



INTERNAL CHECKLIST FOR NEW RENTERS

DATE: _____

LEASE START DATE: _____
(3 Months Minimum or Longer per Lease)

LEASE END DATE: _____

RENTERS NAME: _____

SAVANNA CLUB ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

DATE OF BIRTH: HIS: _____ HERS: _____ ANNIVERSARY: _____

The following forms are part of the New Renter Application and must be received prior to orientation:

Copy of Driver's License	_____	Copy of Lease	_____
Proof of Age	_____	Telephone Consent Form	_____
Rules & Regulations Letter	_____	Pet Registration Form	_____
Vehicle Registration Form	_____		

Completion Date: _____

Manager's Initials: _____

The Renter will be given the following information at orientation:

Welcome to Savanna Club	_____	Board/Town Meetings	_____
The Voice	_____	Facilities Information	_____
Trash Removal	_____	List of Clubs	_____
Comcast Cable Information	_____	Theater Events	_____
In-House Channel 63	_____	Golf Membership	_____
Telephone Directory	_____	RV Storage	_____
Badges	_____	Savanna Club Bag	_____

Employee's Initials: _____

The information we need to collect from Renter at orientation:

Copy of Vehicle Registration	_____	Orange Tag #: _____
Copy of Vehicle Registration	_____	Orange Tag #: _____

Notes: _____

Manager's Signature: _____

Member # _____

Proof of Age Form

This survey is required every two years in order to certify our 55+ age requirement under the Housing for Older Persons Act of 1995.

Savanna Club Address: _____ Date: _____, 2025

- No Lot shall be occupied or permitted to be occupied unless there is at least one (1) person occupying the Lot who has attained the age of 55 years.
- No children under the age of twenty-one (21) years shall be permitted to reside in any home on any Lot, except that children may be permitted to visit temporarily for periods not to exceed sixty (60) days in total in any calendar year. Please do not include temporary guests on this form.
- No more than three (3) people may reside in any home on any Lot on a permanent basis.

List all the people who **reside** within your home, indicating the full date of birth, starting with owners. Please also provide Proof of Age for each person listed below. This should be a copy of ONE of the following: Birth Certificate, Driver's License, Passport, or any other equivalent photo identification showing Proof of Age. Please do not send your originals.

Resident 1

*On long term lease
or deed?*

Printed Name: _____ D.O.B. ___/___/___ [] Yes [] No

Resident 2

Printed Name: _____ D.O.B. ___/___/___ [] Yes [] No

Resident 3

Printed Name: _____ D.O.B. ___/___/___ [] Yes [] No

MUST BE SIGNED BY ONE RENTER IN THE PRESENCE OF A NOTARY

Printed Name of Renter: _____ Signature of Renter: _____

STATE OF _____:

COUNTY OF _____:

The foregoing document was acknowledged before me on the ____ day of _____ 2025, by _____, owner of the above referenced lot located within Savanna Club HOA, Inc. whom states that the information provided is true and correct. They are personally known to me or have produced _____ as identification and did take an oath.

(Signature)
Notary Public, State of Florida at Large



SAVANNA CLUB HOMEOWNERS' ASSOCIATION, INC.

3492 Crabapple Drive

Port St. Lucie, FL 34952

(772) 340-1889 • Fax (772) 340-0522

The Rules and Regulations handbook for Savanna Club has been prepared for your information and understanding our community. Please read it carefully. Upon completion of your review of this handbook, sign the statement below and return it to the Savanna Club Homeowners' Association office before your closing date. A copy of this acknowledgment appears at the back of your handbook for your records.

I/We, _____, have received and read a copy of the Savanna Club Rules and Regulations. I have familiarized myself with the contents of this handbook. By my signature below, I/We acknowledge, understand, accept and agree to comply with the information in the Savanna Club Rules and Regulations provided to me by the Savanna Club Homeowners' Association.

- No more than 3 adults per home
- No one under the age of 21 years old
- One person must be 55 or older
- Restricted Dog Breeds – Pit-Bulls or American Staffordshire Terriers, Akitas, Alaskan Malamutes, Chow Chows, Doberman Pinschers, German Shepards, Huskies, Mastiffs, Presa Canarios, Rottweilers, & Wolf Hybrids, or their mixed breeds. **Please refer to page 7 of the Declaration of Covenants & Restrictions for Savanna Club.**
- No business can be operated out of the house
- Automobiles and Golf Carts must be registered

I/We have also included copies of our driver's license(s) and completed the Proof of Age form to be sent to the Savanna Club Homeowners' office.

I/We also understand that upon arriving at Savanna Club we must obtain our badges and register our vehicle(s).

