



Wildwood Shores
Property Owners' Association, Inc.
Lines Ave / Kings Ave Residents

New Homeowner
Application
2026

PO Box 601 – Hopatcong, NJ 07843 • WSPOA@optonline.net • www.wspoa.com

HOME SALE/PURCHASE

Please be advised that any home or property for sale within Wildwood Shores Property Owners' Association (WSPOA) is subject to existing deed restrictions.

There is a mandatory application fee and mandatory yearly Association Fee.

Current 2026 mandatory fees are as follows:

- One Time Application Fee: \$500.00
- Yearly Association Fee \$500.00 (mailed each Dec.)

We are bringing this to your attention due to the fact that many homes within the WSPOA have changed ownership without the new owners being made aware of these fees.

The Initiation Fee and Association Fee are mandatory, these fees, as well as any outstanding balance need to be collected at time of closing and forwarded to the above address.

You should also check with the current WSPOA treasurer to make sure the current homeowner is not in arrears. The new owners are liable for these fees if this is not handled before closing.

We appreciate your cooperation to help avoid any delays with your closing and any unexpected costs to the new homeowners.

Sincerely,
Treasure, Kathy Pacella

Please Familiarize Yourself With WSPOA

- Beach Rules & Regulations • By-Laws
- General Rules & Regulations • Boat Information



<https://www.wspoa.com/blog/blog-4/index.html>

Kathy Pacella, Treasurer • kathy@klpaccounting.com • (973) 479-5946

General Correspondence: wspoa@optonline.net

NOTICE: Application Fees and Association Fees are evaluated annually by the WSPOA Board of Directors



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HOME SALE / PURCHASE APPLICATION

Date Of Closing:	
Property Address:	
Block #:	Lot #:
Seller's Full Name:	
Seller's Attorney Name:	
Address:	
Email:	Phone:
Buyer's Attorney Name:	
Address:	
Email:	Phone:

NEW PROPERTY OWNER MEMBER PROFILE

Name Of Head Of Household:	
Cell#:	Email:
Name Of Spouse/Partner:	
Cell#:	Email:
Name & Age Of Children: Please Use Commas To Separate Names And Age	

Please List Any Other Adults Residing In The Home

Name Of Other Adult:	
Cell#:	Email:
Name Of Other Adult:	
Cell#:	Email:

If you have any questions, please contact:
Kathy Pacella, Treasurer • kathy@klpaccounting.com • (973) 479-5946
or
Doug Gardner, President • wspoa@optonline.net • (973) 219-1763
For any other information about our WSPOA, please visit website at www.wspoa.com