## SAND CASTLE 1 CONDOMNINIUM ASSOCIATION SALES APPLICATION

Application Fee \$100 payable to Sand Castle 1, this approval requires 14 Days to process

Application is hereby made for	or approval of the sale of the above reference	ed unit.	
Name of Seller		Date	
We represent that the following	ng information is true and consent to your fu	orther inquiry concerning the information.	
Name of Buyer (same as title)	)		
Spouse or other occupant.			
Intentions – (circle one)	Fulltime/Seasonal/Rental/other		
Email:	Phone:	Cell Phone:	
Present Address			
Address after closing			
Children under 18		_	
Title Company Name:	Title Comp	Title Company Contact:	
Title Company Phone:	_Fax <u>:</u>		
I (we) hereby acknowled Documents including, bu unit and NO pets.	ge that I (we) have read and agree ut not limited to: <b>minimum 7 day</b>	to abide by all of the Association Governing rental period, 6 guest/persons maximum in	
	ENSE OR OTHER PICTURE IDENTIFICA COPY OF PURCHASE (	TION IS REQUIRED FOR PROOF OF AGE CONTRACT IS REQUIRED.	
		e Condominium Association as referred to herein e.) being paid in full through the date of closing.	
	edges receipt of a copy of the Rules and Reg d Governing Documents & Rules and Reg	gulations of the Association. The undersigned ulations, together with any amendments	
If you have any q	uestions regarding this application, please	e call Leading Edge C.A.M. at (727) 403-0307	
Date	Signatures.		
Date	Signatures		
ESTOPPELS I	REQUEST IS COMPLETED BY THE	ACCOUNTING OFFICE (727) 461-9770	
Approved	by <u>:</u>	Date <u>:</u>	
	by : (Signature of Board Member or A	gent of the Board)	

THIS APPLICATION IS APPROVED CONTINGENT UPON ALL FINANCIAL OBLIGATIONS TO THE HOMEOWNERS ASSOCIATION BEING PAID IN FULL AS OF THE CLOSING DATE

Please return form to Leading Edge C.A.M. at 901 North Hercules Ave Suite A, Clearwater, FL 33765