



Date Stamp

# Cedar Creek Property Owners Association, Inc Sales Checklist

Dear Prospective Owner,

Please submit the following for approval to purchase in Cedar Creek Property Owners Association, Inc.:

- \_\_\_\_\_ Signed Application Checklist
- \_\_\_\_\_ Completed Application to Purchase
- \_\_\_\_\_ \$150 Non-refundable Application Fee – Payable to **Cedar Creek**
- \_\_\_\_\_ Completed Background & Credit Check Authorization
- \_\_\_\_\_ Non-refundable Background Check Fee \$50 per adult (\$75 international) payable to **Precedent Hospitality & Property Management for each adult over the age of 18**
- \_\_\_\_\_ Copy of current government issued photo ID for each adult over 18
- \_\_\_\_\_ Pet Registration Form
- \_\_\_\_\_ New Owner Information Form
- \_\_\_\_\_ Barcode and Gate Request Form
- \_\_\_\_\_ Sales Contract with applicable condo/HOA disclosure(s)
- \_\_\_\_\_ Capital Contribution of \$2,100 due at closing from buyer

Unit Address \_\_\_\_\_

Title Company \_\_\_\_\_ Phone # \_\_\_\_\_

Missing or incomplete information will result in the delay of processing your application. Complete application **MUST** be received 20 days prior to closing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

If you have any questions, please contact **Precedent** at 239.344.8733 or info@precedentmgt.com.

Thank You,  
Precedent Hospitality and Property Management

# Cedar Creek Property Owners Association, Inc. Application for Approval to Purchase

Date Stamp

I/we hereby apply for approval to purchase \_\_\_\_\_  
in Cedar Creek Property Owners Association with closing scheduled for \_\_\_\_\_, 20\_\_\_\_\_.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

**APPLICANT INFORMATION**

Last Name	First	Middle
Home Address		Apartment/Unit #
City	State	ZIP
Phone #	Cell #	Other Phone #
Email Address		
Employer	Employer's Phone #	

**APPLICANT INFORMATION**

Last Name	First	Middle
Home Address		Apartment/Unit #
City	State	ZIP
Phone #	Cell #	Other Phone #
Email Address		
Employer	Employer's Phone #	

**OCCUPANTS**

*Please list the name, relationship, and date of birth of all occupants not listed above who will be living in this unit.*

Full Name	Relationship	Date of Birth

**UNIT USE**

I/we am purchasing this unit with the intention to:

\_\_\_\_\_ Reside on Full-Time Basis      \_\_\_\_\_ Reside on Part-Time Basis      \_\_\_\_\_ Lease the Unit

**REFERENCES**

**Please list two references.**

Name	
Address	Phone ( )
Name	
Address	Phone ( )

**VEHICLES**

**No commercial or recreational vehicles or trucks are permitted unless fully enclosed in a structure.**

Year	Make	Model	License plate #	State

**DISCLAIMER AND SIGNATURE**

In order to facilitate consideration of this application, I/we, the applicant(s), represent that the above information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval.

I/we have received, read and understand the Declaration and the Rules and Regulations of Cedar Creek Property Owners Association, Inc. and will comply.

Signature	Date
Signature	Date

**Return this request to:**  
 Cedar Creek Property Owners Association, Inc.  
 c/o Precedent Hospitality and Property Management  
 6216 Whiskey Creek Drive, Ste. A  
 Ft Myers, Florida 33919  
 (239)344-8733 phone  
 (727)573-8549 fax  
[info@precedentmgt.com](mailto:info@precedentmgt.com)



**APPLICATION APPROVAL**

_____ Approved	_____ Date
_____ Disapproved	By: _____
	Board Officer or Director



Date Stamp

## BACKGROUND & CREDIT CHECK AUTHORIZATION

The Association has the right to perform background and credit checks on all applicants. By completing this authorization form, I give Precedent Hospitality and Property Management the right to administer a background and credit check as a part of the application approval process. Include with this form a non-refundable check made out to Precedent Hospitality and Property Management. Each background and credit check is a non-refundable \$50 per adult for US Citizens and \$75 per person for Foreign National. Include a state or government issued photo ID.

**Print all information neatly and legibly.**

Applicant Name \_\_\_\_\_

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

NIN # \_\_\_\_\_ Passport # \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

NIN # \_\_\_\_\_ Passport # \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

By signing this form I agree that the information provided is correct and to administer a background and credit check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*FAX OR E-MAIL COMPLETED FORM**



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6216 Whiskey Creek Drive, Ste. A, Fort Myers, FL 33919  
(239) 344-8733 phone · (727)573-8549 fax  
www.precedentmgt.com

## Agreement for Pre-Authorized or ACH Payments

**Association Name:** \_\_\_\_\_

I/we hereby authorize the "Association" and Anchor Associates, Inc., to initiate debit entries in the amount of my Association assessment from my account indicated below. I also authorize the Financial Institution named below to debit same to such account.

**Financial Institution Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Transit/ABA No:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

This authority is to remain in full force and effect until the Association and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Association and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the first (1<sup>st</sup>) and tenth (10<sup>th</sup>) of each month in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25.00 administrative fee.

