

Cardinal Management Group of Florida
4670 Cardinal Way, Suite 302
Naples, FL 34112
239-774-0723

**AVALON OF NAPLES III CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR SALE OR TRANSFER OF UNIT**

Closing date: _____

Current unit owner(s) name(s): _____

Unit address: _____

Name(s) and age(s) of proposed unit owner(s): _____

Current address: _____

City: _____ State: _____ Zip: _____

Own: ___ or Rent: ___ How long: _____

Phone number: _____ Cell number: _____

E-mail address: _____

List all persons who will be in residence: _____

Current landlord or mortgage holder name and phone number (if applicable): _____

Type and number of pets to be in unit (if applicable): _____

***Note: Two (2) pet maximum; limited to domestic dogs (no dangerous breeds) or domestic cats, or fish tanks not to exceed fifty-five (55) gallons (or any combination thereof).**

Applicant current occupation: _____ Phone Number: _____

Co-applicant current occupation: _____ Phone Number: _____

Vehicle make/model: _____ Year: _____ Color: _____ License Plate: _____

Vehicle make/model: _____ Year: _____ Color: _____ License Plate: _____

A copy of the purchase contract, two personal reference letters with current phone numbers, a check or money order in the amount of \$100.00 for non-refundable application fee and a check or money order in the amount of \$40.00 per person for credit and background check made payable to "Avalon of Naples I Condominium Association" must all be attached to this application and sent to the Association in care of Cardinal Management Group of Florida, 4670 Cardinal Way, Suite 302,. Submission of applications will not be accepted unless all information is submitted.

The information as described above must be submitted at least **twenty (20) days** prior to the intended closing date. By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that my application may be denied by the Association based upon background information obtained.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. (ANY INTENTIONAL MISREPRESENTATIONS SHALL BE A BASIS FOR AUTOMATIC DISAPPROVAL). I/WE UNDERSTAND THE APPLICATION FEE IS NONREFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS, AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THAT NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND THE ASSOCIATION'S DESIGNEES.

Print Name: _____ Applicant signature: _____ Date: _____

Print Name: _____ Co-applicant signature: _____ Date: _____

Closing agent's name and e-mail address: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved: _____ or Disapproved: _____

By: _____ Date: _____

Copy of sales contract attached: Yes ____ No ____

Copy of two personal references attached with telephone number: Yes ____ No ____

Check or money order for \$100.00 non-refundable application fee and \$40.00 per person credit and background check: Yes ____ No ____

Reason for action taken: _____
