

NO OWNER MAY RENT THEIR LOT/UNIT FOR A 24 MONTH PERIOD (date title is acquired)

IN COMPLIANCE WITH THE REQUIREMENTS OF THE DECLARATION OF CONDOMINIUM ARTICLE XI, THE FOLLOWING NOTICE IS GIVEN OF INTENTION TO SELL/PURCHASE OR TRANSFER UNIT ADDRESS:

TO THE FOLLOWING:

Street and number _____ Lot # _____
Limit Two (2) Occupants Per Unit Anticipated Closing Date _____

NAME: _____
First Initial Last Date of Birth

SPOUSE: _____
First Initial Last Date of Birth

If 2nd occupant is other than spouse, please give full name and birth date NAME _____ Birth Date _____

YOUR PRESENT ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER _____ CELL _____ EMAIL _____

EMERGENCY: Name _____ Relationship _____

Address _____ Phone # _____

If Unit is empty lot, advise type of vehicle to be placed on lot:

PARK MODEL _____ MOTOR HOME _____ TRAILER _____ YEAR _____ LENGTH: (Min 18'-Max. 45') _____

PETS? (Limit 2) YES _____ NO _____ TYPE/BREED? _____
1. 2.

AUTO: (Limit 2) Make _____ Yr _____ License No _____ State _____ Make _____ Yr _____ License# _____ State _____

Use back of application for any additional information you wish to submit.

DO YOU HAVE AND HAVE YOU READ AND UNDERSTOOD THE PARK RULES AND REGULATIONS AND WILL YOU OBEY THE RULES AND REGULATIONS? Yes ___ No ___ For policies (In the Policy Book) see an Officer of Board Member.

Initial One

I have received a copy of Granada Lakes Questions and Answers Sheet (Sign) _____

If you did not receive a copy of the Granada Documents from the current owner and you wish to have them, see any director or officer for information on how to obtain them for \$15.00 per set.

Please sign and date the line below authorizing the Association to make any necessary investigation to verify the above information.

Signature _____ Email: _____ Date signed _____

CURRENT OWNER'S NAME _____ PHONE _____

APPLICATION TAKEN BY: _____ DATE _____

BOARD APPROVAL _____ DATE _____

ASSOCIATION PROCESSING FEE OF \$50.00 AND PROOF OF AGE MUST ACCOMPANY THIS APPLICATION. (Check refundable if application is not approved)

Proof of age received _____ (initial) Make check payable to GRANADA LAKES CONDO ASSOC. Return completed application to GRANADA LAKES CONDOMINIUM ASSOCIATION

Attn: Treasurer
7010 Granada Lakes Drive
Fort Myers, Florida 33967