

SIENA OAKS
100 Siena Oaks Circle West
Palm Beach Gardens, FL 33410
Phone number: (561) 622-9532 Fax number: (561) 622-8752

SALES APPLICATION AND INSTRUCTIONS

1. PLEASE COMPLETE ALL FORMS **15 BUSINESS DAYS** PRIOR TO CLOSING TO ALLOW PROCESSING TIME.
2. A COPY OF **YOUR SIGNED CONTRACT** OF SALE MUST BE SUBMITTED WITH THE APPLICATION.
3. A NON REFUNDABLE CHECK IS REQUIRED MADE OUT TO SIENA OAKS, HOA IN THE AMOUNT \$100.00 FOR THE TRANSFER FEE AND MUST BE ATTACHED TO THIS APPLICATION.
4. A NON REFUNDABLE CHECK IS REQUIRED FOR THE ESTOPPEL FEE OF \$100.00 MADE OUT TO OPC MANAGEMENT, INC.
5. **PROVIDE THE CLOSING DATE _____, 20 ____**
6. A CERTIFICATE OF APPROVAL IS REQUIRED FOR CLOSING. WE WILL PROVIDE UPON APPROVAL (15 DAYS) OF THIS APPLICATION TO THE TITLE COMPANY.
7. PROVIDE TITLE COMPANY NAME, ADDRESS, AND TELEPHONE NUMBER ALONG WITH CONTACT NAME TO SEND THE CERTIFICATE OF APPROVAL TO.
8. IT IS THE BUYER'S RESPONSIBILITY TO ACQUIRE A COPY OF THE SIENA OAKS, HOA DOCUMENTS AND SIGN THAT THEY WILL ABIDE BY ALL DOCUMENT REQUIREMENTS.
9. ASSOCIATION FEES ARE DUE MONTHLY WHETHER OR NOT YOU RECEIVE A COUPON BOOK. IF YOU ARE NOT PROVIDED WITH A COUPON BOOK CONTACT BILLIE INTAGLIATA AT OPC MANAGEMENT 561-626-3100 EXT 104.
10. A WARRANTY DEED MUST BE MAILED TO ASSOCIATION AFTER CLOSING AND PURCHASER MUST PROVIDE NEW TELEPHONE CONTACT NUMBERS.
11. COMPLETE PACKAGE AND RETURN TO PROPERTY MANAGER AT

OPC MANAGEMENT, INC.

ATTN: CHERYLYNN PANNEBECKER

1220 US HIGHWAY ONE, SUITE D

NORTH PALM BEACH, FL 33408

PH# 561-626-3100 FAX: 561-625-1245

SIENA OAKS HOA

BREIF SUMMARY

1. ALL PURCHASERS ARE REQUIRED TO MAKE APPLICATION TO THE ARC COMMITTEE BEFORE ANY CHANGES TO THE HOME MAY BE MADE. THIS INCLUDES LANDSCAPING, PAINTING (EVEN IF SAME COLOR) AND ADDITIONS INCLUSIVE OF ALL REQUIREMENTS IN THE HOA DOCUMENTS.
2. PLEASE READ ALL THE SIENA OAKS, HOA DOCUMENTS TO ENSURE YOUR UNDERSTANDING OF THE RULES.
3. NO PARKING IN THE STREETS AND SIDEWALKS. NO COMMERCIAL VEHICLES ARE ALLOWED UNLESS PARKED IN YOUR GARAGE.
4. ALL PETS MUST BE LEASHED WHEN OUTSIDE THE HOME AND OWNERS ARE REQUIRED TO CLEAN UP AFTER THEM.
5. YOUR FRONT EXTERIOR LIGHT MUST BE WORKING AND LIT AT DUSK AS THESE ARE ALSO USED AS STREET LIGHTING IN THE COMMUNITY.
6. NO SPEEDING. 25 mph! OBEY ALL STOP SIGNS! POLICE DEPARTMENT ENFORCES THESE RULES!
7. PLEASE TAKE GARBAGE CANS BACK IN ON TRASH DAY AND DO NOT PUT TRASH OUT UNTIL SCHEDULED TRASH PICK UP.
8. YOU ARE RESPONSIBLE FOR THE MAINTENANCE OF YOUR HOME INTERIOR AND EXTERIOR. THEY ARE REQUIRED TO BE KEPT IN A SANITARY MANNER AT ALL TIMES.
9. BOARD MEETINGS ARE HELD THE THIRD WEDNESDAY OF EACH MONTH OR AS POSTED IN THE COMMUNITY.
10. THE ARC COMMITTEE MEETS THE SECOND MONDAY OF EACH MONTH FOR ARC APPLICATIONS. APPLICATIONS MUST BE SUBMITTED BY THE THURSDAY PRIOR.

WELCOME TO SIENA OAKS AND SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT OPC MANAGEMENT AT THE NUMBERS LISTED ABOVE.

SIENA OAKS HOMEOWNERS ASSOCIATION, INC.

100 Siena Oaks Circle Palm Beach Gardens, FL 33410
561-622-9532 fax 561- 622-8752 www.sienaoakshoa.com

RESIDENT INFORMATION SHEET

DATE _____ PROPERTY ADDRESS _____

OWNER NAME: _____

SPOUSE NAME: _____

EMAIL ADDRESS: _____ (for HOA use only)

PHONE: _____ CELL: _____ WORK: _____

IF APPLICABLE

OWNER Secondary Address: _____

State _____ Zip _____ Phone # _____

CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP TO YOU: _____ **PHONE:** _____

RESIDENT(S) OTHER THAN OWNER

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

- RESIDENT CHILDREN** (Names & Ages)

- DO YOU HAVE ANY PETS?** YES _____ NO _____ *Please attach a photo (if available)*

IF YES, Breed & Name: _____

- RESIDENT VEHICLE INFORMATION** (use back of sheet if necessary)

VEHICLE #1

MAKE _____ MODEL _____

YEAR _____ COLOR _____ LICENSE PLATE # _____ STATE _____

VEHICLE #2

MAKE _____ MODEL _____

YEAR _____ COLOR _____ LICENSE PLATE # _____ STATE _____

*** Please inform the office of any changes in the above information by phone, fax or email.

The **information contained herein is considered private and is for HOA use only.**

APPLICANT'S EMPLOYER: _____

ADDRESS: _____

TITLE: _____ SUPERVISOR: _____

HOW LONG EMPLOYED? _____ PHONE: _____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____

TITLE: _____ SUPERVISOR: _____

HOW LONG EMPLOYED? _____ PHONE: _____

**SIENA OAKS
HOMEOWNERS ASSOCIATION, INC.**

- **I (We) fully authorize investigation of all answers and references given.**
- **I (We) hereby agree to abide by all documents and Rules and Regulations of Siena Oaks HOA, a copy of which was received from the Seller.**
- **If Seller fails to provide a set of documents to Buyer, a copy may be obtained from Association Management at a cost of \$20.00.**
- **Owner agrees that the terms of the attached lease/contract are within the requirements of Siena Oaks HOA Rules and Regulations.**
- **I (We) agree that I will not rent or sell to any person who has not been approved by the Association. Renters are not permitted to sub-lease their premises.**

PURCHASER/LESSEE _____ DATE _____

PURCHASER/LESSEE _____ DATE _____

