

GULF WINDS EAST CONDOMINIUM ASSOCIATION, INC.
c/o Resort Management
815 Bald Eagle Dr., Ste. 201, Marco Island, FL 34145
(239) 642-5466 (239) 642-9306 (fax)

APPLICATION FOR APPROVAL TO PURCHASE

In order to process this application, the following items **MUST** be included:

1. A signed copy of this completed application
2. A check in the amount of \$100.00 (non-refundable) payable to Gulf Winds East
3. A check in the amount of \$75.00 (non-refundable) payable to Resort Management
4. A completed copy of the attached form for background screening
5. A full copy of the sales contract

Sales application and supporting documents need to be presented thirty (30) days prior to the closing date

NO PETS ALLOWED

Unit Street Address _____ Unit # _____

Current Owner _____ Closing Date _____

() I/We apply for approval to purchase the unit listed above. I (We) intend to:

() Reside in the Unit Full Time () Reside in the Unit Part Time () Lease the Unit

() I/We represent that the following information is complete and true, and agree that any misrepresentation in this application will justify automatic rejection. I/We consent to additional inquiry concerning this application and may be personally interviewed before the Board of Directors for further questioning.

Applicant's Name _____ Date of Birth _____

Co-Applicant's/Spouse Name _____ Date of Birth _____

In the event that the applicant is more than one natural person or, is a trustee, corporation or other business entity, what is the name of the primary occupant? _____ D.O.B. _____

Present Address _____ City _____ State _____ Zip Code _____

U.S. Citizen _____ Telephone Number _____ E-Mail Address _____

Business or Profession _____

Make of Car _____ Year _____ License Number _____ State _____

Make of Car _____ Year _____ License Number _____ State _____

The Documents of Gulf Winds East Condominium Association, Inc., provide an obligation of the unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit on a regular basis.

| NAME | RELATIONSHIP | AGE |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Person to be notified in case of an emergency

Name _____ Telephone Number _____

FINANCIAL REFERENCE

Bank _____ Telephone Number _____

Contact Person _____

PERSONAL REFERENCES (local, if possible. Relatives or anyone connected with this transaction are not acceptable)

Name _____ Telephone number _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Telephone number _____

Address _____ City _____ State _____ Zip Code _____

_____ I am in receipt of the condominium documents

_____ I have received and read the Rules and Regulations and agree to abide by them

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE ABOVE APPLICATION

I AM AWARE THAT A CRIMINAL BACKGROUND CHECK WILL BE DONE AND I GIVE MY APPROVAL

Buyer

Buyer

Approved _____

Not Approved _____

Board Member

Date