

# PAVILION

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## CLUB

Dear Applicant,

Thank you for applying to the Pavilion Club! Prior to the start of a lease or sale of any unit, a completed application, signed contract/agreement, application fee, and background check is required.

**All required documents must be received at least 10 days prior to the start of the lease or transfer of ownership to allow time for completion of the background check prior to the start of the lease or sale.**

You must complete the following steps:

1. Complete the application form on paper or on-line.
2. Obtain a copy of the signed lease agreement or sales contract.
3. Scan the completed application and lease or sales contract, and email them to  
[pcnapplications@comcast.net](mailto:pcnapplications@comcast.net)
4. All applications require a \$150 non-refundable application fee per applicant. Spouses or a parent or parents and any dependent child are considered one applicant. Please send a check payable to Pavilion Club Condo Association for \$150.00 to Pavilion Club Condo Association, 806 Gulf Pavilion Drive, Naples FL 34108. Please put the unit number in the memo section of the check. If the check doesn't have the applicant's name on it, please provide that information in the memo section also.
5. When the Association receives the application, a copy of the fully executed rental or sales contract, and the application fee, a confidential, secure link will be sent via email to each applicant to begin the background check process. Please click on the link in the email you receive to provide the necessary information. The process is secure and confidential. Personal information such as SSN or date of birth is not shared with Pavilion Club.

Once the required information has been received, the Association has ten (10) days in which to approve or disapprove the proposed lease or purchase. You will be notified via email when the process has been completed.

**If you do not complete this process at least 10 days prior to the proposed lease or sale it may result in a delay in the processing of the application and possible grounds for disapproval by the Association.**

If you have questions about this process or about submitting the check, please call Chris Stinauer, CAM at 239-566-8010.

# PAVILION CLUB

806 Gulf Pavilion Dr., Naples, FL 34108  
Email: [Manager@PavilionClubNaples.com](mailto:Manager@PavilionClubNaples.com)  
(239) 566-8010

## **APPLICATION FOR APPROVAL TO PURCHASE**

I hereby apply for approval to ***purchase*** unit \_\_\_\_\_ in building \_\_\_\_\_ at the Pavilion Club Condominiums, and for membership in the Condominium Association.

**A complete copy of the signed purchase agreement is attached.**

I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly to the references given below and a criminal and financial investigation into my background.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

**\*\*\*For Corporations, Partnerships or Trusts -- See page 3 information\*\*\***

1. Principle Applicant #1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

2. Principle Applicant #2 (if any): \_\_\_\_\_

3. Home Address: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

4. Social Security number of Applicant: \_\_\_\_\_

Social Security number of Spouse: \_\_\_\_\_

5. Nature of Business or Profession: \_\_\_\_\_

6. Company or Firm name: \_\_\_\_\_

7. Business address: \_\_\_\_\_

8. The condominium documents of the Pavilion Club Condominium restrict units to use as single-family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

9. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_
10. Two personal references (local if possible):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_
11. Two credit references (local if possible):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Account Number: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Account Number: \_\_\_\_\_
12. Person to be notified in case of emergency:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_
13. Motor vehicle to be kept at the Condominium:  
Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_
14. Mailing address for notices connected with this application:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_
15. I am purchasing this unit with the intention to (please check the following that apply):  
☐ reside here on a full-time basis;  
☐ reside here part-time  
☐ lease the unit.
16. ☐ I am aware of and agree to abide by the Declaration of Condominium of the Pavilion Club Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

The prospective purchaser will be advised by the Association office within a 10-day period from the date of receipt of the application and all information and appearances requested, of whether this application has been approved.

The Association charges a preset non-refundable \$150 fee per applicant for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application. Spouses or a parent or parents and any dependent child are considered one applicant.

Upon completion of this application, please scan and email it, along with a fully executed copy of the proposed sales contract to: [PCNapplications@comcast.net](mailto:PCNapplications@comcast.net).

