



Instructions to fill out this application

1. Download the application to your computer
2. Complete the application by typing into each field on your computer
3. Print the application and sign in each required space
4. Scan/copy the application and submit to Christa Sosa: csosa@mgmt-assoc.com

East Lake Woodlands Pinewinds Cluster Homes Unit One Association, Inc.

Thank you for your application to our Pinewinds community.

Pinewinds Homeowners Association is a not-for-profit corporation, registered with the State of Florida. The Florida Statutes Section 720 entitled Homeowners Associations [Chapter 720 Section 301 - 2021 Florida Statutes - The Florida Senate \(flsenate.gov\)](#). Pinewinds must abide by these statutes and also the rules filed with the State of Florida for our individual Pinewinds Homeowners Association. These rules and regulations are listed in the documents that are included with the purchase of your unit. The Association is subject to sanctions and fines for not following the Florida Statutes and the By-Laws of the Association.

We ask that you familiarize yourself with the documents of Pinewinds Homeowners Association. Please initial that you have received and read the following documents: www.pinewindselw.com/documents

Initial below:

a. DECLARATIONS

- 1) Amended and Restated Declarations _____
- 2) Amendments to the Declarations (04-2019) _____
- 3) Amendments to the Declarations (04-2020) _____

b. RULES & REGULATIONS

c. BYLAWS _____

d. ARTICLES OF INCORPORATION _____

The association is made up of all owners with each unit being allowed one vote. A Board of Directors directs the daily operations of the Association. The Board of Directors consists of volunteers that are duly elected by the owners of the Pinewinds Homeowners Association at the annual meeting held in March.

The Board of Directors schedules meetings on a regular basis to conduct board business. Members are invited to attend Board meetings. All meeting notices and pertinent information are emailed and/or posted at the pool bulletin board. Meeting minutes are posted in the Caliber Portal.

All requests and complaints that need to be addressed should be reported to the Property Manager, NOT Board members.

| | | |
|----------------------|--|--------------|
| Property Manager: | Fay Suber fsuber@mgmt-assoc.com | 813-433-2006 |
| Service Coordinator: | Eileen Shires eshires@mgmt-assoc.com | 813-433-2001 |
| | (wood repairs, irrigation and lawn issues, etc.) | |
| Bookkeeper: | Lori Wagner lwagner@mgmt-assoc.com | 813-433-2012 |
| Web Administrator: | Tara Martinez tmartinez@mgmt-assoc.com | 813-431-1530 |

Contact Tara to set up your portal access to all community documents for residents only.

Please review the Pinewinds website for pertinent information about lawn care, trees, irrigation, newsletters, president’s and manager’s updates, and more! www.pinewindselw.com/announcements

I have read the above instructions and have received and read all the documents listed.

Signature of Purchaser/Lessee: _____ Date: _____

East Lake Woodlands Pinewinds Cluster Homes Unit One Association, Inc.
Purchase/Lease Application

Check one: This application is for **Purchase** _____ or **Lease** _____

Note: Pinewinds has a cap on the number of units leased.

Outlined below are the required documents to be submitted to:
Management and Associates, 720 Brooker Creek Blvd., Ste. 206, Oldsmar, FL 34677
or email to Christa Sosa: csosa@mgmt-assoc.com Phone: 813-433-2002, Fax: 813-433-2040

*Please be sure your forms are legible and easy to read.
We cannot accept forms that are incomplete or illegible.*

The Pinewinds Board of Directors requires five (5) business days, from the date the application is received by the board, to review and respond to the application request.

