Island Park Condominium Owners Association, Inc.

c/o Sunstate Management PO Box 18809, Sarasota FL. 34276 P: 941-870-4920 Email: allapplications@sunstatemanagement.com

APPLICATION FOR SALE OF UNIT AND APPROVAL

PLEASE PRINT

<u>A non-refun</u>	<u>dable fee of \$150.00 n</u>	<u>nust accompany th</u>	nis application. P	Payable to Sunstate Association		
Management	t Group, Inc. The und	ersigned proposes t	to sell Unit No:	Address:		
	to:			, identified below, and Park Condominium Owners		
the undersign	ned does hereby apply	for approval of this	sale, by the Island	Park Condominium Owners		
				<u>d herewith is a copy of the executed</u>		
		ny outstanding sum	s due to Island Pa	ark Condominium Owners Association,		
Inc. must be	paid prior to closing.					
Seller <u>:</u>			Seller:			
Closing Date	:					
•••••			<u>'S STATEMENT</u>			
Buyer's Name:			Spouse Name	_ Spouse Name:		
Buyer's SS#	11		0 00"			
Buyer's DO	n.					
Present Add						
Phone:		Email:				
Residency In	Itentions: Year R	ound	Seasonal	Lease		
Business or I	Profession (Present or	Former):				
Position Occ			Active or Retire	ed:		
Active Duty L	JS Military or Reserves	: (Circle One)) Yes No			
Name of Rea	al Estate Co/Agent:					
Phone / Ema						
	Othe	r persons who will	l occupy the unit	t with you		
Name:		-	Relatio			
Name:		Δae.	Relatio	onship:		
Name:		1	Relatio	onship:		
Name:		Age:	Relatio	onship:		
	Ver	nicle Information:	How Many:			
Make:	Model:	Color	Year:	State: Tag#:		
Make:	Model:	Color	Year:	State: Tag#:		
		F	Pets			
• • • •	-		-	sposal of all excrement from all areas.		
	о Туре					
Yes N	lo Tvpe	Weid	aht			

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Frequently Asked Questions and Answer Sheet and Rules and Regulations of Island Park Condominium Owners Association, Inc. and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

Date of Closing	Signature of Applicant for Purchaser	Date
Date of Closing	Signature of Applicant for Purchaser	Date
Closing Agent	Telephone Number	Date

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless, Sunstate Association Management Group, Inc. and all providers of information on the prospective buyer(s)/tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance for this rental, lease or purchase, whether determination is made before or after my data of occupancy, may be affected.

I do hereby authorize with my (our) signatures(s) the release of public records credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, and all its members now and in the future.

Date	Signature Applicant				
Date	Date Signature Applicant				
*********		**************************************			
Date:	Approved:	Disapproved:			
Director's Signature		Title			

RETURN TO:

Sunstate Association Management Group, Inc. P.O.BOX 18809, Sarasota FL. 34276