

**WASHINGTON HEIGHTS HOME OWNERS, ASSOCIATION, INC (WHT)  
OWNER REGISTRATION AND INSTRUCTIONS  
FOR ACCESS TO COMMUNITY PROPERTY**

(Revised 2/20/2024)

Before submission of your registration package, please make sure that all required items are submitted as a complete package– doing so will ensure the registration is processed in a timely manner. Any failure to complete applications or submit required documents and fees together will delay the approval process. Registration fees are waived for persons owning property as of February 20, 2024.

**APPLICANT (owner and/or adult occupant) must submit:**

1. Completed Registration (Registration will not be processed without all signatures)
2. List of occupants to be granted access to Common Property
3. Signed acknowledgement of receipt of the Bylaws, Articles and Rules and an agreement to abide by those said documents
4. \$50.00 Processing Fee payable to WASHINGTON HEIGHTS HOA, Inc.
5. Signed Alternate Address and Email consent Preference
6. Certificate of Appointment of Voting Representative

**All items must be submitted as an entire packet to:**

**Washington Heights Home Owners Association, Inc.  
4021 Indiana Drive  
Punta Gorda, FL 33982**

Thank you in advance for your cooperation in following this process.

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**Below information is to be completed by the Association Secretary**

Received:

Payment     Signed Receipt/Agreement     Address/Email Consent     Voting Cert     Occupant List

Association Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**WASHINGTON HEIGHTS HOME OWNERS ASSOCIATION, INC (WHT)  
OWNER REGISTRATION  
FOR ACCESS TO COMMUNITY PROPERTY**

(Revised 2/20/2024)

We hereby apply to the Board of Directors for access to the Common Property of WHT.

**UNIT INFORMATION**

WHT Address: \_\_\_\_\_ Lot will be occupied by:  Owner  Tenants  Other  Vacant

**APPLICANTS INFORMATION (All adult occupants)**

Name of Owner#1: \_\_\_\_\_ Check here if owner will be an occupant

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

Name of Owner#2: \_\_\_\_\_ Check here if owner will be an occupant

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

Name of Owner#3: \_\_\_\_\_ Check here if owner will be an occupant

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

**Other adult occupants:**

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

**CHILDREN OCCUPANTS**

Children occupant names and date of birth:

- 1. \_\_\_\_\_ DOB: \_\_\_\_\_
- 2. \_\_\_\_\_ DOB: \_\_\_\_\_
- 3. \_\_\_\_\_ DOB: \_\_\_\_\_
- 4. \_\_\_\_\_ DOB: \_\_\_\_\_
- 5. \_\_\_\_\_ DOB: \_\_\_\_\_

**ANIMAL OCCUPANTS**

\*Pet 1: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Service Animal (Yes/No) \_\_\_\_\_  
\*Pet 2: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Service Animal (Yes/No) \_\_\_\_\_

\*Indicate type of pet (dog, cat, etc.). Please attach current tag information and/or veterinarian certificate along with a photo (required). The limit is two (2) pets per household. If any animal is a Service Animal details must be attached.

**ALL ADULT OWNERS and/or OCCUPANTS PLEASE SIGN BELOW:**

OCCUPANT #1: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

OCCUPANT #2 \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

OCCUPANT #3 \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

OCCUPANT #4 \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

OCCUPANT #5 \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**WASHINGTON HEIGHTS HOME OWNERS ASSOCIATION, INC (WHT)  
CERTIFICATE OF APPOINTMENT  
OF VOTING REPRESENTATIVE**

TO: **Secretary, Washington Heights Home Owners Association, Inc.  
4021 Indiana Drive, Punta Gorda, Florida 33982**

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of

Address No. \_\_\_\_\_

in WHT, have designated \_\_\_\_\_  
(Name of Voting Representative)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (i) Lot owned by John Doe and his brothers, Jeff and Jim Doe. Voting Certificate required designating either John, Jeff or Jim as the Voting Representative (NOT A THIRD PERSON).
- (ii) Lot owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating an officer to vote, signed by President or Vice-President of Corporation. (For Partnerships, any Partner may be designated, All partners must sign.)
- (iii) Lot owned by Joe Doe Trust, Voting Certificate must be filed designating a beneficiary, grantor or trustee of the Trust entitled to vote, signed by Trustee of the Trust.
- (iv) Lot owned by John Jones. No voting Certificate required.
- (v) Lot owned by Bill and Mary Rose, husband and wife. No Voting Certificate required. either Bill or Mary is entitled to be the voting representative.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Print Name of Trust, Estate, Corporation – Or OWNER(S)