Purchase:

1. A non-refundable \$100 fee payable to Pinewinds HOA must accompany this form.
2. Pinewinds Application Form - Completed, Signed, Dated and initialed that the Pinewinds Architectural Standards, Rules, and Regulations have been received and read.
3. Purchase sale agreement/contract
4. Email consent form signed and dated
5. Signed **HO3** Homeowner's Insurance binder/application
6. **HO3** Homeowner's Insurance policy declarations page
7. Paid receipt for **HO3** Homeowner's Insurance policy
8. Three Board members approval needed via email to M&A

Lessee:

1. A non-refundable \$100 fee payable to Pinewinds HOA must accompany this form.
2. Pinewinds tenant application Form - Completed, Signed Dated and initialed that the Pinewinds Architectural Standards, Rules and Regulations have been received and read.
3. Lease/rental agreement
4. Email consent for signed and dated
5. Dwelling Fire Policy (DP3) declarations page from owner
6. Background check document to be completed by M&A
7. Three Board members approval needed via email to M&A

This section to be completed by Current Owner

Seller(s) certify that Purchaser/Lessee has been furnished with the following documents which can also be found on the Pinewinds website www.pinewindselw.com/documents

a. DECLARATIONS

- 1) Amended and Restated Declarations
- 2) Amendments to the Declarations (04-2019)
- 3) Amendments to the Declarations (04-2020)

b. RULES & REGULATIONS

c. BYLAWS

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Current Owner's Signature: _____

Printed Name: _____

Phone number: _____ cell phone: _____

Email: _____

To Be Completed by the Purchaser/Lessee

I acknowledge and understand that the property offered is governed by deed restrictions and rules and regulations which are applicable to both the Unit and Common Property. I/we agree to abide by such deed restrictions and rules and regulations of the State of Florida Statutes and the Documents of the Association. I/we acknowledge that we are in receipt of the official documents of East Lake Woodlands Pinewinds Cluster Homes Unit One. We also acknowledge that we have reviewed, initialed and signed as required.

Purchaser/Lessee Signature: _____ Date: _____

Print name: _____

I/we are purchasing/leasing the property at:

Address: _____ Phone: _____

Email: _____ (Please sign attached authorization form.)

As the purchaser, I intend to: (check one)

- 1) Reside as the owner on a full-time basis _____
- 2) Reside as the owner on a part-time basis. _____
- 3) Plan to LEASE the property _____

Current address: _____ How Long? _____

Current landlord: _____ Phone: _____

Purchaser/Lessee (1) Name: _____ **DOB:** _____

Email: _____ Occupation: _____ How Long? _____

Employer: _____ Phone: _____

Purchaser/Lessee (2) Name: _____ **DOB:** _____

Email: _____ Occupation: _____ How Long? _____

Employer: _____ Phone: _____

The following persons, in addition to the purchaser, will occupy the unit:

Name: _____ DOB: _____ Relationship: _____ Email: _____

Name: _____ DOB: _____ Relationship: _____ Email: _____

The following pets will occupy the unit:

(Per Pinellas County ordinance, pets must be on a leash at all times and tethering is strictly prohibited.)

1. Type: _____ Size: _____ 2. Type: _____ Size: _____

Automobile/Vehicle Information

Year: _____ Make: _____ Model: _____ Registration #: _____

Year: _____ Make: _____ Model: _____ Registration #: _____

Purchaser 1 Drivers License #: _____ Plate #: _____

Purchaser 2 Drivers License #: _____ Plate #: _____

Additional driver/s in household:

Name: _____ Driver's License #: _____

Email: _____ Relationship: _____ Phone: _____

Attach copies of all driver's licenses or IDs for all unit occupants.

Parking Policy and Visitor Parking

There is NO street parking in Pinewinds from 11:00 pm to 6:00 am.

A-1 Recovery, Inc. is a towing company that monitors our area per Florida Statute 715.07.

They will tow any vehicles that are not in compliance. A-1 Recovery, Inc: 727-536-5600

Visitor parking is available:

Summerwind Lane parking area -- anytime

Pool parking area -- 6:00 pm to 10:00 am only

For visitor parking, please place a note on the dashboard with:

Address you are visiting

Arrival and departure dates

Emergency contact number

Closing Information

Proposed date of closing/move-in date (if lease, include expiration date): _____

Realtor: _____ Address: _____ Phone: _____

Email: _____

If realtor is not involved, list the name, address, phone number and email of the person handling the closing or lease (Attorney, Title company, etc.)

