

MADEIRA NORTE ASSOCIATION

SALES APPLICATION

Application requires 14 Days to process

Unit: _____

Application is hereby made for approval of the sale of the above referenced unit.

Name of Seller _____ Date _____

We represent that the following information is true and consent to your further inquiry concerning the information.

Name of Buyer (same as title) _____ Age _____

Spouse or other occupant. _____ Age _____

Email: _____ Phone: _____

Intentions – (circle one) Fulltime/Seasonal/Rental/other _____

Rental Agency/Manager: _____ Phone: _____ Email: _____

Present Address _____

Address after closing _____

Children under 18 _____

ONLY ONE PET NO LARGER THAN 24lbs Pet Y/N _____ Type _____ Weight _____

Service Animal/ESA – Y/N (Documents must accompany Application for verification) Rule/Pet Violations are subject to Fines per FL Statute

Title Company Name: _____ Title Company Contact: _____ Title Company Phone: _____

A \$ 50 APPLICATION PROCESSING FEE IS REQUIRED AND MUST ACCOMPANY THIS SALES APPLICATION WHEN SUBMITTED BEFORE APPROVAL CAN BE CONSIDERED. PLEASE MAKE CHECK PAYABLE TO _____. FEE MAY BE PAID BY EITHER PARTY.

COPY OF DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION IS REQUIRED FOR PROOF OF AGE
SALES PRICE _____ COPY OF PURCHASE CONTRACT IS REQUIRED.

Sales approval is contingent upon financial matters being satisfied with the Condominium Association as referred to herein (including, but not limited to, maintenance fees, assessments, late fees, etc.) being paid in full through the date of closing.

The execution below acknowledges receipt of a copy of the Rules and Regulations of the Association. The undersigned hereby agree(s) to abide by said Governing Documents & Rules and Regulations, together with any amendments thereto.

If you have any questions regarding this application, please call Leading Edge C.A.M. at (727) 403-0307

Date _____ Signatures _____

Date _____ Signatures _____

ESTOPPELS REQUEST IS COMPLETED BY THE ACCOUNTING OFFICE (727) 461-9770

Approved by : _____ Date: _____
(Signature of Board Member or Agent 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
or via email at Service@LeadingEdgeCAM.com