

# 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 LEGIBLY THE FOLLOWING INFORMATION:

1. 1<sup>st</sup> Applicant \_\_\_\_\_
2. 2<sup>nd</sup> Applicant \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
1<sup>st</sup> Mobile Phone \_\_\_\_\_ 2<sup>nd</sup> Mobile Number \_\_\_\_\_
5. 1<sup>st</sup> E-Mail \_\_\_\_\_  
2<sup>nd</sup> 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](mailto: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# -----

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Name ----- Ph# -----

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Name ----- Ph# -----

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Name ----- Ph# -----

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Additional Emails. \_\_\_\_\_