Purchaser/Lessee Signature: _____ Date: _____

Printed Name: _____

Your signature above acknowledges Purchaser(s) receipt of:

a. DECLARATIONS

1) Amended and Restated Declarations

2) Amendments to the Declarations (04-2019)

3) Amendments to the Declarations (04-2020)

b. RULES & REGULATIONS

c. BYLAWS

d. ARTICLES OF INCORPORATION

Documents can also be found on the Pinewinds website www.pinewindselw.com/documents

For Association Use:

- Copy of \$100.00 non-refundable check payable to Pinewinds HOA
- Application Form - Completed, Signed, Dated and Initialed
- Standards, Rules, and Regulations have been received and read.
- Sale agreement/contract
- Three Board members must approve the application via email to M&A.
- Approval Form
- HO3 Insurance binder/application
- Insurance policy declarations page
- Receipt for HO3 policy

Approved: _____ Not Approved _____ Date: _____



February 2026

RE: ELW Pinewinds Cluster Homes Unit I Association, Inc.

SUBJECT: Homeowners Insurance Policy Form HO3 Required

Dear Homeowner/s,

All unit owner(s) of ELW Pinewinds Cluster Homes Unit I Association, Inc. are required to purchase and keep in force an HO3 Homeowners Insurance Policy ***NOT*** a Condominium HO6 policy.

The primary difference between these policy types is the coverage for the exterior of the dwelling as well as the interior. Having the correct policy form will ensure proper coverage at the time of a loss.

A copy of your HO3 Homeowners Insurance Policy Declaration Page(s) showing that your unit is properly insured for its full insurable value must be submitted to the association reflecting current coverage. This HO3 Homeowner's policy coverage should include fire and extended coverage, and liability.

Pursuant to Article II, Section 2.33 of the Declaration of Covenants and Restrictions: "All owners shall be required to keep said coverage continuously in force and shall furnish to the Association a certificate of such coverage and whatever else reasonably may be required to satisfy the Association that such coverage is and remains in full force and effect." "In the event that any owner fails or refuses to provide such insurance coverage for his unit in accordance with the provisions hereof, or evidence of such, then the Association may, at its option, obtain such insurance coverage and assess the owner for the cost of such."

The Association requires you to submit a copy of your HO3 Homeowners Insurance Policy Declaration page upon renewal annually to our management company who maintain a file of all insurance coverage. The policy declaration outlines specific coverage amounts and the policy effective date.

You also have the option of adding "East Lake Woodlands – Pinewinds" as an additional interest on your policy. The policy declarations page will then be sent automatically each year by your insurance company to our management company.

A copy of the declaration page from your HO3 Homeowners Insurance Policy is needed immediately upon renewal and may be mailed, scanned and emailed or hand-delivered to:

East Lake Woodlands Pinewinds
c/o Management & Associates
720 Brooker Creek Boulevard #206
Oldsmar, FL 34677

Any questions, please contact Christa Sosa: csosa@mgmt-assoc.com or at 813-433-2002.

**EAST LAKE WOODLANDS PINEWINDS CLUSTER HOMES
UNIT ONE ASSOCIATION, INC. (THE “ASSOCIATION”)
CONSENT TO RECEIVE NOTICES BY ELECTRONIC DELIVERY**

The undersigned (hereinafter referred to, whether one or more, as “**Unit Owner**”) is/are owner(s) of Unit(s) _____ at the East Lake Woodlands Pinewinds Cluster Homes Unit One Association, c/o Management and Associates, 720 Brooker Creek Boulevard, Suite 206, Oldsmar, FL 34677. Owner understands and acknowledges that pursuant to Article 2 of the By-Laws of East Lake Woodlands Pinewinds Cluster Homes Unit One Association, Inc., all notices to any Owner shall be sent by mail or delivered to Owner, or such other address as may have been designated by Owner from time to time, in writing, to the Association.

