

**SUGAR SANDS CONDOMINIUM ASSOCIATION, INC.**

**NOTICE OF INTENT TO SELL OR LEASE** 5/09/17

Application to ( Check One ): \_\_\_\_\_ Sell \_\_\_\_\_ Lease

**It is understood, when leasing a unit, dock rights, parking rights and amenities go with the lease.**

To: The Board Of Directors,

In accordance with the provisions of the Declaration of Condominium for Sugar Sands Condominium No. \_\_\_\_\_,

Building Address \_\_\_\_\_ Unit No. \_\_\_\_\_. I / We hereby serve notice that

I/We desire to accept a bona fide offer made to me / us by \_\_\_\_\_ to purchase

/ lease said unit. If a lease, the term is for a period starting \_\_\_\_\_ and ending

\_\_\_\_\_.

which is a period of at least three months, in accordance, with Rule IIC(1) of "The Rules We Live By".

I / We agree to provide to the purchaser a copy of the appropriate Sugar Sands Condominium Association, Inc., Declaration of Condominium, By-laws, Articles of Incorporation, and "Rules We Live By" or to a lessee a copy of the Sugar Sands Condominium Inc., "Rules We Live By", prior to the first occupancy of the unit by the purchaser or lessee. I / We will be bound by the Declaration of Condominium, By-laws, Articles of Incorporation and "Rules We Live By" of Sugar Sands Condominium Association.

THE ASSOCIATION IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND / OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF CONDOMINIUM OF THE APPROPRIATE SUGAR SANDS CONDOMINIUM, ITS SUPPORTIVE EXHIBITS, THE FLORIDA CONDOMINIUM ACT, AND "THE RULES WE LIVE BY" BY THE LESSEE(S) AND / OR THEIR GUESTS, AND UNDER THE APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION, WHETHER OR NOT SUCH ENFORCEMENT RESULTS IN A LAWSUIT BEING FILED.

In order for you to facilitate consideration of my / our application for sale / lease of the above designated unit, I / We have caused the proposed purchaser / lessee to complete the attached pages, #2 and #3, of The Application For Sale / Lease. I / We am / are aware that any falsification or misrepresentation of facts in the attached application will result in the automatic rejection of this Application For Sell / Lease. Acceptance of a processing fee does not constitute approval of this transaction.

Please, also find attached a check to Sugar Sands Condominium Association Inc., in the amount of \$100.00 for lease with background check or \$50.00 for lease where the background check was previously performed or \$100.00 for a sale to cover the investigative and other costs. (US Funds Only) I am also including two letters of reference for the proposed purchaser or lessee and a fully executed sale contract or lease contract.

I / WE UNDERSTAND THAT SUGAR SANDS IS AN AGE RESTRICTED COMMUNITY. THE PRIMARY OCCUPANT MUST BE A MINIMUM OF 55 YEARS OF AGE.

DATE: This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

SIGNED: \_\_\_\_\_

Seller or Lessor

IT IS MANDATORY FOR THE PURCHASER OR LESSEE TO ATTEND AN ASSOCIATION ORIENTATION SESSION WITHIN 14 DAYS OF INITIAL OCCUPANCY. ALL ORIENTATIONS ARE TO BE SCHEDULED BETWEEN 8:00 A.M. AND 4:00 P.M. MONDAY THRU FRIDAY. APPLICATIONS WILL BE PROCESSED WITHIN 30 DAYS. OFFICE NUMBER (561) 844-5630

IT IS ALSO UNDERSTOOD THAT EVERY OWNER / RENTER IS REQUIRED TO HAVE INSURANCE THAT MEETS THE ASSOCIATION'S GUIDELINES. PROOF OF SAID INSURANCE MUST BE PROVIDED TO THE ASSOCIATION WITHIN 14 DAYS OF INITIAL OCCUPANCY OR FOR A SALE WITHIN 14 DAYS OF CLOSING.

