Portico Master Property Owners Association, Inc.
14070 Portico Blvd
Fort Myers, FL 33905

SALE APPLICATION AND REQUIREMENTS

1. Upon completion of the Association Application Packet, submit your packet to the ICON Management for processing at 14070 Portico Blvd, Fort Myers, FL 33905. Email completed application and supporting documents to: **Ashley Sanders** at AMSanders@theiconteam.com

2. Submit with your Sale Application signed by all parties.

3. Return all pages of the application and all supporting material. If an item does not apply, mark as N/A.

ASSOCIATION: **Portico Master Property Owners Association, Inc.**	
ADDRESS	
OWNER'S NAME	APPLICANT'S NAME

CHECKLIST	
SIGNED APPLICATION	
SALE CONTRACT	
SALE DATES:	
PORTICO MASTER POA, INC. HAS RECEIVED THE APPROPRIATE DOCUMENTATION FOR THE SALE/ LEASE OF THE ABOVE REFERENCED APPLICATION	

_____ _____

PORTICO MASTER PROPERTY OWNERS ASSOCIATION, INC DATE
AGENT/BOARD OF DIRECTORS SIGNATURE OF APPROVAL

MAILING ADDRESS

PORTICO

OWNER'S NAME	CLOSING DATE TERM
OWNER NAME	OWNER SPOUSE'S NAME
CONTACT TELEPHONE	CONTACT TELEPHONE
CONTACT EMAIL	CONTACT EMAIL
OCCUPANTS OTHER THAN APPLICANT: NAME, AGE, RELATIONSHIP	OCCUPANTS OTHER THAN APPLICANT: NAME, AGE, RELATIONSHIP
PET(S): BREED, WEIGHT, NAME	PET(S): BREED, WEIGHT, NAME
IN CASE OF EMERGENCY CONTACT: NAME AND PHONE #	
SIGNATURE:	SIGNATURE:

ICON MANAGEMENT

NEW RESIDENT INFORMATION & COMMUNICATION AUTHORIZATION

Name: _____

Co-Owner's Name: _____

Adults/Children under 55 living with you: _____

Closing Date: _____

Portico Address: _____

Phone #1: _____ Phone #2: _____

E-Mail Address: _____

Do you live at Portico full-time? ☐ Yes ☐ No

If no, enter an alternate mailing address: _____

_____

Where do you want your mail to be sent to? ☐ Portico Address ☐ Email

☐ Alternate Address: _____

I/We would like to receive Email Communication from the Association? ☐ Yes ☐ No

I/We would like to be included in the Homeowner Directory? ☐ Yes ☐ No

Emergency Contact: _____

Relationship: _____ Phone: _____

Signature: _____ Date: _____

Please email the completed New Resident Form to:

JCastillo@theiconteam.com

PORTICO

CONSENT TO ELECTRONIC VOTING AND/OR CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being an Owner or the Voting Member for Address _____ in PORTICO PROPERTY OWNERS ASSOCIATION, Inc. pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below for which you are giving consent. You may consent to electric voting, receiving electronic notice, or both).

1. _____ **ELECTRONIC VOTING.** By signing this consent form (or consenting to electronic voting by e-mail sent to the Foundation), I/we consent to voting electronically at meetings and elections for Portico Property Owners Association, Inc. to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing electronic voting ("Resolution"). I/we designate the following email address for electronic voting purposes:

Email Address: _____

I/We further understand and agree that, in order to use a different e-mail address for casting votes electronically, I/we must notify the Foundation in writing of the change of e-mail address prior to the meeting or election in which the Owner wishes to vote by electronic means.

2. _____ ELECTRONIC NOTICE. I/we consent to receiving notice by electronic transmission for meetings of the Board of Directors, Committees, and Annual and Special Meetings of Portico Property Owners Association, Inc. I/we designate the following email address for electronic voting purposes *(you may write "same as above" or provide a different address for electronic notice purposes):*

Email Address: _____

The undersigned understands that mailed/paper notice may not be provided to the Owners unless the Owners have rescinded their consent to receive electronic notice of meetings. Please be aware that if you consent to receive electronic notice of meetings, your e-mail address designated for that purpose will be an official record of the Foundation.

All Owners of the Lot or eligible voter please print name, affix date and sign below.

Signature: _____ **Signature:** _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

RAMCO
ACCESS CONTROL

Resident Update Form

DATE OF SUBMISSION

__ __ / __ __ / __ __

ADDRESS

Address:

City:

State:

Zip Code :

PERSONAL INFORMATION

Occupant Name :

Occupant Type :

Primary Phone:

Cell Phone:

Email :

Occupant Name :

Occupant Type :

Primary Phone:

Cell Phone:

Email:

VEHICLE INFORMATION

Make:

Model:

Year:

Color

Tag:

Device #:

Primary Driver:

Make:

Model:

Year:

Color

Tag:

Device #:

Primary Driver:

COMMUNITY INFORMATION

COMMUNITY CODE: PFM

CALL AUTHORIZATION: +1 239-766-5501

Resident Signature

THANK YOU FOR REGISTRATION