1. Owner hereby consents to the electronic delivery of all meeting notices, other official notices and any other written notices, demands or documents required or permitted by the Declaration of Covenants and Restrictions and/or the Articles of Incorporation or By-Laws (hereinafter referred to as “**Notices**”).
2. Owner hereby waives any requirement that such Notices be delivered by mail or personal delivery, and agrees that electronic delivery of Notices shall constitute full compliance with any notice requirements for the same.
3. Owner understands that notwithstanding this consent, the Association may elect to deliver one or more Notices to the Owner by mail or by personal delivery (rather than electronically) at any time or times, and such mail or personal delivery of Notices shall constitute full compliance with the requirements of the Association Documents.
4. Such Notices to be delivered electronically shall be sent via electronic mail (hereinafter “**e-mail**”) to the e-mail address nit Owner provides to the Association. Owner further represents to the Association that if Owner is unable to retrieve a Notice, Owner shall be obligated to notify the Association promptly that Owner is unable to retrieve a Notice, and shall request in writing that the Association either mail or deliver to Owner a copy of the Notice. In the absence of such a written request received by the Association within two (2) business days of the time that the Association delivers a Notice electronically, it shall be conclusively presumed that Owner was able to retrieve the Notice.
5. Owner’s e-mail address is set forth below. If that e-mail address should change, Owner shall immediately provide the Association with Owner’s new e-mail address.
6. Owner further understands that for as long as this consent to receive electronic delivery of Notices is in effect, Owner is required to provide to the Association an e-mail address and also to maintain an e-mail address to which the Association can send Notices to Owner. Owner’s e-mail address is set forth below. If the e-mail address should change, Owner shall immediately provide the Association with Owner’s new e-mail address.
7. Owner further acknowledges that Owner shall be responsible for having the versions of software that are necessary to open and read documents that the Association sends to Owner by e-mail. This software includes, without limitation, the following software: Microsoft Word, Microsoft Excel and Adobe Acrobat Reader for proper electronic retrieval of documents.
8. Owner may revoke this consent at any time by mailing notice of such revocation by registered or certified mail, or by personally delivering such revocation to the offices of the Association, acknowledged in writing by an officer of the Association or by the building manager. Revocation of this consent is not effective until received by the Association.
9. Owner understands that Unit Owner is not required to consent to electronic delivery of Notices, and that Owner has consented to such electronic delivery freely and voluntarily.

Owner’s Signature _____ Tenant’s Signature _____

Email: _____ Email: _____

Date: _____ Date: _____

DATE _____

CUSTOMER NUMBER _____

BACKGROUND INFORMATION FORM

I / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

| <u>TENANT INFORMATION:</u> | <u>SPOUSE / ROOMMATE:</u> |
|---|---|
| SINGLE _____ MARRIED _____ | SINGLE _____ MARRIED _____ |
| SOCIAL SECURITY #: _____ | SOCIAL SECURITY #: _____ |
| FULL NAME: _____ | FULL NAME: _____ |
| DATE OF BIRTH: _____ | DATE OF BIRTH: _____ |
| DRIVER LICENSE #: _____ | DRIVER LICENSE #: _____ |
| CURRENT ADDRESS: _____ _____ HOW LONG? _____ | CURRENT ADDRESS: _____ _____ HOW LONG? _____ |
| LANDLORD & PHONE: _____ | LANDLORD & PHONE: _____ |
| PREVIOUS ADDRESS: _____ _____ HOW LONG? _____ | PREVIOUS ADDRESS: _____ _____ HOW LONG? _____ |
| EMPLOYER: _____ | EMPLOYER: _____ |
| OCCUPATION: _____ | OCCUPATION: _____ |
| GROSS MONTHLY INCOME: _____ | GROSS MONTHLY INCOME: _____ |
| LENGTH OF EMPLOYMENT: _____ | LENGTH OF EMPLOYMENT: _____ |
| WORK PHONE NUMBER: _____ | WORK PHONE NUMBER: _____ |
| HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO | HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO |
| HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO | HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO |
| SIGNATURE: _____ | SIGNATURE: _____ |
| PHONE NUMBER: _____ | PHONE NUMBER: _____ |

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00p.m.
 ALL ORDERS RECEIVED AFTER 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE
 NEXT BUSINESS DAY

email@tenantcheckllc.com

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
 SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
 REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
 REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
 MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS