

Lindsford Master Homeowners Association

c/o Pegasus Property Management
8840 Terrene Court, Suite 102
Bonita Springs, FL 34135

PHASE 1 & 2 NEW OWNER APPLICATION

Address of property being purchased:

PLEASE TYPE OR PRINT LEGIBILY THE FOLLOWING INFORMATION:

1. 1st Applicant _____
2. 2nd Applicant _____
3. Mailing Address _____
City _____ State _____ Zip Code _____
4. Home Phone _____ Work Phone _____
1st Mobile Phone _____ 2nd Mobile Number _____
5. 1st E-Mail _____
2nd E-Mail _____
6. Employed by _____ Position _____
7. Please state the name, relationship and age of all other persons who will be living in the home.

NAME

RELATIONSHIP

AGE

8. Home Watch Company or Person to be notified in case of emergency with the Townhome:

Address _____ Phone _____

9. I (we) will provide the Association with a copy of our warranty deed within 10 days of closing.
10. **I am aware of and agree to abide by the Declaration of Lindsford Master HOA, Inc. the Articles of Incorporation, By-Laws and all rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.**
11. **All dogs must be leashed when on property and dog waste must be picked up.**

Dated _____

Applicant Signature _____

Applicant Signature _____

A check for \$100.00, PAYABLE to Pegasus Property Management must accompany this application, for the purpose of defraying costs of directory updating and other expenses related to the processing of this application.

Pegasus Property Management
8840 Terrene Court, Suite 102
Bonita Springs, FL 34135
239.454.8568

Pegasus Contacts
Association Manager: Ashley S. Wamble, CAM
ashleyw@pegasuscam.com

LINDSFORD MASTER ASSOCIATION, INC.

VEHICLE REGISTRATION for RFID DECALS

Homeowner/Tenant: _____ Address: _____ Email: _____

Vehicle 1: Make _____ Model _____ Year _____ Color _____ License Plate _____ Decal _____

Vehicle 2: Make _____ Model _____ Year _____ Color _____ License Plate _____ Decal _____

Vehicle 3: Make _____ Model _____ Year _____ Color _____ License Plate _____ Decal _____

Vehicle 3: Make _____ Model _____ Year _____ Color _____ License Plate _____ Decal _____

RFID Decals are \$_____ each. PROX Cards are \$_____ each. Please make checks payable to LINDSFORD MASTER ASSOCIATION

Agree that I am solely responsible for all vehicles entering the Lindsford premises using the above-noted RFID Decal numbers to access the entry gates. I further agree that I am liable to the Lindsford Master Association for any damage or liability caused because of the misuse, negligence, and/ or intentional acts of my tenants, contractors, subcontractors, licensees, invitees, family members and guests.

Signature _____

Date _____

Print Name _____

Tele-Entry Information:

Prox Cards

Name _____ Ph# _____

Name _____ Ph# _____

Name _____ Ph# _____

Name _____ Ph# _____

Additional Emails. _____