



1778 Samurai Point Q-1 Lutz, FL 33558
813-948-6411
www.PLCA.rocks



Application for Sale, 30+ Day Lease, & Transfer of Units (1/6)

Please print legibly or type all information. "N/A" in blanks, which are not applicable. Questions left blank may cause this application to be returned "un-approved," and/or your stay will be canceled. Please attach a copy of your driver's license or government issued photo ID. A NON-REFUNDABLE administration fee of \$150 is charged per application (per married couple or per single) for applicant screening and investigations, prior to lease or purchase. OCCUPANCY BEFORE APPROVAL BY THE BOARD OF DIRECTORS IS NOT PERMITTED. The PLCA Board of Directors will respond as quickly as possible, but not more than thirty (30) days from the date that a complete application is submitted and accepted.

Date: _____ PLCA Unit/Lot: _____
Lease: ____ Purchase: ____ Intended Date of Occupancy: _____

Applicant #1 Information

Applicant #1 First / Last Name: _____
Street Address: _____ Street Address Line 2: _____
City: _____ State / Province: _____ Postal / Zip Code: _____
Phone #: _____ Email: _____
Driver License #: _____ State: _____ Address: _____
Vehicles Make: _____ Color: _____ License Plate: _____
Is your vehicle a commercial vehicle? Yes:___ No: ___ Have you been to Paradise Lakes Before? Yes:___ No: ___
What other Nudist clubs or organizations have you been affiliated with?: _____
Are you a service member as defined in Florida Statute 250.01? Yes: ___ No: ___
Have you ever been arrested? Yes: ___ No: ___ If yes, please explain: _____

VANGUARD MANAGEMENT GROUP, LLC.

10500 University Center Drive, Suite 190 • Tampa, FL 33612 • 813-930-8036 • www.VanguardManagementGroup.com



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Application for Sale, 30+ Day Lease, & Transfer of Units (2/6)

Applicant #2 Information

Applicant #2 First / Last Name: _____

Street Address: _____ Street Address Line 2: _____

City: _____ State / Province: _____ Postal / Zip Code: _____

Phone #: _____ Email: _____

Driver License #: _____ State: _____ Address: _____

Vehicle: Make: _____ Color: _____ License Plate: _____

Is your vehicle a commercial vehicle? Yes: ___ No: ___ Have you been to Paradise Lakes Before? Yes: ___ No: ___

What other Nudist clubs or organizations have you been affiliated with?: _____

Are you a service member as defined in Florida Statute 250.01? Yes: ___ No: ___

Have you ever been arrested? Yes: ___ No: ___ If yes, please explain: _____

Other Occupants

(Names, Ages, Relationship):

First / Last Name: _____ Age: _____ Relationship: _____

First / Last Name: _____ Age: _____ Relationship: _____

Pets / Service Animals

PLCA allows Renters to have 1 pet, and Owners to have 2 pets, with a \$25 per pet processing fee. Service animals allowed by law. All pets and service animals must have updated shots and rabies vaccinations. There is an additional registration form for pet and service animals. See www.PLCA.rocks for details.

Pet #1: Dog: ___ Cat: ___ Other: _____ Breed: _____ Service? YES: ___ No: ___

Pet #2: Dog: ___ Cat: ___ Other: _____ Breed: _____ Service? YES: ___ No: ___

Pet #3: Dog: ___ Cat: ___ Other: _____ Breed: _____ Service? YES: ___ No: ___

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Work From Home

Do you or anyone in your household intend to operate a business from the unit, or work from home?

Yes___ No___ If yes, please explain: _____



Character References

List three, non-related acquaintances of more than one year. At least one of these references should be a nudist. These references will be checked.

#1 First / Last Name: _____

City: _____ State / Province: _____ Years Acquainted: _____

Phone #: _____ Email: _____

May we identify PLCA as the Caller? Yes___ No___

#2 First / Last Name: _____

City: _____ State / Province: _____ Years Acquainted: _____

Phone #: _____ Email: _____

May we identify PLCA as the Caller? Yes___ No___

#3 First / Last Name: _____

City: _____ State / Province: _____ Years Acquainted: _____

Phone #: _____ Email: _____

May we identify PLCA as the Caller? Yes___ No___

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Application for Sale, 30+ Day Lease, & Transfer of Units (4/6)

Emergency Contact Information

First / Last Name: _____ Relationship: _____
Street Address: _____ Street Address Line 2: _____
City: _____ State / Province: _____ Postal / Zip Code: _____
Phone #: _____ Email: _____

If PURCHASING, Complete This Section

Expected Date of Closing: _____
Realtor (If not owner): _____ Phone: _____
Title Company / Attorney Handling Closing: _____
Street Address: _____ Street Address Line 2: _____
City: _____ State / Province: _____ Postal / Zip Code: _____
Phone #: _____ Email: _____
Purchase Price: _____ Down Payment: _____
Name(s) of prospective purchaser (as it will appear on title):
(1) _____ (2) _____

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Application for Sale, 30+ Day Lease, & Transfer of Units (5/6)

If LEASING, Complete This Section

Date of Occupancy: _____

Agent (If not Owner) Handling Lease: _____

Street Address: _____ Street Address Line 2: _____

City: _____ State / Province: _____ Postal / Zip Code: _____

Phone #: _____ Email: _____

Name(s) of prospective lessee (as it will appear on lease):

(1) _____ (2) _____

Term of Lease: _____ Months From: _____ To: _____



Application is made for approval of the Purchase/Lease of the Subject Condominium Unit

From (Name of Owners): _____

Owner's Mailing Address: _____ Street Address Line 2: _____

City: _____ State / Province: _____ Postal / Zip Code: _____

Phone #: _____ Email: _____

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Application for Sale, 30+ Day Lease, & Transfer of Units (6/6)

I understand that the acceptance of the Purchase/Lease of a lot or unit at Paradise Lakes Condominium Association is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any false or misleading statements set forth on this form will result in the automatic rejection of this application.

_____ (Applicant #1 initials) _____ (Applicant #2 initials)

I further understand that the Paradise Lakes Condominium Association or their agent(s) may investigate the information supplied and full disclosure of pertinent facts may be made to the Board of Directors and the unit owner. I specifically authorize such investigation and agree that the Board of Directors and Paradise Lakes Condominium Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein.

_____ (Applicant #1 initials) _____ (Applicant #2 initials)

I full understand this is a nudist development, and that I and my household members will practice social nudism. I acknowledge that I have received the rules and regulation of the Paradise Lakes Condominium Association and I further agree to abide by all rules, regulations and by-laws which have been or may be adopted by the Paradise Lakes Condominium Association.

_____ (Applicant #1 initials) _____ (Applicant #2 initials)

In making the foregoing application, I am aware that the decision of the Paradise Lakes Condominium Association will be final and no reason need be given for any action of the Board of Directors. I agree to be governed by the determination of the Paradise Lakes Condominium Association Board of Directors.

_____ (Applicant #1 initials) _____ (Applicant #2 initials)

The information in this application is true, I agree to all of the terms stated above.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____

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