### A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.

**Important Note:** Automatic debit payments will begin on the next period after receipt of this form.

**Name(s):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Precedent Hospitality and Property Management  
6216 Whiskey Creek Drive, Ste. A  
Naples, Florida 34112  
(239)344-8733 phone  
info@precedentmgt.com

Date Stamp

## New Owner Information Update

Owner Name: \_\_\_\_\_

Community Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

_____ <i>Phone Number</i>	_____ <i>Phone Type</i>
_____ <i>Phone Number</i>	_____ <i>Phone Type</i>
_____ <i>Phone Number</i>	_____ <i>Phone Type</i>

Email Address(es): \_\_\_\_\_

By signing this consent, I/we authorized the Association to print the completed information any applicable Community Directory and send correspondence and/or official notices via e-mail:

All       Invoices Only       Directory       None

### HOME WATCH

Name of Home Watch: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

REGISTER AT CEDAR CREEK WEBSITE: [www.mycedarcreek.com](http://www.mycedarcreek.com) \_\_\_\_\_

**EMERGENCY CONTACT** - Please provide the Association with a contact person in case of an emergency.

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We occupy this residence:  Full-time     Part-time/2<sup>nd</sup> Home     Investment/Rent it out

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: Precedent Hospitality and Property Management

6216 Whiskey Creek Drive, Ste. A

Naples, Florida 34112 (239)344-8733 phone

# Cedar Creek Property Owners Association, Inc. Pet Registration

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

## OWNER INFORMATION

Name(s)

Cedar Creek Address

## PET INFORMATION

Name

Date of Birth

Sex

Weight

Species

Breed

Primary Color

Secondary Color  
*(if applicable)*

License #

Expiration Date

County/State

Rabies Vaccination Date

Microchip #  
*(if applicable)*

## PHOTO IDENTIFICATION

*Please provide a picture of your animal attached in the space below.*

**VETERINARIAN INFORMATION**

Name

Address

City

State

ZIP

Phone #

Fax #

**INDEMNIFICATION**

I/we agree to indemnify and hold the Association harmless for any damage or injury caused by the above-mentioned pet.

*Please Initial*

Signature

Date

Signature

Date

**DISCLAIMER AND SIGNATURE**

I/we represent that the above information is factual and correct and agree that any falsification or misrepresentation in this registration form will justify further investigation by the Board. I/we agree that the above reference pet is licensed with Collier County per their Animal Control Ordinance. I/we agree that if the above referenced pet dies, I/we will notify Anchor Associates of the death and will complete a new form if a replacement pet is obtained.

I/we understand that the ability to keep such a pet is a privilege, not a right. Failure to adhere to the Cedar Creek Property Owners Association Inc. Declaration and Rules & Regulations regarding pets shall result in action taken by the Board of Directors.

Signature

Date

Signature

Date

**REGISTRATION REQUIREMENTS**

The following items must be included in order to properly register your pet:

- \_\_\_\_\_ Completed Pet Registration form
- \_\_\_\_\_ Copy of Certificate of Vaccinations
- \_\_\_\_\_ Picture of your pet

**Return this registration form to:**

Cedar Creek Property Owners Association, Inc.  
 c/o Precedent Hospitality and Property Management  
 6216 Whiskey Creek Drive, Ste. A  
 Ft Myers, Florida 33919  
 (239)344-8733 phone  
 (727) 573-8549 fax  
 info@precedentmgt.com

# **Cedar Creek Barcode Decal & Pool/ Cabana Entry Fob Request Form**

Resident Owners and Renters may purchase an initial or replacement Vehicle Barcode Decal and/or Pool/ Cabana Entry Fob using this form. **Decals and entry fobs are \$20 each (Check or Money Orders only, made payable to Cedar Creek). One Pool/ Cabana Entry Fob is provided to each owner at no cost, any additional or replacements would be \$20**

Initial or replacement Barcode Decals for your personal vehicle must be attached to a right rear window of your vehicle. Portable Barcode Decals are the same as a Vehicle Barcode Decals and should be attached to something with durable backing and easy to carry with you.

Complete this form and return with your check or money order to:  
Precedent Hospitality & Property Management, 6216 Whiskey Creek Ste. A, Fort Myers, FL 33919

Office Hours are from 8:30am to 5:00pm Monday thru Friday. If you have any questions, please contact our office during business hours by phone at (239)344-8733 or by email at [info@precedentmgt.com](mailto:info@precedentmgt.com)

## **\*Indicates required fields**

**Resident's Name:** \* \_\_\_\_\_

**Address:** \* \_\_\_\_\_

**Phone Number:** \*Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email:** \* \_\_\_\_\_

**Homeowner or Renter?** \* \_\_\_\_\_

**Vehicle\*** Make \_\_\_\_\_ Model \_\_\_\_\_ Tag/State \_\_\_\_\_

**Vehicle\*** Make \_\_\_\_\_ Model \_\_\_\_\_ Tag/State \_\_\_\_\_

**Vehicle Barcode Decals Qty:** \_\_\_\_\_

**Pool/ Cabana FOBs Qty:** \_\_\_\_\_

**Name for Telephone Entry at Gate:** \_\_\_\_\_

**Phone Number for Entry at Gate:** \_\_\_\_\_

**Upon setup, Management will provide you a unique 4-digit PIN for your use only. You will be able to enter your PIN at the call box and be granted access.**

