

Condominium Association of Golf Villas II, Inc.

C/O HARBOR MANAGEMENT OF SOUTH FLORIDA

9801 Perfect Dr.
Port St. Lucie, FL 34986
772-460-4304

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: _____

APPLICATION FOR VEHICLE PARKING

Please list all vehicles that will be parked on the premises. Please note that they must be in accordance with the Association Rules. The following are **NOT** allowed: commercial vehicles of any kind, motorcycles, campers, motor homes, trailers, unsightly, mechanically inoperable, not street legal. Only cars and personal vans that are in good operable condition will be allowed on the premises.

Vehicle # 1:

Make: _____ Model: _____ Year: _____ Tag#: _____

Vehicle #2:

Make: _____ Model: _____ Year: _____ Tag#: _____

PET INFORMATION

Only owners are allowed to have pets in their unit. The pets are not allowed to exceed 20 lbs.

Type: _____ Weight: _____ Age: _____

PERSONAL REFERENCES

Please list 3 personal references:

- 1. Name: _____ Address: _____
Telephone #: _____
- 2. Name: _____ Address: _____
Telephone #: _____
- 3. Name: _____ Address: _____
Telephone #: _____

EMERGENCY CONTACT

Name: _____ Phone # _____

NAME OF CLOSING AGENT AND TITLE COMPANY

Please provide the following information so we know where to send the Certificate of Approval and statement of assessment.

Date of Closing: _____

Closing Agent or Attorney:

Name: _____ Phone #: _____

Title Company:

Name: _____ Phone #: _____

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 the Condominium Association of Golf Villas II.

Applicants Signature: _____ Date: _____

Co- Applicants Signature: _____ Date: _____



Approved by the Board of Directors: _____ Date: _____

Application Fee Paid: _____ Amount: _____ Date: _____

**Please return the completed application to:
Association of Golf Villas II,
9801 Perfect Dr., Port St Lucie, FL 34986**