

NATURE'S EDGE COMMUNITY ASSOCIATION, INC.
7079 TAMARIND DR.
LAKE WALES, FL 33898-9615
www.naturesedge-fl.net

APPLICATION FOR RESIDENCY:

Date _____

Name(s) _____

Address (current) _____ email _____

City _____ State _____ Zip _____ Phone # (____) _____

Purchased/Leased Property (address) _____

Current Nature's Edge Owner _____ Lot # _____ Date of Closing _____

Number of Adults Occupying Home _____

Name _____ Birthdate _____ Name _____ Birthdate _____

Name _____ Birthdate _____ Name _____ Birthdate _____

IF ADDITIONAL OCCUPANTS – PLEASE INCLUDE A 2ND PAGE.

Pets in Family, (please review Declarations 6.2 Breeds) (Limit of 2): Cat(s) _____ Dog(s) _____
Breed _____ Other _____

In Case of EMERGENCY, please notify:

Name _____ Phone # (____) _____ Relationship _____

Name _____ Phone # (____) _____ Relationship _____

Attach copies of Identification, one per applicant: Driver License, Passport, Birth Certificate, etc.

Subject to Florida State 720 restrictions, one resident must be 55 years of age. All others must be 40 years of age or older.

I hereby certify that the information contained on this for mis true and accurate.

Please initial below to authorize Nature's Edge HOA to use the above email for Membership notifications & Information _____.

Occupant Signature

Occupant Signature

Occupant Signature

Occupant Signature

If you are not a full-time resident, please indicate if your current address above is your alternate address: Y__ N__

To comply with Fla Stat. 720.303 (5) (c).(5), (information for privacy) with prior written member consent, to include items in the NECA Community Directory or Birthday List.

I give permission for NECA Board to give out the following information, each with a "Y or N"

Alternate Address _____ Birthday (Month & Day) _____ Emergency Contact(s) _____

Email Address to include in the following:

Directory _____ Chit Chat (by email) _____ NEUpdate Community updates (by email) _____

**NATURE'S EDGE COMMUNITY
ASSOCIATION, INC.**

**7079 TAMARIND DR.
LAKE WALES, FL. 33898-9615
863-439-4187**

**Welcome to Nature's Edge Community Association.
We are a 55+ community and are governed by the Federal Fair Housing Act..**

Nature's Edge Community Association, Inc. is registered as a community operated for occupancy by persons 55 years of age or older. As such you will be required to provide a photocopy of your driver's license, passport, or birth certificate for our records. Per Florida Statue 720, certain items are Board use only and cannot be disclosed.

As purchaser or resident of property in this community, you will be obligated to be a member of the Homeowners' Association, and you will be required to pay assessments to the Association. These assessments are subject to periodic change after the annual budget has been reviewed. Failure to pay these assessments could result in a lien on your property.

There is no obligation to pay rent or land use fees for recreational or other commonly used facilities. They are included in membership to the Homeowners' Association.

The statements contained in this disclosure are only a summary in nature, and, as a prospective purchaser, you should refer to the DECLARATION OF COVENANTS, BYLAWS, ARTICLES of INC, & RULES & REGULATIONS.

These are located on our website <http://www.naturesedge-fl.net/> or they are PUBLIC RECORD and may be obtained from the CLERK OF COURTS IN POLK COUNTY. Our DECLARATION OF COVENANTS, BYLAWS, ARTICLES of INC cannot be amended without the approval of the Association membership. RULES & REGULATIONS may be revised by a majority vote of the Board.

Your signature on this disclosure form is your commitment to abide by the governing documents of this community.

Purchaser or Occupant

Date

Purchaser or Occupant

Date

Purchaser or Occupant

Date

**This 2-page application can be mailed to the above address or emailed to
NECASecretary1@gmail.com.**

**DISCLOSURE SUMMARY FOR NATURE'S EDGE RESORT PHASE ONE,
KEY WEST VILLAGE PHASE TWO and (part of) NATURE'S EDGE ESTATES
THIS DISCLOSURE MUST BE SUPPLIED BY THE PARCEL OWNER.**

Board Approved Form 6/14/2022

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FOR NATURE'S EDGE COMMUNITY ASSOCIATION, INC. USE ONLY.

Date Received_____

Forward to BOD_____

Notify Treasurer_____

_____ **APPROVED** or **DENIED** Date _____

Notify Applicant _____

Add date of closing to calendar _____

After Closing

Send to Directory_____ Welcome_____

Change:

Master_____ Email/Delivery/Mail_____

55+_____ Annual Roster_____

Remove previous owner:

Master_____ Email/Delivery/Mail_____

55+_____ Annual Roster_____

File Completed Date_____