

Oleander Pines Association Inc.

HOMEOWNER REGISTRATION FORM

*Owner Name(s): _____

Owner Name(s): _____

*Oleander Pines Address _____

Alternate mailing address (if different from Oleander Pines Address)
ADDRESS _____

State, _____ ZIP _____

*Phone: Home: _____ Work: _____ Cell: _____

*Email Address _____

(Required: Used For HOA Official Notices, Ballots, Budgets, Meeting, Minutes, Reports)
We never share your Email address or other personal information)

Emergency Contact: Name: _____

Address: _____ City _____ State _____

Zip _____ Phone: _____ Email _____

*Children residing with you Names/ages _____;

_____;

*Other Family Residents: _____ Relationship _____;

_____ Relationship _____

*Autos: Make, Model, Color, License Plate# _____

*Dog/Cat Pets: Type: _____ Breed: _____ Male Female Name _____ Color _____

Type: _____ Breed: _____ Male/Female Name _____ Color _____

Type: _____ Breed: _____ Male/Female Name _____ Color _____

*ATTACH COPY(IES) OF ST. LUCIE COUNTY DOG LICENSE

Person authorized to cast Ballot : 1 owner per home _____

*Home Owner(s) Signature(s) _____ Date _____

_____ Date _____

Please be sure to inform Oleander Pines HOA of any changes

Please Return form to Mailbox located at front entrance or mail to:

Oleander Pines Association Inc.

990 Sandburg Lane, Port Saint. Lucie, Fl. 34952

Rev 1.20.2025

*** = Required items**