SIGNED: \_\_\_\_\_ / \_\_\_\_\_

Purchaser or Lessee

Date

BOARD APPROVED / DENIED: \_\_\_\_\_ / \_\_\_\_\_

Date

Date

**SUGAR SANDS CONDOMINIUM ASSOCIATION, INC.**

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**Prior to occupancy, ALL sales / leases must be approved.**

DATE: \_\_\_\_\_

I/We intend to purchase / lease Unit No. \_\_\_\_\_, Bldg. No. \_\_\_\_\_, Condominium No. \_\_\_\_\_.

If a lease, it is for a period starting \_\_\_\_\_ and ending \_\_\_\_\_.

I/We represent that the following information is factual and true. Falsification or misrepresentation of this information will result in automatic rejection of this application. It is understood that each apartment shall be occupied as a single family private dwelling. Subletting is not allowed. Sugar Sands is an age restricted community. The primary occupant must be a minimum of 55 years of age. Children under 18 years of age or persons less than 55 years of age without the owners presence may not reside in Sugar Sands apartments except during visits not to exceed 30 days in any calendar year (See the governing documents for a complete description of occupancy age restrictions).

**A fully executed copy of the sale contract or lease must be returned to the Sugar Sands Office with this application. Proof of age must accompany the completed application (Valid Driver's License is Acceptable).**

DOCK - INCLUDED IN SALE: \_\_\_ YES \_\_\_ NO If Yes, a Dockage License Agreement must be executed.

DOCK No. \_\_\_\_\_

PARKING SPACE \_\_\_\_\_. RECREATION KEY #. \_\_\_\_\_ & #. \_\_\_\_\_

PURCHASER / LESSEE \_\_\_\_\_ Date Of Birth \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PURCHASER / LESSEE \_\_\_\_\_ Date Of Birth \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PRESENT HOME ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME LANDLORD \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_

**EMPLOYMENT – LAST THREE YEARS**

(1) _____	Business Name	Address	Phone	Position	How Long
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2) _____	Business Name	Address	Phone	Position	How Long
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(3) _____	Business Name	Address	Phone	Position	How Long
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BANK REFERENCES: \_\_\_\_\_

**APARTMENT OCCUPANTS**

PRIMARY OCCUPANT: \_\_\_\_\_ AGE \_\_\_\_\_

OTHER:

NAME	RELATIONSHIP	AGE
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_____	_____	_____
_____	_____	_____

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\_\_\_\_\_

TOTAL NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ AGE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

CLUB AFFILIATIONS: \_\_\_\_\_

AUTO - MAKE, MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ ST. \_\_\_\_\_

PET SPECIES: \_\_\_\_\_ WEIGHT \_\_\_\_\_

**CHARACTER REFERENCES 3 REQUIRED ( LOCAL IF POSSIBLE)**

(1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TWO LETTERS OF PERSONAL REFERENCE REQUIRED. (MAY BE FROM ABOVE LIST)**

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE No. \_\_\_\_\_

By signature below: (1) Consent is given for Sugar Sands Condominium Association Inc. to make further inquiry concerning information provided in this application and (2) It is understood that I / We will be bound to comply with the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules / Regulations of the Condominium Association ("Rules We Live By"). As a prospective owner I have received copies of these documents or as a prospective lessee I have received a copy of the "Rules We Live By". (3) It is understood that any violation of the terms, provisions, conditions and covenants of Sugar Sands documents provides cause for available immediate action as therein provided or termination of a lease holder under appropriate circumstances.

Are you a member of the military service as defined by s.250.01, Florida Statute (copy Attached)? Yes \_\_\_\_\_ No \_\_\_\_\_

DATED: THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

APPLICANT'S SIGNATURE : \_\_\_\_\_

APPLICANT'S SIGNATURE : \_\_\_\_\_

**PROCESSING FEE ( MUST ACCOMPANY APPLICATION – US FUNDS ONLY)**

Criminal Background Checks Are Required Of All Purchasers / lessees

**SALE: \$100.00**

**LEASE: With Background Check \$100.00 / Background Check Previously Performed \$50.00**

**PLEASE DO NO WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD APPROVED / DENIED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date

Date

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