SAND CASTLE II CONDOMINIUM ASSOCIATION SALES APPLICATION

Application Fee \$100 payable to Sand Castle 2, this approval requires 14 Days to process

Application is hereby made	de for approval of the sa	le of unit #		
Name of Seller				Date
We represent that the follo	owing information is tru	e and consent to your further	inquiry concerning the inform	nation.
Name of Buyer (same as t	title)			
Spouse or other occupant				
Intentions – (circle on	e) Fulltime/Seasonal/F	Rental/other		
Email:		Phone:	Cell Phone:	
Present Address				
Address after closing _				
Children under 18 <u>Y/N</u> Po	ets <u>Y/N</u> Type:	Vehicle Type:	(Only one space per unit
Title Company Name:		Title Company C	ontact:	
Title Company Phone:]	Fax <u>:</u>	_	
		ave read and agree to a minimum 7 day renta		
		PICTURE IDENTIFICATION Y OF THE PURCHASE		
		s being satisfied with the Consessments, late fees, etc.) being		
		py of the Rules and Regulation ments & Rules and Regulation		
If you have any	questions regarding th	is application, please contac	t Leading Edge C.A.M. at	(727) 403-0307
Date	Signature	S.		
Date	Signature	S <u>.</u>		
ESTOPPE	LS REQUEST IS CO	MPLETED BY THE ACC	OUNTING OFFICE (727	<u>') 461-9770</u>
Appro	ved by :	of Board Member or Agent	Date:	
		of Board Member or Agent		

THIS APPLICATION IS APPROVED CONTINGENT UPON ALL FINANCIAL OBLIGATIONS TO THE HOMEOWNERS ASSOCIATION BEING PAID IN FULL AS OF THE CLOSING DATE

Please return form/fee to Leading Edge C.A.M. at 901 North Hercules Ave Suite A, Clearwater, FL 33765 or you may email Service@LeadingEdgeCAM.com