

**VISTAS AT BONITA BAY
CONDOMINIUM ASSOCIATION, INC.**

Application for Sale or Other Transfer for Title

Please submit this completed application for sale to the attention of the Board of Directors at Vistas at Bonita Bay Condominium Association, Inc., 4751 Bonita Bay Boulevard, Manager's Office, Bonita Springs, Florida 34134.

Date: _____

To: Board of Directors of Vistas at Bonita Bay Condominium Association, Inc.

I (We) intend to purchase or otherwise acquire title to Unit No. _____, located at Vistas at Bonita Bay. A copy of the executed sales contract and/or other documentation providing for the transfer to title is attached. I (We) represent that the following information is factual and true. I (We) am (are) aware that any falsification or misrepresentation of the facts in the Application will result in rejection of this Application, or constitute grounds for the Association so void any approval that may be granted. I (We) consent and acknowledge that Association may make further inquiry concerning this Application, including but not limited to the references given below.

I(We) have read and agree to be bound by the Declaration, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association, copies of which documents have been furnished to me(us) by the unit owner.

FULL NAME OF PRESENT OWNER(S) OF UNIT _____

FULL NAME OF APPLICANT (1) _____ SOCIAL SECURITY # _____
(2) _____ SOCIAL SECURITY # _____

OCCUPATION(S) OF APPLICANT(S) (1) _____
(2) _____

PRESENT RESIDENCE ADDRESS _____ HOW LONG? _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

Best Email Address: _____

IS PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE, A CONDOMINIUM, COOPERATIVE OR SUBJECT TO REGULATION BY HOMEOWNER'S ASSOCIATION: _____

IF YES, NAME AND ADDRESS OF ASSOCIATION _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

IS PRESENT RESIDENCE IS A RENTAL:

NAME AND ADDRESS OF CURRENT LANDLORD _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

PLEASE STATE THE NAME AND RELATIONSHIP OF ALL PERSONS (INCLUDING APPLICANTS) WHO WILL BE OCCUPYING THE UNIT OR STAYING FOR MORE THAN (30) DAYS IN A CALENDAR YEAR:

NAME _____ RELATIONSHIP TO APPLICANT(S) _____
NAME _____ RELATIONSHIP TO APPLICANT(S) _____
NAME _____ RELATIONSHIP TO APPLICANT(S) _____
NAME _____ RELATIONSHIP TO APPLICANT(S) _____

PLEASE PROVIDE THREE (3) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

I(WE) INTEND TO: (CHECK ONE)

Personally reside full-time

Personally reside part-time

Rent the unit

PERSON TO NOTIFY IN AN EMERGENCY _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE _____

MANUFACTURER, MODEL AND YEAR OF AUTOMOBILES(S) TO BE KEPT AT VISTAS:

CAR NO. 1: _____ LICENSE NUMBER: _____
Year, Make Model, Color

CAR NO. 2: _____ LICENSE NUMBER: _____
Year, Make Model, Color

DO YOU HAVE A PET OR PETS THAT YOU INTEND TO KEEP AT THE CONDOMINIUM? _____

IF YES, TYPE OF PET(S), BREED, AGE AND SIZE (HEIGHT AND WEIGHT):

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION: _____

ADDRESS: _____

TELEPHONE _____

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:

ADDRESS: _____

TELEPHONE _____

IF APPLICATION FOR SALE IS ACCEPTED, MAILING ADDRESS FOR DELIVERY OF ASSOCIATION MATERIALS (IF DIFFERENT FROM UNIT ADDRESS):

ADDRESS: _____

I(We understand that upon its receipt of a totally completed Application, including sales contract acceptable to the Association, application fee and personal interview (if requested), the Association has thirty (30) Days within which to accept or reject the Application.

I(we) will provide a copy of the recorded deed within thirty (30) days of closing.

Signature of Applicant (1)

Date

Email

Reachable Phone Number/Cell Number

Signature of Applicant (2)

Date

Email

Reachable Phone Number/Cell Number