

BLMA Real Estate Checklist:

Close Date:

Property Address:

Seller Name:

Buyer Name:

Buyer Name:

		Date	✓
1	Purchase Application		
2	\$125 Application Fee		
3	New Homeowner Contact Info Sheet		
4	Homeowner's Disclosure Summary		
5	Executed Contract		
6	Estoppel		
	POST CLOSING		
7	Auto Pay Authorization Form		
8	Electronic Disclosure Authorization Form		

Notes:

Berkshire Lakes Master Association, Inc.

495 Belville Blvd., Naples, Florida 34104

Tel: (239) 353-7633

E-mail: berkshirelakesmaster@gmail.com

Website: www.berkshirelakes.org

PURCHASE APPLICATION

Today's date: _____

Closing date: _____

Party and Property Information:

Realtor's name: _____ Realtor's address _____

Realtor's email: _____ Cell: _____

Seller: Last Name: _____ First: _____ Middle: _____

Property address: _____

City: Naples State: Florida Zip Code: 34104

Seller's phone: _____ Email: _____

Purchaser: Last Name: _____ First: _____ Middle: _____

Purchaser: Last Name: _____ First: _____ Middle: _____

Purchaser current address: _____

City: _____ State: _____ Zip: _____ Own () Rent () How Long: _____

Purchaser's telephone number(s): Cell #1: _____ Cell #2: _____

Email #1: _____ Email #2: _____

Vehicle Make/Model: _____ Lic. # _____ State: _____

Vehicle Make/Model: _____ Lic. # _____ State: _____

Please check ALL that apply:

Primary Residence _____

Seasonal Occupant _____

Rental _____

(If LEASING: See the Rules & Regulations regarding rental restrictions)

Acknowledgements and Signatories (Please read and initial each before signing)

I/We declare the foregoing information to be true and correct. I/We understand the application fee of \$125.00 is non-refundable.

I/We have been given the Berkshire Lakes Master Association Covenants by my realtor or received at closing.

I/We am/are aware of and have read and agree to abide by the governing documents of the Association and acknowledge receipt of same.

I/We further acknowledge and agree that Berkshire Lakes Master Association (BLMA) has the right to impose fines and suspensions if I/We fail to abide by the Rules and Regulations and the right to seek injunctive relief under legal proceedings if I/We continue to violate the Rules and Regulations after a written warning from the Association. I/We understand and agree that the Association's Board of Directors has the right to determine if a violation has occurred, in its sole discretion.

We have received & understand the RULES & REGULATIONS of BLMA.

Submission MUST include:

1. Signed *New Owner Application*
2. Fully *executed Sales Contract* (1st, 2nd and last page (*signature page*))
3. Completed Owner Contact Information sheet
4. Signed Homeowner's Disclosure Form
5. Check or money order in the amount of **\$125.00** payable to Berkshire Lakes Master Association or BLMA

All documents (*listed above*) and application fee may be mailed, emailed (berkshirelakesmaster@gmail.com) or dropped off at the Berkshire Lakes Master Association office located (Main Clubhouse) at 495 Belville Blvd., Naples, Florida 34104.

APPLICATION FEES ARE NON- REFUNDABLE

Date: _____

Purchaser Signature

Date: _____

Co-Purchaser Signature



HOMEOWNERS' ASSOCIATION DISCLOSURE SUMMARY



IMPORTANT NOTE: A SEPARATE DISCLOSURE SUMMARY FORM SHOULD BE COMPLETED AND SIGNED FOR EACH HOMEOWNERS' ASSOCIATION GOVERNING THE PROPERTY IN WHICH MEMBERSHIP IS MANDATORY. THIS FORM SHOULD NOT BE USED TO DISCLOSE MEMBERSHIP REQUIREMENTS AND ASSESSMENTS AND OTHER FEES IMPOSED BY CONDOMINIUM/COOPERATIVE ASSOCIATIONS.

