



Saint James Golf Club Homeowners Association, Inc.
5601 St. James Boulevard, Port Saint Lucie, FL 34983
Office : 772-344-0219 Fax : 772-344-0818

NOTICE OF CHANGE OF OCCUPANCY

Date of Application _____

Application for Approval of Sale ()

Date of Closing _____

\$100.00 fee must accompany this Application.

I/we, the undersigned, furnish the following information for the use of the Board of Directors of Saint James Golf Club HOA and do authorize them to contact all references as they see fit.

Present Owner's Name: _____ Phone #: _____

Saint James Address: _____ Email: _____

Owner's Mailing Address: _____

New Owner _____ Phone #: _____

Spouse Name: _____ Alternate phone #: _____

Other Occupants: _____

New Owner's Mailing address: _____

Vehicle Make: _____ Lic. # _____ State: _____ Color: _____

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Emergency Contact: _____ Phone #: _____

Name & Address of Employer: _____

Reference Name: _____ Phone #: _____

Reference Name: _____ Phone #: _____

Applicant Signature: _____ Co-Applicant Signature: _____

List all Pets: _____