Harbor Management Services, Inc.

P.O. Box 924176, Homestead, FL 33092-4176
(305) 246-5867 Fax (305) 245-8020

"A Light in the Storm"

RE: SADDLE OAKS APPLICATION FOR APPROVAL OF SALE PACKAGE

Dear Applicant,
In accordance with the Association, any prospective applicant of any residence located within the community greater than 28 consecutive days is required to complete the application package prior to taking occupancy.

In an effort to update our records and conform to the new resident approval process, the Association requests that you include all the information requested below, please do not turn in incomplete applications.

- ☐ Application package *(3 pages)*
- ☐ Copy of Lease agreement/Purchase agreement

If you are a prospective tenant this approval process is mandatory, failure to obtain prior approval may result in legal action to enforce rules and regulations.

Application should be delivered to the Harbor Management offices at:

15600 SW 288 Street #406. Homestead, FL 33033.
Or via email frontdesk@harbormanagement.us
This application may take up to 10 days to process.

Board of Directors,
Harbor Management Services, Inc.

DO NOT WRITE FOR MANAGEMENT USE ONLY

Paid: _____ Posted: _____ *Tops* _____ *Logs* Initials: _____

Renter Name: _____ Phone Number: _____

H/O Name: _____ Phone Number: _____

Property Address: _____ # of Renters _____ Date: _____

PERSONAL INFORMATION

1) Applicant Name: _____ Date of Birth: _____
Drivers License #: _____ Social Security # _____
Contact phone#: _____ Other #: _____

The undersigned proposes to tell Lot No. _____ Address: _____

To: _____ identified below, and the undersigned does hereby

For approval of this sale, by the Saddle Oak Estates Community Association, Inc. to which the following

Information is submitted.

Date: _____ Owner(s): _____

Purchaser's Statement

Buyer's Full Name: _____ Name of Spouse: _____

Present Address: _____ Phone #: _____

Local Address: _____ Phone #:_____

Business Profession: _____ Position: _____ Active: _____ Retired: ____

Vehicle Year/Make/Model/Color: _____ Tag No: _____ State: _____

Vehicle Year/Make/Model/Color: _____ Tag No: _____ State: _____

Name of Real Estate Co/Agent (if any): _____

- 1. Owners are required to purchase gate remotes for each vehicle. Keypad is for visitors. Management Company will provide information regarding securing remotes and programming them. Please provide your Phone number: _____. This will be used for the callbox phone number to notify you when a Visitor is arriving. Please provide a callbox four digit code: _____.

  _____ Initial

- 2. Saddle Oak has an Architectural Review Committee whose approval is required for any alteration, Including painting, or erection of anything on a property that is visible from the street or another homeowner's Property. Fees if any, are to be determined by the Board of Directors. Refer to the Association Documents for More information.

  _____ Initial

- 3. If the property purchased has any wetland areas on it, owners must abide by Sarasota County regulations For wetlands and their buffers.

  _____ Initial

- 4. I have received and read a copy of the Saddle Oak Estates Community Association, Inc. Declaration of Covenants, Conditions and Restrictions and a copy of the Land Planning Guide with the Design and Review Application. I understand my responsibilities as an owner. I agree to abide by the provisions of said documents and I agree to pay all assessments quarterly or annually.

  _____ Initial

  Applicant's Signature: _____ Date: _____

  Co - Applicant's Signature: _____ Date: _____

  Closing Agent: _____ Phone #: _____ Closing Date: _____

- **WARRANTY DEED MUST BE FORWARDED TO HARBOR MANAGEMENT AT CLOSING**
- You may view association information at www.saddleoakestates.com. For any questions please contact Management's office at (305) 246-5867.