

Eastwood Pines Townehome Association, Inc.
Application for Transfer of Ownership or Lease
THIS APPLICATION IS FOR [please check one]:

Transfer of Ownership: ☐ Lease: ☐

FROM:	TO:
[Seller or Lessor]	[Buyer or Lessee]

TOWNEHOME ADDRESS: _____ Pine Cone Circle, Unit _____
Clearwater, FL. 33760-5349

CLOSING DATE IF SOLD:		
DATES IF LEASED:	FROM:	TO:

I minimum of a 1 year lease is required. If above unit is to be leased, or if owner is going to be a part-time resident, please provide the following contact information for the absentee owner(s).

NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

Eastwood Pines Townehomes are single family dwellings. Please give the names and ages of all of the occupants:

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

Pets: Our Rules & Regulations allow two [2] pets no larger than 20 pounds at maturity and require that pets be kept inside the units, walked on a leash, and cleaned up after. If the applicant has pets, please provide the following:

Type of Pet:	Name:	Size:
Type of Pet:	Name:	Size:

Vehicle[s]:

Year/Make:	Model:	Tag #:
Year/Make:	Model:	Tag #:

Professional Contacts:

Real Estate Agent:		
Telephone No:	Fax:	Email:
Title Company:		
Telephone No:	Fax:	Email:

Contact Information: This information is required to schedule an interview with the Applicant and where a final decision can be mailed if requested.

NAME;			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

Purchaser(s)/Lessee(s) hereby confirm that they have received a copy of all condominium documents, including the Declaration of Condominium, Articles of Incorporation, Bylaws, and Rules and Regulations; and that they have read, understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association:

Signed this _____ day of _____ 20_____.

[Seller or Lessor]	[Buyer or Lessee]
[Seller or Lessor]	[Buyer or Lessee]

Return this completed form along with a check for \$100.00 to:

Ameri-Tech Community Management, Inc.
24701 U.S. Highway 19 N., Suite 102
Clearwater, FL 33763
Office: 727-726-8000 / Facsimile: 727-723-1101