

**CLEARWATER KEY ASSOCIATION, SOUTH BEACH I**  
**REQUEST FOR APPROVAL OF SALE OR TRANSFER OF UNIT**

NOTE: This application after completion is to include the authorization for release of background checks and credit reports, a copy of all of the proposed sale documents, a check payable to South Beach I in the amount of \$100.00 for the application fee, and a check payable to Professional Bayway Property Management for \$65.00, per person for background check fee(s) (except husband/wife or parent/dependent child combinations which are a single \$65.00 fee), must be received by the Association at the Management office noted below with this application. Missing or incomplete information will cause the application to be returned without action. This information is confidential pursuant to Florida Statute Chapter 718.11 (12) 2.

A Move in / Move out "damage deposit" check payable to South Beach I in the amount of \$250.00 is required in advance of moving into the unit and will be returned after a review of the property has been completed to assess any issues subject to damage cost; if there is damage the repair of the damages will be deducted from the deposit. There may also be an additional \$100 required for late deliveries. The damage deposit of \$250 and late delivery charge of \$100 (if necessary) must be submitted at time of application.

THE SOUTH BEACH I CONDOMINIUM DOCUMENTS ALLOW THE BOARD OF DIRECTORS THIRTY (30) DAYS FROM RECEIPT OF APPLICATION TO APPROVE OR DISAPPROVE.

Please complete this form and sign below in the space(s) provided. Mail this form as soon as possible to:

Clearwater Key Association,  
South Beach I c/o  
Professional Bayway Management  
10033 Dr. M.L.K. Jr. St. Suite 300  
St. Petersburg, FL 33716

Date:\_\_\_\_\_ Unit#:\_\_\_\_\_ Current Owner(s): \_\_\_\_\_

Purchaser: Last, First and Middle \_\_\_\_\_

Purchaser: Last, First and Middle \_\_\_\_\_

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

Telephone Number at above address: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

How long at above address: \_\_\_\_\_

**Purchaser #1: INFORMATION**

Purchaser: Last, First and Middle \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Social Security or Canadian Social Insurance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State/Province of Driver's License and Number: \_\_\_\_\_

**PURCHASER #1 - EMPLOYMENT INFORMATION:**

Employer Name \_\_\_\_\_ # of Years with Employer: \_\_\_\_\_

Employer Address/Telephone # \_\_\_\_\_

Previous Employer: \_\_\_\_\_ # of Years with Previous Employer: \_\_\_\_\_

**PURCHASER #2: INFORMATION**

Purchaser: Last, First and Middle \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Social Security or Canadian Social Insurance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State/Province of Driver's License and Number: \_\_\_\_\_

**PURCHASER #2 - EMPLOYMENT INFORMATION:**

Employer Name \_\_\_\_\_ # of Years with Employer: \_\_\_\_\_

Employer Address/Telephone # \_\_\_\_\_

Previous Employer: \_\_\_\_\_ # of Years with Previous Employer: \_\_\_\_\_

APPLICANT INTENDED USE OF UNIT:

Purchasing Unit for: Personal Housing \_\_\_\_\_ Rental \_\_\_\_\_

If Other, please explain. \_\_\_\_\_

If you are purchasing this unit for your own housing, or personal housing for a family member, indicate the names and ages of those who will regularly occupy the unit:

Name:

Age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the unit be occupied or rented for: \_\_\_\_ Full year \_\_\_\_ Seasonal basis \_\_\_\_ Other?

Specify another period: \_\_\_\_\_

**NOTE: MINIMUM RENTAL PERIOD NINETY (90) DAYS.**

Will the unit ever contain any Pets? \_\_\_\_ Yes \_\_\_\_ No

**If the unit will contain pets, a pet approval form must be submitted and approved by the Board of Directors prior to the pet being on the property; all pet owners must be aware of the rules and regulations regarding pets and agree to follow those rules.**

Permanent Residents:

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

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

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

4. Name: \_\_\_\_\_ Age \_\_\_\_\_

## APPLICANT'S SALES TERMS

Since the unit is being sold, all information is required to be disclosed to the Association, i.e. copy of Purchase Agreement, total purchase price, date of closing, title company, etc. After new owner(s) have taken title, a copy of the warranty deed is to be provided to the Association for its records to be amended to reflect ownership change. Applicant's Sales Terms also noted on Page 4, Item #10.

