



NEW RESIDENT SALES APPLICATION

A transfer fee check for \$150 should be made payable to
Botanica Lakes.

The application, transfer fee and sales agreement should be
returned to: The Clubhouse Office **or**

Mail to:

Botanica Lakes, c/o RealManage, 10300 Botanica Lakes Blvd.,
Ft. Myers, FL 33913

TO: All New Owners

FROM: The Board of Directors

RE: Association Requirements

Please be advised that as a new owner in Botanica Lakes Homeowners Association, Inc. you are now a member of the Homeowners Association. This memorandum is to advise you of our responsibilities as a member of the association.

1. As a member of the Association you're agreeing to abide by the Association's documents as recorded in Lee County Records. If you have not received a copy of these documents from the seller of your unit, they are available through your title company.
2. As a member of the Association you are agreeing to abide by the Rules and Regulations as set forth by the Association's Board of Directors. Please contact Real Manage at 866-473-2573 for a copy of the Rules and Regulations.
3. Make sure your title company has verified that the homeowner fees on your new home have been paid. These fees are a lien against your unit and you could be held responsible if they are outstanding fees.
4. Make sure your title company forwards a copy of our Warranty Deed to Real Manage. This must be done in order for the home to be transferred into your name in the official records of the Association. The management company will not change the name on the official records without receiving this information, which in turn, could hold up any correspondence concerning association matters from reaching you.
5. It is your obligation to make sure that the mailing address and telephone numbers are kept up to date with the management company.
6. Homeowner's fees are due in advance on the first day of each month. A statement will be mailed to you as a courtesy prior to the time when fees become due. It is your responsibility to pay these fees even if you do not receive a statement. Please contact Real Manage for further details. Should you have any further questions concerning the homeowner's association, please contact Real Manage at 866-473-2573 and they will be happy to assist you.

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS AS SET FORTH ABOVE AND AGREE TO COMPLY WITH THE SAME:

Purchaser:

Print Name:

Purchaser:

Print Name:

Property Address:

Date:

IMPORTANT GATE HOUSE SECURITY INFORMATION

Check one: ☐ Owner ☐ Tenant

Projected Closing Date:

Resident(s) Name(s):

Address:

Home Phone:

Cell Phone:

OCCUPANTS LIVING AT THIS ADDRESS (Above the age of 16):

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

AUTHORIZED VISTOR(S):

- | | |
|-------------------------|--------------------------|
| 1) <input type="text"/> | 2) <input type="text"/> |
| 3) <input type="text"/> | 4) <input type="text"/> |
| 5) <input type="text"/> | 6) <input type="text"/> |
| 7) <input type="text"/> | 8) <input type="text"/> |
| 9) <input type="text"/> | 10) <input type="text"/> |

**PLEASE NOTE THAT NEW HOMEOWNERS WILL BE GIVEN ACCESS TO THEIR ELECTRONIC
GUESTLIST UPON COMPLETION OF YOUR NEW RESIDENT ORIENTATION**

INFORMATION FORM

HOUSEHOLD MEMBERS

Are you the homeowner or renter? _____

Name (Last, First)	Relationship	Phone	Age

HOUSEHOLD INFORMATION

Address: _____

Lot #/Account #: _____

Email: _____

Home Phone: _____

Alternate Phone: _____

Pets: Yes or No _____

Number of Pets _____ Type of Pet _____ Breed _____

GENERAL INFORMATION & WAIVER

Please fill in yes or no for the information below

Would you like your name and address included in the Residents Directory? ☐

Would you like to receive the emails on programs and events? ☐

Does anyone in your family have special needs you would like us to be aware of? ☐

If yes, please provide specific information below:

Please list the names of any individuals in your household that might be interested in volunteering to assist with programs and events.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

The undersigned, either being over the age of 18 years, or have the express permission of my parents and/or guardian that I have inspected the facilities and programs being offered by the facility and I am fully aware of the dangers and risk of injury inherent in my use and participation. In consideration of the permission granted me to avail myself of the facility, I hereby release the facility, its owners, their officers, agents and employees from any and all liability for loss, damage or injury that I, or my family may sustain by reason of my activities at the facilities. I understand that aerobic exercise and athletic fitness training or program participation can be dangerous and that the facility requests that I consult with my physician with respect to any past or present illness or injury that may affect my participation in or my ability to engage in exercise and activities at the facility. I warrant that I have the right to authorize the forgoing uses and do hereby agree to hold harmless facility, its owners, their agents, and employees of and from any and all liability of whatever nature which may arise out of result from such uses.

Name (Last, First)	Signature	Date