



## **SALE REGISTRATION APPLICATION**

PLEASE CONTACT THE BOTANICA LAKES ONSITE MANAGEMENT  
OFFICE AT 239-561-2939 UPON APPROVAL OF THIS APPLICATION TO  
SET UP **YOUR MANDATORY NEW RESIDENT ORIENTATION**

### **2 REQUIRED CHECKS**

**Transfer Fee: \$75.00 made payable to Resort Management**  
**Transfer Fee: \$75.00 made payable to Botanica Lakes**

**PLEASE RETURN THIS APPLICATION AND A COPY OF THE SALES CONTRACT TO THE  
SALES AND LEASING OFFICE ADDRESSED:**

**Resort Management  
9250 Corkscrew Road #9  
Estero, FL 33928**

**If you have any questions, please contact our Sales and Leasing Coordinator  
Dorothy Reagan / (239) 461-8700, ext.5249  
dreagan@resortgroupinc.com**

**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 your responsibilities as a member of the association.

- 1) As a member of the Association you are 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 to you 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 Resort Management (239) 307-5234 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 there are outstanding fees.
- 4) Make sure your title company forwards a copy of your Warranty Deed to Resort Management. 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 Resort Management for further details. Should you have any further questions concerning homeowner's association, please contact Resort Management (239) 307-5234 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) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_

9) \_\_\_\_\_ 10) \_\_\_\_\_

**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