Date of Closing: {Please allow fifteen (15) days from the date of the completed application with all required attachments received to process the application for Board Approval.) \_\_\_\_\_

Total Purchase Price:-----

Title Company and closing agent:----- Telephone: \_\_\_\_\_

Realtor/Realty Company\_\_\_\_\_ Telephone:\_\_\_\_\_

The applicant and seller acknowledge that the purchase price *is* the accurate purchase price and that no modifications have taken place regarding the purchase price or the terms of the sale.

## APPLICANT EMERGENCY INFORMATION

Name of Person to be notified \_\_\_\_\_ Relationship\_\_\_\_\_

Telephone # \_\_\_\_\_ Address of Person to be notified: \_\_\_\_\_

**APPLICANT'S MOTOR VEHICLE(S):** Each unit will only be allowed one vehicle, per live-in resident of driving age, on the property at a time.

VEHICLE #1:

Make/Model/ Color/ Year\_\_\_\_\_

State/ license Number \_\_\_\_\_

VEHICLE #2:

Make/Model/ Color/ Year\_\_\_\_\_

State/ License Number \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, your seller should provide you, at no cost to you, a copy of the following condominium documents. Have you received:

- |  |           |          |
|--|-----------|----------|
| • Current Declaration of Condominium with all Amendments | Yes _____ | No _____ |
| • Current Articles of Incorporation with all Amendments  | Yes _____ | No _____ |
| • Current Bylaws with all Amendments                     | Yes _____ | No _____ |
| • Current Rules and Regulations with Pet Regulations     | Yes _____ | No _____ |
| • Current Frequently Asked Questions/Answers             | Yes _____ | No _____ |

## APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

The law provides you with three (3) days, excluding Saturdays, Sundays and legal holidays, after receipt of the above referenced documents in which to cancel your purchase of the unit. It is important that you read and understand these documents *as* they will govern the use of this unit and the operation of your condominium association.

I/We understand it is my/our responsibility to examine all referenced documents and I/we will abide by all provisions therein notwithstanding any contrary oral representations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co Applicant Signature

**APPLICANT INTERVIEW**-As a necessary part of this application process, the Association may invite you to meet some of its Members once the credit report and other documents have been received.

## APPLICANT INFORMATION FOR UNIT SALE OR TRANSFER APPROVAL FORM

Upon successful processing of this application, the Association will issue a "Certificate of Approval of Sale or Transfer" form which you must give to your closing agent and which will then be recorded in the public records along with your deed. To properly complete that form, the Association needs the following information: For the sale transfer of condominium unit#        to:

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant(s) Attestations(s) and signature(s):

I/We hereby certify that all of the above information is correct. I/We authorize my current and former employers, any credit information agency, any state driver license agency, any prior condominium board or apartment manager, any bank, or any court, to furnish records of my service, credit, driver's license, residency, bank account information and / or criminal information, together with all such other information as those agencies may have on me, whether on record or not. I further permit the Board of Directors of SAND KEY CONDOMINIUM - SOUTH BEACH I, to conduct such investigation as they deem appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of SAND KEY CONDOMINIUM-SOUTH BEACH I, its officers, agents and employees and all other persons acting on its behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be valid as the original copy. I further understand that any interview committee is without the power to grant rule exceptions.

\_\_\_\_\_  
Signature of Owner Requesting Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

CLEARWATER KEY ASSOCIATION, SOUTH BEACH I  
APPROVAL OF SALE OF CONDOMINIUM

The Sale of Condominium Unit#: \_\_\_\_\_ Clearwater Key Association, South Beach I,  
Gulf Boulevard together with the parking and storage assignments have been approved.

BOARD APPROVAL: TWO (2) SIGNATURES ARE REQUIRED

\_\_\_\_\_  
Board Member Date

\_\_\_\_\_  
Board Member/Property Manager Date

**Directors will try to process all applications promptly, however, the routine processing time may require up to thirty (30) days to complete.**

**A Three (3) Working Day notice is required to South Beach I for Move IN/Move OUT and the damage deposit of \$250 and if late delivery is necessary the \$100 charge to cover expenses must be included with the notice.**

Furniture/Appliance Move-In/Move-Outs can only take place between 8:00 AM & 5:00 PM, Monday through Friday. NO MOVE-IN/MOVE-OUTS ARE PERMITTED ON WEEKENDS OR HOLIDAYS. MOVE-IN/MOVE-OUT time may be extended under certain circumstances up to 6:00 PM. However, any extended time increases administrative and personnel overtime cost to the Association for which a non-refundable charge of \$100.00 must be paid. UNDER NO CIRCUMSTANCES WILL MOVE-IN/MOVE-OUT TIME BE PERMITTED AFTER THE 6:00 PM DEADLINE.