

# Monterey Pointe HOA, Inc.

c/o Sea Breeze Community Management Services, Inc.  
4227 Northlake Boulevard  
Palm Beach Gardens, FL 33410  
(561) 626-0917 Fax (561) 626-7143  
**www.seabreezecms.com**

## Sales Application

(last updated 3/2020)

**Information is required on all applicants. Complete all Requested items at least 15 days prior to closing.**

Old application packages will not be accepted. Our most current applications are available online at **www.seabreezecms.com.**

**MAIL OR DROP OFF APPLICATION PACKAGE AT OUR OFFICE.  
FAX COPIES WILL NOT BE ACCEPTED AS THE APPLICATION WILL BE  
INCOMPLETE.**

**If copies are needed a charge of 25 cents per page is required.**

- \_\_\_\_\_ 1. Complete all current information on the application.
- \_\_\_\_\_ 2. A copy of a recent survey of the lot is required.
- \_\_\_\_\_ 3. Provide a copy of the sales contract naming buyers.
- \_\_\_\_\_ 4. As per the Declaration all owners are required to provide proof of homeowner's insurance at or before closing and yearly thereafter to the management company.
- \_\_\_\_\_ 5. A Check in the amount of one quarterly assessment fee made payable to Monterey Pointe Homeowners Association Inc. representing the required Capital Contribution.
- \_\_\_\_\_ 6. \$100.00 **CASH, MONEY ORDER OR CASHIERS CHECK ONLY** for a non-refundable processing fee made payable to **Sea Breeze CMS, Inc.**
- \_\_\_\_\_ 7. \$100.00 **CASH, MONEY ORDER OR CASHIERS CHECK ONLY** for a non-refundable administrative fee made payable to **Monterey Pointe HOA, Inc.**
- \_\_\_\_\_ 8. Application must be completely filled out, if not, application will be returned unapproved. An interview is required prior to approval.

Please do not staple application together.

# Application Criteria

An applicant may not be approved based on one or more of the following:

1. Application not completed in full.
2. False information provided in application.
3. You are not permitted to rent this unit until one year from the date of purchase and then any lease must be for a minimum of one month and documentation of the lease must be submitted to the Sea Breeze Office for Board approval.

Notes:

-18 wheel moving vans are not permitted inside the Community. The street cannot accommodate their size. Eagleton Gate will not allow access.

-If your unit is scheduled to be painted, a special assessment will apply. Please complete the Architectural Review Form and submit to the Sea Breeze Office.

## CURRENT INFORMATION

(All information must be printed and readable)

The Unit Address: \_\_\_\_\_

Name of Current Owners: \_\_\_\_\_

Current Owner Phone Number: \_\_\_\_\_

Name of Buyer(s): \_\_\_\_\_

Buyer(s) Phone Number: \_\_\_\_\_

Buyer(s) Email Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Realtor Phone Number & Name: \_\_\_\_\_

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## Written Consent to Receive Official Notices by Electronic Transmission

I, \_\_\_\_\_, as an owner of the following property  
(print name)

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

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

and on behalf of all the owners of the property hereby provide Written Consent to receive all Official Notices from the Association by Electronic Transmission to the following email address.

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

NOTE: I understand that I am responsible to ensure such Electronic Transmissions are not blocked by a spam filter or other type of filter. I further understand that notwithstanding such opt-in the Association may, from time to time, still provide notices to me via U.S. mail at my official mailing address maintained with the Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Update Form

If you do NOT want to opt in as per above, but would like to still access the Owner Access Tops Portal to view your account and receive Community bulk emails please provide your information below.

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

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

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

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

Alternative Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Comments: \_\_\_\_\_

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**CERTIFICATE OF APPROVAL**

The undersigned authorized representative of **MONTEREY POINTE HOA, INC.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Applicant(s): \_\_\_\_\_

The above Applicant(s) as evidenced by Applicant(s) signature(s) below hereby acknowledge receipt of the Declaration of Covenants, Articles of Incorporation, By-Laws, Rules and Regulations and any amendments to the documents for the Association, and agrees to be bound by said documents.

\_\_\_\_\_  
Applicant(s) Printed Name

\_\_\_\_\_  
Applicant(s) Printed Name

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This is to certify that the above-named Applicant(s) have complied with the requirements of the sale application and thereby obtained the approval of **MONTEREY POINTE HOA, INC.**

By: \_\_\_\_\_ As: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed on behalf of the Board of Directors