

Isles of Sarasota Homeowners Association, Inc.
5901 Benevento Drive
Sarasota, Fl. 34238
Ph: 941-922-1298 Fax: 941-922-1501

APPLICATION TO PURCHASE

TO: The Board of Directors, Isles of Sarasota Homeowners Association, Inc.

I hereby apply for approval to Purchase _____, in Isles of Sarasota Homeowners Association, Inc. A complete copy of the signed Purchase Agreement is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the reference given below.

Application Fee of \$50.00 payable to Isles of Sarasota Homeowners Association, Inc.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full Name of Purchaser: _____
2. Full Name of Spouse: _____
3. Address of Unit Purchased _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____
4. Legal Residence if Different: _____
City: _____ State: _____ Zip Code: _____
5. Nature of Business/Profession: _____
If retired, former Profession: _____
6. Company Name: _____
7. Business address: _____
City: _____ State: _____ Zip Code: _____
7. Business Ph: _____ Fax: _____ E-mail: _____
8. The Documents of Isles of Sarasota Homeowners Association, Inc. provide an obligation of unit owners/lessees that all units are to be used as single-family residence only. Please state name, relationship, and age of all other persons who will be occupying the unit on a regular basis:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Name of Current or Most Recent Landlord: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Ownership: How Long _____ Rented: How Long _____

10. Person to be notified in Case of an Emergency: _____
Address: _____ Phone: _____

11. Make/Model of Car(s) to be kept at Isles of Sarasota Homeowners Association, Inc.

Make: _____ Model: _____ Year: _____ License #: _____ State: _____

Make: _____ Model: _____ Year: _____ License #: _____ State: _____

12. Mailing address for notices connected with this application:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

13. I have read, and agree to abide by, the Declaration of Covenants, Conditions and Restrictions for Isles of Sarasota, the By-Laws and any and all properly promulgated Rules & Regulations of Isles of Sarasota Homeowners Association, Inc.

14. If not provided by seller, purchaser agrees to purchase The Declaration, Covenants, Conditions and Restrictions for Isles of Sarasota and By-Laws Document Book for \$100.00 payable to The Isles of Sarasota Homeowners Association, Inc.

Seller Purchaser

Seller Purchaser

FOR AN APPROVAL TO BE ISSUED, THE COMPLETED APPLICATION, APPLICATION FEE OF \$50.00 MADE PAYABLE TO THE ISLES OF SARASOTA H.O.A., A COPY OF THE SIGNED SALES CONTRACT, AND A SIGNED ACCEPTANCE OF RULES & REGULATIONS MUST BE RETURNED TO:

Isles of Sarasota Homeowners Association, Inc.
c/o Argus Property Management
5901 Benevento Drive
Sarasota, Fl. 34238

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR APPROVAL

ACTION TAKEN BY BOARD OF DIRECTORS

_____ Approved _____ Disapproved Date: _____

By _____
(Board Member) (Office)