



# Village Square

## VILLAGE SQUARE of TITUSVILLE CONDOMINIUM ASSOC, INC. 1685 – 1795 Harrison St, Titusville, FL

**c/o Clover Key, Inc.**  
**110 Imperial Street,**  
**Merritt Island, FL 32952**

Community Association Management

[www.cloverkeyservices.com](http://www.cloverkeyservices.com)

**Office: 321-735-7624**

E-Mail: [office@cloverkeyservices.com](mailto:office@cloverkeyservices.com)

Dear New Owner,

Welcome to your new home! We hope you received all needed keys from your seller, to include your front door key, any screen or storm door key, your post box key, and the “amenity” key to the pool and clubhouse.

Clover Key, Inc. has been retained by your Board of Directors to assist in the management and financial oversight of your condominium. Our services include the collection of assessments, monthly financial reports, our presence at Association meetings and the preparation of minutes of those meetings. We also oversee the condition of the “common elements” of your property and obtain bids for repair when necessary. We ensure that all owners and their guests adhere to the rules of the Association (called covenant enforcement) and that the sections of their homes that affect others are maintained to the standards proposed in your governing documents. All of this is done within the parameters set forth in Florida Statute 718.

In regard to maintenance and repairs, this means that “common area” problems (pools, sprinklers, retention ponds, landscaping, clubhouse, etc.) are referred to us for solutions. If items in your “limited common areas” such as doors, screens, windows, or patios need attention, we will ask that you repair or replace anything you are responsible to maintain.

If you have a change of address, will be selling or renting your unit, have financial questions or need copies of documents, please contact us for assistance. If you receive the voice-mail message, please leave a detailed request and we will return your call promptly; usually within 2 hours. For after-hours emergencies, please call 321-501-1523. Please leave a detailed message and the manager or maintenance personnel will be paged. Usually, late-night emergencies revolve around water, elevators, or alarms. We have contractors who will come out whenever called, but if a problem is found to be an owner’s responsibility, the bill will have to be paid at the time of service by the owner.

Unit assessments for your property are **\$225.00 per month** as of January 1, 2022. This amount is due on the first day of each month with a 10-day grace period for mailing delays. Please remember that your association cannot run properly and pay its bills without the prompt payment of assessments by all owners. Please contact me if you will be late paying so that we can make appropriate arrangements.

There are two options available to you for making your payments, either mailing your check along with a coupon each month for bank processing OR setting up your automatic payments through AppFolio's online portal.

AppFolio is a software app that allows you to pay your monthly maintenance fees online, allows you to put in service requests, and allows you to put in architectural reviews at any time. You can even check your account balance at any time as well. All of this can be done through your AppFolio app. In order to set-up your AppFolio account, we will need your email address. Please provide your email address to us at [office@cloverkeyservices.com](mailto:office@cloverkeyservices.com) or call us at 321-735-7624.

We should have received all your information before you purchased your unit. One thing we did not ask for was your e-mail address. If you could please e-mail us ([office@cloverkeyservices.com](mailto:office@cloverkeyservices.com)) with your e-mail address, we keep it confidential, but use it to send you "non-official" information such as newsletters, hurricane updates, etc. Again, these e-mail addresses are kept confidential and not given out to anyone. They only help your association save money on postage and paper, whenever legally able to do so.

We also offer a page on our website for each of our properties. Go to [www.cloverkeyservices.com](http://www.cloverkeyservices.com) and click on the name under the photo of Village Square. This will soon take you to "your page" with photos of your property, minutes of your meetings, rules and regulations and other items your Board approves. If you have ideas for other links to your page, please let us know. We will try to accommodate these requests, if possible.

**Again, we welcome you to the community and hope you will join some of the social committees that meet at the clubhouse!**

Sincerely,

The Staff of Clover Key, Inc.

**& Manager Jennifer Vo**

VILLAGE SQUARE OF TITUSVILLE  
CONDOMINIUM ASSOCIATION, INC.

OWNER PROFILE

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Scan and email to [office@cloverkeyservices.com](mailto:office@cloverkeyservices.com) or mail to 110 Imperial Street, Merritt Island, FL 32952.

1. NAME(S) of OWNERS: \_\_\_\_\_

2. BLDG # \_\_\_\_\_ UNIT # \_\_\_\_\_ Designated Voter: \_\_\_\_\_

3. Address for Receiving Mail: \_\_\_\_\_

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

4. **Telephone Numbers:**

Condo \_\_\_\_\_ Other Residence: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Company Name: \_\_\_\_\_

5. **E-Mail Address:** \_\_\_\_\_ [ ] Check if "None"

6. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

7. Please check one of the following:

**Full Time Resident:** \_\_\_\_\_ **Rental Only:** \_\_\_\_\_

**Part Time Resident:** \_\_\_\_\_ **Both Residential & Rental:** \_\_\_\_\_

8. Rental Information: (If Applicable) **Handled by Owner?** YES \_\_\_\_\_ NO \_\_\_\_\_

9. IF NO, please provide name & phone number of **agent or person handling rental:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

10. Tenant's Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

11. Number of Persons in Unit: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

Name(s) of others in unit: \_\_\_\_\_

12. **Please attach a copy of the lease, ensuring that you are renting for a minimum of six (6) months. PLEASE make sure tenant understands where to park and has a copy of the rules and regulations.**

13. **PETS: Up to two (2) are permitted in each unit, not to exceed 20 pounds at maturity**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

14. **FAMILY MEMBERS/GUESTS:** Those who may occupy your unit while you are away:

Last Name:	First Name (s):	Relationship:	Other Info:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date form completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_