

# Condominium Association of Golf Villas II, Inc.

9801 Perfect Dr.  
Port St. Lucie, FL 34986  
772-460-4304 / 772-460-6212 (fax)  
[golfvillas2@advpropmgt.com](mailto:golfvillas2@advpropmgt.com)

## Application for Sale Approval

**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:** \_\_\_\_\_

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**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, 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.

**Vehicle Type**                      **Make**                      **Year**                      **License #**

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**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:** \_\_\_\_\_

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**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  
Golfvillas2@advpropmgt.com**

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