

## APPLICATION FOR SALE OR TRANSFER OF TITLE

### THE HERON AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Please submit this completed application to the attention of the Board of Directors at The Heron at Pelican Bay Condominium Association, Inc., c/o Leo Wierman, Manager, 5555 Heron Point Dr., Naples, FL 34108. E-mail (theheron5555@gmail.com) is acceptable.

Date: \_\_\_\_\_, 20\_\_

To: Board of Directors of The Heron at Pelican Bay Condominium Association, Inc.

I(We) intend to purchase Unit No. \_\_\_\_\_, located in The Heron at Pelican Bay, a Condominium. A copy of the Purchase and Sales Agreement ("Agreement") is attached. Title will be held in the following name(s) \_\_\_\_\_ ("Applicant(s)"). I(We) represent that the following information and the information included in the Agreement is factual and true. I(We) am(are) aware that any falsification or misrepresentation of the facts in this Application or any materials acquired in connection herewith may result in rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I(We) consent and acknowledge that the Association or its agent may make further inquiry concerning this Application, including, but not limited to checking references, contacting persons referenced in this Application or other persons, conducting a criminal background check, and obtaining a credit report or similar financial information.

I(We) have read and agree to be bound by the Declaration, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association (collectively "Condominium Documents"), copies of which documents have been furnished to me(us) by the Unit Owner, and recognize that the Condominium Documents may be amended from time to time. If any question cannot be answered in the space provided, attach a separate sheet or sheets of paper.

1. FULL NAME OF PRESENT OWNER(S) OF UNIT: \_\_\_\_\_  
\_\_\_\_\_
2. LIST ALL PROPOSED RECORD TITLE HOLDERS AS SEPARATE APPLICANTS (USE SEPARATE SHEET OF PAPER IF NECESSARY):  
  
FULL NAME OF APPLICANT 1 \_\_\_\_\_  
FULL NAME OF APPLICANT 2 \_\_\_\_\_
3. SOCIAL SECURITY NUMBER OF APPLICANT 1 \_\_\_\_\_  
SOCIAL SECURITY NUMBER OF APPLICANT 2 \_\_\_\_\_
4. DRIVER'S LICENSE NO. OF APPLICANT 1 \_\_\_\_\_  
DRIVER'S LICENSE NO. OF APPLICANT 2 \_\_\_\_\_  
(Copies of the Applicants' Driver's Licenses must also be attached)

5. DATE OF BIRTH OF APPLICANT 1 \_\_\_\_\_  
DATE OF BIRTH OF APPLICANT 2 \_\_\_\_\_
6. IF THERE ARE MORE THAN TWO (2) APPLICANTS (OR IF CO-APPLICANTS ARE OTHER THAN SPOUSES) PLEASE EXPLAIN HERE AND FURTHER PROVIDE ADDITIONAL INFORMATION AS APPROPRIATE (INCLUDING SOCIAL SECURITY NUMBERS AND DATES OF BIRTH FOR ALL APPLICANTS AND THE RELATIONSHIP BETWEEN ALL APPLICANTS) SO THAT ALL APPLICANTS SUBMIT INFORMATION. (USE SEPARATE SHEET OF PAPER IF NECESSARY):  
\_\_\_\_\_  
\_\_\_\_\_
7. EXACT NAME(S)/ENTITY(IES) TO WHICH TITLE WILL BE TRANSFERRED:  
\_\_\_\_\_
8. OCCUPATION OF APPLICANT 1 \_\_\_\_\_  
POSITION HELD PRESENTLY \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
OCCUPATION OF APPLICANT 2 \_\_\_\_\_  
POSITION HELD PRESENTLY \_\_\_\_\_ HOW LONG? \_\_\_\_\_
9. PRESENT RESIDENCE ADDRESS OF APPLICANT(S) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ HOW LONG? \_\_\_\_\_
10. IS PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE OF APPLICANT(S) WITHIN THE PAST 7 YEARS, A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNERS' ASSOCIATION: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, NAME AND ADDRESS OF ASSOCIATION \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ HOW LONG? \_\_\_\_\_
11. IF PRESENT RESIDENCE IS RENTAL:  
NAME & ADDRESS OF CURRENT LANDLORD \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ HOW LONG? \_\_\_\_\_
12. NAMES AND ADDRESSES OF EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES OF EMPLOYMENT. BEGIN WITH PRESENT EMPLOYER. (USE SEPARATE SHEET OF PAPER IF NECESSARY)



APPLICANT 1:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT 2:

\_\_\_\_\_  
\_\_\_\_\_

13. PLEASE STATE THE NAME AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT (LIVING WITH APPLICANT(S) OR RESIDING IN UNIT FOR 30 DAYS OR MORE PER YEAR) OTHER THAN THE APPLICANT(S) HEREIN:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

OTHER \_\_\_\_\_

14. PLEASE PROVIDE THREE (3) PERSONAL REFERENCES FOR EACH APPLICANT. THE SAME PERSON(S) MAY BE LISTED AS A REFERENCE FOR MORE THAN ONE APPLICANT:

APPLICANT 1:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT 2:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

15. PERSON TO NOTIFY IN AN EMERGENCY: NAME \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

16. I/WE INTEND TO: (CHECK ONE)

- ☐ personally reside full-time at The Heron at Pelican Bay  
☐ personally reside part-time at The Heron at Pelican Bay  
☐ rent our Unit annually  
☐ rent our Unit seasonally  
☐ other (specify) \_\_\_\_\_

17. MANUFACTURER, MODEL & YEAR OF AUTOMOBILE(S) TO BE KEPT OR USED AT THE CONDOMINIUM:

CAR NO. 1: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

CAR NO. 2: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

18. DO YOU HAVE A PET YOU INTEND TO KEEP IT AT THE CONDOMINIUM (PLEASE NOTE THAT THERE IS A ONE (1) PET/20 POUND WEIGHT LIMIT. SEE ARTICLE 8.4 OF THE AMENDED AND RESTATED BYLAWS)?

☐ YES ☐ NO

IF SO, WEIGHT, BREED, AGE OF PET \_\_\_\_\_

19. ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:

MAILING ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL (IF EMAIL IS ACCEPTABLE MANNER OF COMMUNICATION): \_\_\_\_\_

20. IF APPLICATION FOR SALE OR TRANSFER IS ACCEPTED, ADDRESS FOR DELIVERY OF ASSOCIATION MATERIALS (IF DIFFERENT FROM UNIT ADDRESS):

MAILING ADDRESS: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

I understand that upon its receipt of a totally completed Application acceptable to the Association, including a copy of the Agreement, the receipt of the application fee (\$100 per Applicant, husband and wife/members of the same family are considered one Applicant) and a personal interview (if requested), the Association has thirty (30) days within which to accept or reject the Application.

I understand that any violation of the terms, provisions, conditions, and covenants of the Condominium Documents provides cause for pursuit of remedies therein provided. Although a few provisions of the Condominium Documents are mentioned herein, all of the Condominium Documents should be carefully reviewed prior to purchase. I also acknowledge that the Condominium Documents may be amended from time to time.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

The current Owner(s) of said Unit join in this Application to request the Board to review same.

\_\_\_\_\_  
Signature of Unit Owner 1

\_\_\_\_\_  
Signature of Unit Owner 2

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Application Materials Received \_\_\_\_\_, 20\_\_ Interview Conducted \_\_\_\_\_, 20\_\_

Transfer Approval Fee Received \_\_\_\_\_, 20\_\_

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Association Representative

Print Name: \_\_\_\_\_

ACTIVE: 11446300\_1