For: _____

(Name of Community-- Homeowners' Association)

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowners' association.
2. There have been or will be recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. If applicable, the current amount is \$ _____ per _____. You will also be obligated to pay any special assessments imposed by the association. Such special assessments may be subject to change. If applicable, the current amount is \$ _____ per _____.
4. You may be obligated to pay special assessments to the respective municipality, county or special district. All assessments are subject to periodic change.
5. Your failure to pay special assessments or assessments levied by a mandatory homeowners' association could result in a lien on your property.
6. There may be an obligation to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the homeowners' association. If applicable, the current amount is \$ _____ per _____.
7. The developer may have the right to amend the restrictive covenants without the approval of the association membership or the approval of the parcel owners.
8. The statements contained in this disclosure form are only summary in nature, and, as a prospective purchaser, you should refer to the covenants and the association governing documents before purchasing property.
9. These documents are either matters of public record and can be obtained from the record office in the county where the property is located, or are not recorded and can be obtained from the developer.
10. Note: SELLER(s) sign below to confirm the accuracy and completeness of the above information and to assume responsibility therefor. BUYER(s) sign and date below to confirm receipt of this Disclosure Summary.

(Seller's Signature)	(Date)	(Buyer's Signature)	(Date)
----------------------	--------	---------------------	--------

(Seller's Signature)	(Date)	(Buyer's Signature)	(Date)
----------------------	--------	---------------------	--------

BERKSHIRE LAKES MASTER ASSOCIATION

495 Belville Blvd., Naples, Florida 34104

Phone: 239-353-7633

berkshirlakesmaster@gmail.com

www.berkshirlakes.org

CONTACT INFORMATION FORM

(Please print or type to complete form)

New Owner(s): Last Name _____ First _____ Middle _____

New Owner(s): Last Name _____ First _____ Middle _____

Berkshire Lakes Property Address: Street _____ Apt/ Unit# _____

Cell #1 _____ Cell #2 _____

Email #1 _____ Email #2 _____

Emergency Contact: Last _____ First _____ Relationship _____

Emergency: Phone _____ Email _____

COMPLETE ONLY IF BERKSHIRE LAKES IS NOT YOUR PRIMARY RESIDENCE:

Street Address: _____

City _____ State _____ Zip Code _____

BERKSHIRE LAKES MASTER ASSOCIATION

Electronic Disclosure Authorization Form

Please complete and return this form to authorize the Berkshire Lakes Master Association, Inc. to use your email address for general Association-related communications and official notices from the Association. This authorization restricts the use of your email address for only purposes of communications from the Berkshire Lakes Master Association Board of Directors, through either direct communication from the Board or through the association's current property management company and administrative assistant. Your email address will not be shared with any third parties.

I hereby authorize the Berkshire Lakes Master Association, Inc. to use my email address for association related communications and notices. Berkshire Lakes shall maintain, in accordance with applicable Florida statutes, the electronic mailing addresses of those members who consent to receive notice by electronic transmission. I understand that my authorization will remain in effect until my consent to receive notice by electronic transmission is revoked. I further understand that my consent to receive notice by electronic transmission can be revoked by me at any time by notifying Berkshire Lakes directly or the Associations current property management company. I agree to promptly notify the Association of any changes to my email address, so as to have the most current email address on file with the Association.

PRINT CLEARLY

Last Name _____ **First** _____

Last Name _____ **First** _____

Email Address #1 _____ **Email Address #2** _____

Berkshire Lakes Street Address: _____ **Unit** _____

Signature of Homeowner

Signature of Homeowner

BERKSHIRE LAKES MASTER ASSOCIATION
ELECTRONIC PAYMENT PROGRAM AUTHORIZATION FORM

(Please print to complete form)

To enroll in Berkshire Lakes Master Association Electronic Payment Program, please:

Complete this form in its entirety.

- Attach a voided check from your checking account
- Sign the authorization form
- Send this form and voided check to:

Berkshire Lakes Master Association

495 Belville Blvd.

Naples, Florida 34104

I, we hereby authorize Berkshire Lakes Master Association, herein called the company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entered in error to my (our) bank account indicated on the enclosed check, to debit and/or credit the same such account.

Financial Institution Name: _____

City: _____ **State:** _____

Transit/ ABA number: _____ **Account number:** _____

Last Name _____ First _____ Middle _____

Berkshire Lakes Property Address: Street _____ Apt/ Unit# _____

Address associated with checking account:

Street _____ City _____ State _____ Zip Code _____

Cell #1 _____ Email _____

Signature _____ Date _____