\_\_\_\_\_  
OWNER/Officer/Trustee/Partner  
Print Name and Title \_\_\_\_\_

\_\_\_\_\_  
OWNER/Partner  
Print Name and Title \_\_\_\_\_

\_\_\_\_\_  
OWNER/Partner  
Print Name and Title \_\_\_\_\_

*NOTE: This form is not a proxy and should not be used as such.*

**WASHINGTON HEIGHTS HOME OWNERS ASSOCIATION, INC (WHT)**  
**ACKNOWLEDGEMENT OF RECEIPT OF AND**  
**AGREEMENT TO ABIDE BY GOVERNING DOCUMENTS**

(Revised 2/20/2024)

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE that all owners(s) and any guests or invitees must comply at all times with the Association's governing documents and rules and regulations, which are subject to amendment from time to time while accessing Common Property. In the event a payment due to WHT becomes delinquent at any time during the Lease, the owner(s)' right to access Common Property will be rescinded. By signing below I acknowledge having read and understood the foregoing and further state that I understand that I must pay a non-refundable \$50 processing fee to WHT. I acknowledge receipt of a copy of the Bylaws, Articles of Incorporation and Rules and Regulations for the Association, and agree to abide by all those said documents and understand that any violation of those governance documents by myself or any of my guests or invitees may result in the Association's suspension of access privileges and imposition of fines. It is also understood that any legal costs related to any enforcement action will be the lot owner's responsibility and will be accessed to him/her, with any unpaid legal fees, taxable costs and interest.

By signing below, I acknowledge and accept this form as notice that all required WHT records including but not limited to: financial reports, budgets, minutes, Articles of Incorporation, Bylaws and Rules and Regulations may be viewed online at: [Washingtonheightshomeowners.com](http://Washingtonheightshomeowners.com)

WHT is required to send notice of certain events (such as meetings, account statements and proposed governing document amendments) to all owners in the subdivision. A member's designated mailing address is the member's property address, unless the member has sent written notice to the association requesting that a different mailing address or an email address for electronic transmission be used for all required notices. PLEASE PROVIDE THE ADDRESS OR EMAIL ADDRESS THAT YOU DESIGNATE TO RECEIVE ALL REQUIRED COMMUNICATIONS. **WE REQUEST THAT YOU PROVIDE AN EMAIL ADDRESS, IF AVAILABLE AND MONITORED, AS THIS EXPEDITES DELIVERY AND REDUCES THE TIME AND EXPENSE OF PAPER COMMUNICATION.**

I/We, the undersigned owner(s) of

(WHT street address): \_\_\_\_\_ Punta Gorda, FL 33982,  
designate that all required communications from Washington Heights Home Owners Association, Inc.  
pertaining to this property be delivered to (choose delivery method below):

Email (preferred) \_\_\_\_\_ or

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Owner(s') Signature(s)

\_\_\_\_\_  
Full Name(s) Printed and Date

\_\_\_\_\_  
Owners(s') Signature(s)

\_\_\_\_\_  
Full Name(s) Printed and Date

\_\_\_\_\_  
Owners(s') Signature(s)

\_\_\_\_\_  
Full Name(s) Printed and Date

\_\_\_\_\_  
Owners(s') Signature(s)

\_\_\_\_\_  
Full Name(s) Printed and Date

**WASHINGTON HEIGHTS HOME OWNERS ASSOCIATION, INC (WHT)  
CERTIFICATE OF APPOINTMENT OF  
SECONDARY VOTING REPRESENTATIVE FOR  
NON-DEED RECTRICTING MATTERS**

TO: **Secretary, Washington Heights Home Owners Association, Inc.  
4021 Indiana Drive, Punta Gorda, Florida 33982**

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of

Address No. \_\_\_\_\_ in WHT, have designated \_\_\_\_\_  
(Name of Voting Representative)

as their secondary representative to cast votes and to express approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Articles and By-Laws of the Association regarding non-deed restricting matters.

The following examples illustrate the proper use of this Certificate:

- (i) Lot owned by John Doe and his brothers, Jeff and Jim Doe. Voting Certificate required designating either John, Jeff or Jim as the Voting Representative provided that brother resides on the property listed.
- (ii) Lot owned by Joe Doe Trust, Voting Certificate must be filed designating a beneficiary, grantor or trustee of the Trust entitled to vote, provided that person resides on the property listed signed by Trustee of the Trust provided that person resides on the property listed.
- (iii) Lot owned by Bill and Mary Rose, husband and wife. No Voting Certificate required. If both spouses reside on the property listed.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Print Name of Trust, Estate

\_\_\_\_\_  
OWNER/Trustee

Print Name and Title \_\_\_\_\_

\_\_\_\_\_  
OWNER

Print Name \_\_\_\_\_

\_\_\_\_\_  
OWNER

Print Name and Title \_\_\_\_\_

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