



**PARKVIEW OF STUART CONDOMINIUM ASSOCIATION, INC.
P.O. BOX 150 STUART, FLORIDA 34995**

Checklist for Complete

SALE / PURCHASE

Application Packets

To be returned to Association for review:

- **2 page application** _____
- **Owner's signature(s)** _____
(on page 2)
- **Applicant's signature(s)** _____
(on page 2)
- **Copy of the sales contract** _____
(signed by both parties)
- **Applicant's Statement** _____
(permission to do background checking)
- **Owner/Tenant Info Sheet** _____
- **Check for \$100 (non-refundable)** _____
for each non-related occupant, payable to
Parkview of Stuart Condominium Association, Inc.

To be retained by Applicant(s):

- **Parkview Rules & Regulations** _____
- **DBPR Condominium Questions & Answers Sheet** _____
- **Parkview Operating Budget** _____



 **PARKVIEW**