

Application for Proposed Purchase or Lease
THE COTTAGES AT PELICAN LANDING

INSTRUCTIONS

This form is required to be notarized

Please read application carefully and fill in all applicable 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:

- ☐ **\$100.00** application fee payable to Resort Management must accompany this application. A copy of the lease agreement is required. The Cottages governing documents permit a lease of at least 30 days once per year.

Please Note: 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.

A copy of the lease or sales contract must be submitted with this form.



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

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Check one: ☐ Home Sale ☐ Lease

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

Application Date: _____ Sale Closing Date: _____

Current Owner Name: _____

Current 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: _____

Other family member(s) residing full-time in the home:

Age _____ Name: _____ Relationship: _____

Vehicles:

Make/Model: _____ License No. _____

Make/Model: _____ License No. _____

Pets (limit 2) Type: _____ Pet Vaccinations Current? ☐ Yes ☐ No

Emergency Contact:

Name: _____ Phone: _____

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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 Homeowners Association, Inc. to secure credit and other information.

I hereby certify that on the _____ day of _____, _____, 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 _____

Board Signature

Title