **Date:** _____

TENANT / OTHER BAYWINDS RESIDENT CERTIFICATION

I certify, by my signature, that I am the Tenant/Other Baywinds Resident named above at the above Baywinds address. I agree that should I no longer reside at the aforementioned Home, I will notify Management and return my Club Access Card.

A COMPLETED CLUB BAYWINDS ACCESS CARD OWNER APPROVAL FORM MUST BE ATTACHED

Tenant / Other Baywinds Resident Signature: _____ **Date:** _____

Official Use Only

Club Card # issued: _____ Date: _____

Issued By: _____ Date: _____

Identification Checked (Employee Signature) : _____

Check #: _____ Amount Paid: _____

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CLUB BAYWINDS**

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BAYWINDS COMMUNITY ASSOCIATION, INC.
CLUB BAYWINDS

BAR CODE LABEL INFORMATION FORM

PLEASE PRINT

Applicant Name: _____

Baywinds Address: _____

Home Phone (Local): _____ **Other Phone:** _____ **Email:** _____

PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ **Baywinds Homeowner.** (Include a copy of your Warranty Deed to show proof of ownership).
- ☐ **Tenant at the above address.** (Include a copy of the executed Lease Agreement and a Bar Code Owner Approval Form).
- ☐ **Other Baywinds Resident (Other than a Homeowner or Tenant) at the above address.** (Include a copy of a Florida I.D. and a Bar Code Owner Approval Form).

IMPORTANT – PLEASE NOTE

NO MORE THAN THREE (3) BAR CODE LABELS MAY BE ISSUED TO ANY BAYWINDS ADDRESS.

VEHICLE INFORMATION

PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ **This vehicle is registered to the Baywinds Homeowner / Tenant / Resident indicated above.**
- ☐ **This vehicle is a company vehicle.** (Include a letter on company letterhead from a company officer that will verify that the company vehicle is issued to the Baywinds Homeowner / Tenant / Resident indicated above.)
- ☐ **This vehicle is leased.** (Include a copy of the Lease Agreement indicating that the vehicle is leased to the Baywinds Homeowner / Tenant / Resident indicated above.)
- ☐ **Other.** Vehicle registered to non-resident (Include a letter from Vehicle Owner stating Vehicle is provided for the sole use of the Baywinds Resident named above.)

Make: _____ **Model:** _____ **Year:** _____ **Color:** _____

License Plate Number: _____ **State:** _____ **VIN:** _____

Registered to: _____

A COPY OF THE VEHICLE REGISTRATION AND APPLICANTS' DRIVERS LICENSE MUST BE ATTACHED.

APPLICANT CERTIFICATION

I certify, by my signature, that I am a Homeowner / Tenant / Resident at the above Baywinds address. I agree that should I sell or transfer the aforementioned vehicle, I will notify Management and remove the Bar Code label from the vehicle.

Applicant Signature: _____ **Date:** _____

Official Use Only

Bar Code # issued: _____ **Date:** _____

Issued By: _____ **Date:** _____

Identification Checked (Employee Signature): _____

Check #: _____ **Amount Paid:** _____

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CLUB BAYWINDS**

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Check #: _____ **Amount Paid:** _____

BAYWINDS COMMUNITY ASSOCIATION, INC.

1 Free Club Show Ticket for Each New Resident

Move in Date: _____

Baywinds Homeowner's Name: _____

Baywinds Property Address: _____

Name of show/date_____

Number of tickets issued_____

Signature of Baywinds Homeowner