

# SANDPOINTE BAY CONDOMINIUM ASSOCIATION

c/o Bristol Management Services, Inc.  
1930 Commerce Lane, Ste. #1, Jupiter, FL 33458  
(561) 575-3551 (561) 575-5423 Fax  
[www.bristolmanagement.com](http://www.bristolmanagement.com)

Revised May 2010

## **APPLICATION FOR PURCHASE OR LEASE**

**\*NOTE\*** This form must be submitted in its entirety, along with the appropriate funds, signatures, and a fully executed copy of the Real Estate Sale Contract or Lease. No applications will be accepted for review until complete. The Association requires a **MINIMUM OF FIFTEEN (15) DAYS** in advance of a sale closing date or commencement of a rental period for the review process. Applicants are required to appear for a Personal Interview a minimum of ten days prior to lease commencement or contract closing date. Checks shall be made out to Sandpointe Bay Condominium Association, Inc.

### **APPLICATION FOR:**

Purchase of Unit Number# \_\_\_\_\_

Lease of Unit Number# \_\_\_\_\_

Application Fee **\$250.00**

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

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

\*Rental Period From \_\_\_\_\_ to \_\_\_\_\_

### **Name of Current Owner(s)**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Name of Agent's Firm:**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Name of Applicant(s)**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Number of years at this address** \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Place of Birth:**

City: \_\_\_\_\_ State: \_\_\_\_\_

Spouse:

City: \_\_\_\_\_ State: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

### **Club and Organization Affiliations:**

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

Location: \_\_\_\_\_

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

Location: \_\_\_\_\_

**Personal References:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**ACKNOWLEDGMENTS:**

The Applicant(s) hereby acknowledges that he (they) is familiar with, has read and will abide by the Sandpointe Bay Condominium Documents and the Association's amended Rules and Regulations Revised May 2010.

In addition, if the Applicant(s) is a prospective Purchaser(s) of the aforementioned Unit, he (they) hereby requests membership in the above Association and agrees to accept membership in accordance with the terms and provisions of said organization.

WITNESS BY: \_\_\_\_\_

APPLICANT(S)  
SIGNATURE: \_\_\_\_\_

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

The Unit Owner(s) hereby acknowledges his (their) intent to Sell the aforementioned Unit to Applicant(s).

UNIT OWNER(S)  
SIGNATURE: \_\_\_\_\_

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

\*ACCEPTED:

By: \_\_\_\_\_  
For and on behalf of the Board of Directors

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

\*Association Certificate of Approval required for Closing will be available to Purchaser(s) or his (their) Agent within three (3) days after this acceptance.