

Condominium Association of Golf Villas II, Inc.

9801 Perfect Dr.
Port St. Lucie, FL 34986
772-460-4304 / 772-460-6212 (fax)
golfvillas2@comcast.net

Application for Sale

Conditions: This is an Application for Approval of Sale.

This form must be completely filled out and be accompanied by a properly executed Agreement of Sale, photo I D. and is conditioned upon the approval by the Board of Directors of the Association.

All Applications must be accompanied by a check for \$150.00 payable to Condominium Association of Golf Villas II.

Applications that do not conform to the above-stated conditions will not be processed and will not be approved.

Unit # _____ Present Owner's Name(s) _____

Applicant's Full Name: _____ Date of Birth: _____

Present Address: _____

Telephone #: _____ Will you maintain this present address? Y / N

Co-Applicant's Full Name: _____ Date of Birth: _____

Present Address: _____

Telephone #: _____ Will you maintain this present address? Y / N

Other Occupants: (please list all other persons who will be occupying the apartment)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Vehicles: Please list all the vehicles to be parked on the premises. Please note that they must be in accordance with the Association Rules and cannot include full-size trucks, commercial vehicles of any kind, motorcycles, campers, motor homes. Vehicles that are unsightly, not mechanically operable or not street legal are not permitted on the premises. Only cars and personal vans that are in good, operable condition will be permitted on the premises.

<u>Vehicle Type</u>	<u>Make</u>	<u>Year</u>	<u>License #</u>

Pet Information: (cannot exceed 20 lbs.) Type: _____ Weight: _____ Age: _____

Personal References (must have three)

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Other information/Special Needs: _____

Emergency Contact Name: _____ **Telephone:** _____

Name and address of Closing Agent, Attorney or Title Company to which Certificate of Approval and statement of assessment are to be sent:

_____ **Date of Closing:** _____

I/We the undersigned applicant(s) do hereby certify that I/We have read, accept and unconditionally agree to abide by the Condominium Documents and Rules and Regulations of Condominium Association of Golf Villas II.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Approved by the Board of Directors: _____ **Date:** _____

Application Fee paid: _____ **Amount \$:** _____ **Date:** _____

Please return to:

**Association of Golf Villas II
9801 Perfect Drive
Port St Lucie, FL 34986**

Rev. 08/25/2017