

**INSTRUCTIONS**

*This form is required to be notarized*

*Please read application carefully and fill in all blanks*

*Contact PLCA for their requirements: 239.947.5977*

**FOR SALES:**

- \$200.00** application fee payable to The Cottages at Pelican Landing must accompany this application. A copy of the sales contract is required.
- \$250.00** estoppel fee for 10 business days, or \$350.00 estoppel fee for 3 business days, payable to Resort Management must accompany this application.
- \$2000 CAPITAL CONTRIBUTION IS DUE AT CLOSING.**

**FOR LEASES ONLY:**

- \$100.00** application fee payable to Resort Management must accompany this application. A copy of the lease agreement is required.

A sales application must be received 30 days prior to closing.

A lease application must be received 30 days prior to the start of the lease.



**Mail to:**  
**Resort Management**  
**2685 Horseshoe Drive South, Suite #215**  
**Naples, FL 34104**  
**Phone: 239-649-5526**  
**Fax: 239-403-1061**  
**[www.resortmanagementfla.com](http://www.resortmanagementfla.com)**

Application for Proposed Purchasers or Lessees  
**THE COTTAGES AT PELICAN LANDING**

Check one:  Sales  Lease

**For Buyers Only: We plan to use the residence for**  permanent  part time  rental

Application Date: \_\_\_\_\_ Sale Closing Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Cottages Address: \_\_\_\_\_

Lease Dates: from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Applicant Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address (past 5 years only): \_\_\_\_\_

Retired  Currently Employed By: \_\_\_\_\_

**Occupant(s) other than applicants that will be residing in the home:**

Age \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Vehicles:**

Make/Model: \_\_\_\_\_ License No. \_\_\_\_\_

Make/Model: \_\_\_\_\_ License No. \_\_\_\_\_

Pets (limit 2) Type: \_\_\_\_\_ Pet Vaccinations Current?  Yes  No

**Personal References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Application for Proposed Purchasers or Lessees  
**THE COTTAGES AT PELICAN LANDING**

We have received and read a copy of the *Declaration of Protective Covenants, Conditions, Restrictions and Easements for The Cottages at Pelican Landing Neighborhood*. We agree to abide by all of its provisions and those of all the recorded documents, and by all Rules and Regulations made pursuant thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
print name

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
print name

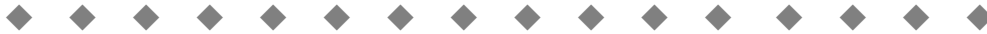
*Signature(s) authorizes The Cottages at Pelican Landing Association, Inc. to secure credit and other information.*

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, personally appeared before me, \_\_\_\_\_ and \_\_\_\_\_, known to be the individual(s) described herein and who executed the foregoing instrument, and acknowledged that he/she/they signed the same of his/her/their free will and voluntary act and deed, for the uses and purposes therein expressed.

*WITNESS my hand and official seal*

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



The Cottages Board of Directors

Approved  Denied

Date \_\_\_\_\_

\_\_\_\_\_  
President, The Cottages Homeowners' Association, Inc.

\_\_\_\_\_  
Board Signature

\_\_\_\_\_  
Title