Signature

Signature

Signature



Member # _____

VEHICLE REGISTRATION

Name: _____ Phone _____

Savanna Club Property Address: _____

A COPY OF THE VEHICLE REGISTRATION FOR EACH VEHICLE MUST BE ATTACHED TO THIS FORM. PLEASE NOTE THAT GATE TAGS WILL BE ISSUED AFTER ATTENDING NEW OWNER ORIENTATION

Vehicle #1 SC Decal # _____

Make: _____ Model: _____ Year: _____

Color: _____ Plate #: _____ State: _____ Paid: Ck# _____

Would you like to request a gate tag for this vehicle? Y / N Office Use Only: Tag # Issued: _____

****You will be called when tag is available, vehicle must be brought to HOA office to affix tag. ****

Vehicle #2 SC Decal # _____

Make: _____ Model: _____ Year: _____

Color: _____ Plate #: _____ State: _____ Paid: Ck# _____

Would you like to request a gate tag for this vehicle? Y / N Office Use Only: Tag # Issued: _____

****You will be called when tag is available, vehicle must be brought to HOA office to affix tag. ****

Vehicle #3 SC Decal # _____

Make: _____ Model: _____ Year: _____

Color: _____ Plate #: _____ State: _____ Paid: Ck# _____

Would you like to request a gate tag for this vehicle? Y / N Office Use Only: Tag # Issued: _____

****You will be called when tag is available, vehicle must be brought to HOA office to affix tag. ****

Vehicle Removal - Only check & date if you no longer have that vehicle

Vehicle #1: Date: ___/___/___ Vehicle #2: Date: ___/___/___ Vehicle #3: Date: ___/___/___

Consent to Publish Personal Information

Florida Statute requires resident's permission to publish telephone numbers and email addresses in the community telephone directory. If you would like to have your information included in the Directory, Voice, or Website please complete this form and return it to the SCHOA office.

By checking yes below, Residents hereby give permission to Savanna Club Homeowners Association, Inc. to publish names, address, telephone number(s), email addresses, birthdays, and anniversary as provided below:

Resident 1

Print Name: _____ Address: _____

Home Phone: () _____ - _____ Publish: [] Yes [] No

Cell Phone: () _____ - _____ Publish: [] Yes [] No

Only one number per resident will be published.

Email Address (please print clearly) _____

Publish Email Address: [] Yes [] No

Authorize official communication and notices to be sent via email from the SCHOA. Hard-copies will not be sent if you choose to receive notice electronically: [] Yes [] No

Birthday: ____/____/____ Publish: [] Yes [] No Anniversary Date ____/____/____ Publish: [] Yes [] No

Official Mailing Title- this is how you would like your mail addressed:

(Example: Mr. and Mrs. Smith or John and Jane Doe) _____

Signature: _____ **Date:** _____

Resident 2

Print Name: _____ Address: _____

Home Phone: () _____ - _____ Publish: [] Yes [] No

Cell Phone: () _____ - _____ Publish: [] Yes [] No

Only one number per resident will be published.

Email Address (please print clearly) _____

Publish Email Address: [] Yes [] No

Authorize official communication and notices to be sent via email from the SCHOA. Hard-copies will not be sent if you choose to receive notice electronically: [] Yes [] No

Birthday: ____/____/____ Publish: [] Yes [] No Anniversary Date ____/____/____ Publish: [] Yes [] No

Official Mailing Title- this is how you would like your mail addressed:

(Example: Mr. and Mrs. Smith or John and Jane Doe) _____

Signature: _____ **Date:** _____

Consent to Publish Personal Information Continued.....

Resident 3

Print Name: _____ Address: _____

Home Phone: () _____ - _____ Publish: [] Yes [] No

Only one number per resident will be published.

Cell Phone: () _____ - _____ Publish: [] Yes [] No

Email Address (please print clearly) _____

Publish Email Address: [] Yes [] No

Authorize official communication and notices to be send via email from the SCHOA. Hard-copies will not be sent if you choose to receive notice electronically: [] Yes [] No

Birthday: ____/____/____ Publish: [] Yes [] No Anniversary Date ____/____/____ Publish: [] Yes [] No

Official Mailing Title- this is how you would like your mail addressed:

(Example: Mr. and Mrs. Smith or John and Jane Doe) _____

Signature: _____ **Date:** _____

Should you at a later date wish to change or remove the information provided on the form, you will need to notify the SCHOA office in writing. Changes will not be made over the phone.

Member # _____

**SAVANNA CLUB
HOMEOWNERS' ASSOCIATION, INC.**

PET REGISTRATION FORM

Please attach a photo of your pet with your name, address & pet's name on the back

Resident(s): _____ Date: _____

Address: _____

Type of Pet: Dog: _____ Cat: _____

Name: _____

Breed: _____ Color: _____ Weight: _____ Age: _____ Sex: _____

Neutered/Spayed: Yes: _____ No: _____

Service Animal: Yes: _____ No: _____

Will the service animal be entering the clubhouses: Yes: _____ No: _____

Comfort Animal: Yes: _____ No: _____

I/we understand that violating the Association Documents regarding pets, can lead to fines and the expulsion of my pet from the Association property.

Resident: _____
Signature _____ Date _____

Resident: _____
Signature _____ Date _____

Resident: _____
Signature _____ Date _____