GULF VIEW BEACH CLUB, INC.

c/o Resort Management 2685 Horseshoe Dr. S, #215, Naples, FL 34104 Email: lwinebrenner@resortgroupinc.com

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE

	I/We here apply tor app	roval to purchase Unitl	ocated at
		A copy of the proposed s	sale contract is attached.
	I/We hereby apply for a	pproval to lease Unit loca	ated at
		, beginning date of	, 20 and ending
	date of	A copy of	the lease agreement is attached.
info	rmation is factual and true, his application will justify	and agree that any falsification	We represent that the following or misrepresentation of the facts consent to your further inquiry below.
		OR PRINT THE FOLLOWING	
CUI	RRENT OWNER:		
1.	Full name of applicant:		
2.	Name of co-applicant:		
3.	Present/Permanent Add	ress:	
	City	State	Zip
4.	Telephone Number:	Cell N	umber:
5.	Business or Profession:		
6.	Name of Company or F	irm:	
	Address:		
	City	State	Zip
	Position Held:		Years
	Business Phone Number	r:	

7. The Condominium Documents of Gulf View Beach Club, Inc., provide obligation of unit

Owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly. <u>Gulf View Beach Club, Inc., is a 55+ Community.</u>

Name Name Make of Car(s)Year		
	_ Relationship _	
Make of Car(s) Year		Age
	r	Style
License Plate Number		_ State
Make of Car(s) Year	r	Style
License Plate Number		_ State
Person to be notified in case of an emerger	ncy:	
Name		
Address		
Phone Number		
Personal References (local if possible)		
Name	Relationship	
Address		Phone
Name	Relationship	
Address		Phone
Name	Relationship	
Address		Phone
FOR PURCHASES ONLY I am purchasing this unit with the intent to	o (check all that	apply):
Reside here on a full time basis	Res	side here on a part time basis
Lease the unit on a full time basis	Lea	se the unit on a periodic basis
FOR LEASING UNIT ONLY		
Person/Agent who serves or will serve routine/emergency concerns:	as your conta	act person for rentals and for
Name	Phone	

14. I understand and agree that the Association, in the event it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction to prevent violations by Lessees and their guest, of provisions of the Declaration of Condominium, By-Laws, the Florida Condominium Act and the Rules and Regulations of the Association.

PETS ARE PROHIBITED

GULF VIEW BEACH CLUB IS A 55+ COMMUNITY

Applicant		Date	
Applicant		Date	
Application Approved	Ap	plication Disapproved	
Date	By:		
	Title		

- ALL APPLICATIONS MUST BE RECEIVED 20 DAYS PRIOR TO SALES/LEASES. ANY APPLICATION NOT RECEIVED WITHIN THIS TIME FRAME MAY BE DENIED.
- FOR LEASES, PLEASE RETURN THIS APPLICATION WITH A COPY OF THE LEASE AGREEMENT, THE \$150.00 APPLICATION FEE PAYABLE IN TWO (2) \$75.00 CHECKS, ONE TO RESORT MANAGEMENT AND ONE TO GULF VIEW BEACH CLUB, INC., COPIES OF YOUR DRIVER'S LICENSE AND THE BACKGROUND INFORMATION SHEET AND MAIL TO RESORT MANAGEMENT.
- FOR SALES, PLEASE RETURN THIS APPLICATION WITH A COPY YOUR SALES CONTRACT, THE \$150.00 APPLICATION FEE PAYABLE IN TWO (2) \$75.00 CHECKS, ONE TO RESORT MANAGEMENT AND ONE TO GULF VIEW BEACH CLUB, INC AND ONE (1) \$75.00 CHECK PAYABLE TO RESORT MANAGEMENT FOR THE CERTIFICATE OF APPROVAL OF SALE FEE, COPIES OF YOUR DRIVER'S LICENSE AND THE BACKGROUND INFORMATION SHEET AND MAIL TO RESORT MANAGEMENT.