DATED \_\_\_\_\_

\_\_\_\_\_  
Applicant (Prospective Purchaser)

\_\_\_\_\_  
Applicant (Prospective Purchaser)

**\*\*\*For Corporations, Partnerships or Trusts \*\*\***  
DECLARATION OF CONDOMINIUM, Section 14 - OWNERSHIP OF UNITS

14.1 (C) Ownership by Corporations, Partnerships or Trusts. A unit may be owned in trust, or by a corporation, partnership or other entity which is not a natural person, if approved in the manner provided elsewhere herein. The intent of this provision is to allow flexibility in estate, financial or tax planning, and not to create circumstances in which the unit may be used as short term transient accommodations for several individuals or families. The approval of a trustee, corporation, partnership or other entity as a unit owner shall be conditioned upon designation by the owner of one (1) natural person to be the “primary occupant.” The use of the unit by other persons shall be as if the primary occupant were the only actual owner. Any change in the primary occupant shall be treated as a transfer of ownership by sale or gift subject to the provisions of this Section 14. No more than one (1) such change will be approved in any twelve (12) month period.

14.1 (D) Designation of Primary Occupant. Within 30 days after the effective date of this provision, each owner of a unit which is owned in the forms of ownership stated in preceding subsections 14.1(B) and (C) shall designate a primary occupant in writing to the Association. If any unit owner fails to do so, the Board of Directors may make the initial designation for the owner and shall notify the owner in writing of its action. If the ownership of a unit is such that the designation of a primary occupant is not required, the unit owner may nevertheless, choose one (1) subject to Board approval.

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APPLICATION:      APPROVED                          DISAPPROVED\_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_  
Officer or Director or Authorized Representative

## DESIGNATION OF PRIMARY OCCUPANT

Members of the Association are entitled to one (1) vote for each unit owned by them. The total number of possible votes is equal to the total number of units (156). The vote of a unit is not divisible. If a unit is owned jointly by two (2) or more natural persons who are not acting as trustees, that unit's vote may be cast by any one (1) of the record owners. For a unit owned by multiple persons (other than husband and wife), or units owned by trusts, partnerships, or corporations, this form, designating one (1) of the record owners, partners, officers or trustees as the primary occupant and voting representative for that unit, must be on file with the Association for purposes of determining voting and use rights.

We, the undersigned, being all of the owners of Unit\_\_\_\_\_, Building \_\_\_\_\_, at the Pavilion Club Condominium, do hereby certify that the following named one (1) of us is the designated "primary occupant" of the foregoing unit and shall remain so until this certificate is revoked by subsequent certificate:

PRINT NAME OF PRIMARY OCCUPANT\_\_\_\_\_

SIGNED NAME\_\_\_\_\_ DATED\_\_\_\_\_

**(Select the signature category for your form of ownership and sign in appropriate spaces)**

**[ ] A. We are all NATURAL PERSONS who are owners of the above-described unit.**

\_\_\_\_\_  
Owner Name (printed)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name (printed)

\_\_\_\_\_  
Owner Signature

**[ ] B. We are the President or Vice-president, Secretary or Assistant Secretary of the CORPORATION which owns the above-described unit.**

\_\_\_\_\_  
President or Vice-president Name (printed)

\_\_\_\_\_  
President or Vice-president Signature

\_\_\_\_\_  
Secretary or Assistant Secretary Name (printed)

\_\_\_\_\_  
Secretary or Assistant Secretary Signature

**[ ] C. I am a General Partner of the general or limited PARTNERSHIP which owns the above-described unit.**

\_\_\_\_\_  
General Partner Name (printed)

\_\_\_\_\_  
General Partner Signature

**[ ] D. I am the Trustee of the TRUST named \_\_\_\_\_ which owns the above-described unit.**

\_\_\_\_\_  
Trustee Name (printed)

\_\_\_\_\_  
Trustee Signature