**From the call box, visitors can dial you by name, you will answer and be able to speak to them and press and hold 9 to grant access.**

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## ***Updates/Changes for Gate Entry (Existing Residents):***

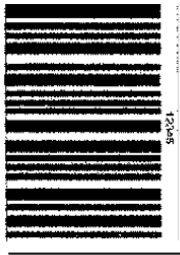
Name Change? \_\_\_\_\_

Phone Number Change? \_\_\_\_\_

Add New Name & Number? \_\_\_\_\_

# Applying Decals to Vehicles Quick Guide

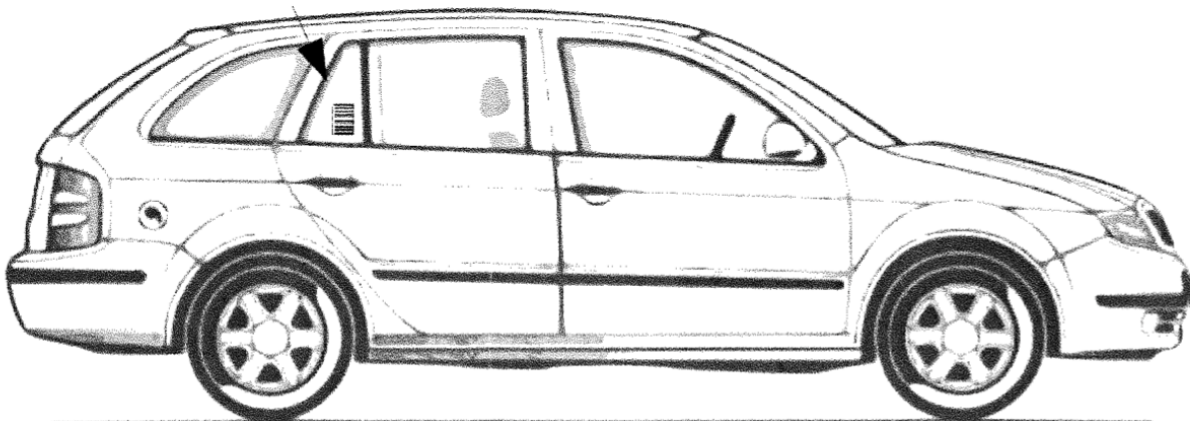
- Place the decal on the right side of the vehicle's rear door, as shown below.
- Apply to the outside of the window glass. **Decals will not read reliably through the glass.**
- Orient the decal with the stripes running horizontal. (as shown).
- The bottom of the decal should be at least 36 inches above the ground.
- The top of the decal should be no more than 65 inches above the ground.
- Place the decal in an unobtrusive spot on the rear side window. Windows that do not open are preferred.
- The numbers printed on the decal should be on either the left or right side, never the top or bottom. The decal should be applied vertically, and aligned as straight as possible.
- If placed on the vehicle anywhere other than glass, it can be difficult to remove the decal without damaging the surface.



YES



NO



**Ensure that window surface is at least 59° F.** If the window is too cool, the decal adhesive will not bond.

**Clean the window glass** using SoftScrub or either non-scratching mild abrasive cleaner. Do **not use glass cleaner containing silicone.** Mild abrasive cleaners will not scratch the window but are very effective at removing silicone, wax, or other chemical coatings that interfere with the decal bonding to the glass.

**Cedar Creek Property Owners  
Association Inc.**

**2025 Frequently Asked Questions**

**Q: What are my voting rights in the Association?**

A: There is one membership in the Association assigned to each unit in the Association. Each member of the Association has the right to cast one (1) vote on all matters that come before the members of the Association. The total number of possible votes of the Association is 273.

**Q: What restrictions exist in the Governing Documents on my right to use my unit?**

A: There are certain restrictions including residential use, minors, access, fire hazards, garbage, leasing, antennas, noise, obstructions, signs, parking, windows, balconies, pets and the exterior appearance of the units which are set forth, in detail, in the Declaration.

**Q: What restrictions exist in the Governing Documents on the leasing of my unit?**

A: Lease terms are 30 day minimum. Application must be submitted **30 days prior** to the beginning of the lease along with a non-refundable \$150.00 application fee, as well as a non-refundable \$50.00 Background Check fee for each occupant age 18 and over and is subject to approval by the Board of Directors prior to occupancy.

**Q: How much are my assessments to the Association for my home and when are they due?**

A: Each owner of a unit in this Association is obligated to pay assessments to the Association in quarterly installments of \$700. These payments are due on the first day of each quarter regardless if notice is received or not.

**Q: Do I have to be a member in any other Association? If so, what is the name of the Association and is there a separate assessment?**

A: No.

**Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?**

A: No.

**Q: Is the Association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.**

A: No

**NOTE: The statements contained herein are only summary in nature. A prospective purchaser should refer to all references, exhibits hereto, the sales contract, and the Association Documents.**