

DATE OF APPLICA	TION:
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SALES TRANSFER APPLICATION

UNIT # SALES PRICE	CLOSING DATE Listing Agent Telephone () Selling Agent	
Real Estate Listing Office		
Address		
Real Estate Selling Office		
Address	Telephone ()	
SELLER(S)		
NAME		
ADDRESS		
Telephone ()		
BUYER		
NAME		
ADDRESS		
Home Phone ()		
Work Phone ()		
Buyer's Social Security #		
Driver's License #		
Mortgagor	Employer	
Address	Address	
Telephone ()	Telephone ()	

BANK REFERENCES:		
(1)	(2)	
Address		3
Personal References:		
(1)	(2)	
Address		
Buyer's intended use of unit: (circle one)		
(1) Permanent Resident (2) Rental	(3) Other:	
Buyer(s) understand(s) that he/she/they will the first day of each month. A copy of the C Buyer's packet.	Ocean Villas currei	nt year's itemized budget is provided in the
Buyer(s) are to insure the contents and inte Application must be submitted to Ocean Villa be accompanied by a \$50.00 transfer handl	is management no	
The Ocean Villas Condominium Association his application.	-	reserves the right to approve or disapprove
Signature of applicant	Signat	ure of applicant
he Association (holds a lien) (does not hold	d a lien) on this un	it.
ien is recorded in the Official Records	on page	in the St. Johns County Courthouse.
pproval of this application is contingent upon this unit.	on the Seller(s) sat	tisfying all indebtedness to the Association
PPROVED DISAPPROVED		
cean Villas Board of Director's Officer		 Date

Revised 10/92