GULF VIEW BEACH CLUB, INC. 2022 FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

Q: What are my voting rights in the condominium association?

A: The Owner of each unit shall have one vote. No vote is divisible.

Q: What restrictions exist in the condominium documents on my right to use my unit?

A: This is a Age 55 Exemption Community – no unit shall be occupied unless at least 1 of the occupants has attained the age of 55, with some exceptions. See Article 23 of the Declaration. There are age restrictions on occupancy. See Article 12 of the Declaration. No pets are allowed.

Q: What restrictions exist in the condominium documents on the leasing of my unit?

A: Association approval of leases is required. No unit may be leased for a period of less than ninety days. No lease may be leased for a period of more than one year. No subleasing is permitted. There are occupancy restrictions during leasing. See Article 13 of the Declaration of Condominium

Q: How much are my assessments to the condominium association for my unit due and when are they due?

A: The QUARTERLY Dues are as Follows: 2-Bedroom Units: \$2,799.84

3-Bedroom Units: \$2,799.84

Q. Do I have to be a member in any other association? If so, what is the name of association and what are my voting rights in this association? Also, how much are my assessments?

A. No.

Q. Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much as I obligated to pay annually?

A. No.

Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,00.00? If so, identify each such case.

A: No.

NOTE: THE STATEMENT CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT AND THE CONDOMINIUM DOCUMENTS.





BACKGROUND/CREDIT CHECK APPLICATION

		PROPER ⁻	TY INFORMA	TION		
Address				City	State	Zip Code
Move-In Date	Move-c	out Date (if applicable)				
	_		ARY APPLICAI			
	Ft	ıll Name		Date of Birth	Social Se	curity Number
	Droce	ent Address		Procent City	State	7in Codo
	Prese	ent Address		Present City	State	Zip Code
Primary Phone Numbe	r	Drivers License Numb	ner l	Pri	mary Email Addre	200
Trimary Frione Ivanibe	-	Drivers Electise Name	, C1	111	mary Email Addit	
		SECONDARY AP	PLICANT (IF A	APPLICABLE)		
Full Name			Date of Birth	•		
Present Address				Present City	State	Zip Code
Primary Phone Numbe	er	Drivers License Numb	per	Primary Email Address		ess
I/we authorize Resort Mana	agemen	t and Rental History Reports to d	lo a complete ir	nvestigation of all inform	mation provided w	vith my application for
		and/or reviewed all information wit			•	-
		ntal History References (including this transaction only and continues				
		to exceed (1) year, allowed by law.	_			
		agers of my choice and does not park knowledges and agrees with all ter			_	
•		or claim arising out of or relating t		·		
		in accordance with its Commercial	Arbitration Rules	s, and judgment on the a	ward rendered by	the arbitrator(s) may be
entered in any court having j	urısdicti	on thereof.				
		<u></u>				
Primary Applicant Signa	ture		Second	dary Applicant Signa	ture	Date



INTERNATIONAL CRIMINAL SEARCH REQUEST FORM

Country to search:				
Complete Legal Name:				
First Name	Middle Name	Last Name		
Date of Birth (MM/DD/Y	YYY):	Gender:	M	F
Government ID (not SS	N):			
Passport #:	Country of Issuan	ice:		
Mother's Maiden Name				
Wost Necent Address II	n Country Being Searched (NO	ro boxes).		
Street Address	City		Postal Coo	le
WALLES AND A CONTRACT OF THE STATE OF THE ST	ntry's Language (for example, if sea		ame in Chi	inese
obtain consumer and/or	icates my authorization for investigative consumer reports a ring, promotion, assignment,	about me from a cons	umer repo	orting agency in
and accepted with the s	acknowledge that the facsimile (Figure 2) and authority as the original. If in effect throughout the term of many controls are the second and the second are the second and the second are	agree that, if employe	ed by the	Company, this
Date:	Signature:		www.Ren	res: 888-389-4023 talHistoryReports.com 8th Street, Suite 400

Edina, MN 55439