Terrace Park of Five Towns No. 27 Inc, Inc. – Quincy Building

8199 Terrace Garden Dr N, St. Petersburg, FL 33709

APPLICATION FOR APPROVAL OF SALE

PLEASE MAIL TO: DeSantis Community Management, LLC
2931 Macalpin Dr S, Palm Harbor, FL 34684
Phone/Fax 727.440.5225
Email Info@DeSantisMgmt.com

Note: The following information and fees must accompany this form in order for it to be considered/processed:

- ☐ **$50.00 Application Fee payable to Terrace Park of Five Towns No. 27 Inc, Inc.**
- ☐ **$50.00 Non-refundable Processing Fee (per application), payable to DeSantis Community Management, LLC.**
- ☐ **$50.00 (PER PERSON) Non-refundable Background Check Fee, payable to DeSantis Community Management, LLC.**
- ☐ **Refundable Move-in Deposit ($100 separate check; refundable if no damages upon move in; separate check made payable to Terrace Park of Five Towns No. 27 Inc)**
- ☐ **Copy of the Sale/Purchase Contract.**
- ☐ **Copy of the Applicant(s) Drivers License(s) and/or Photo ID(s).**

Please mail the completed application, fees, and required information to DeSantis Community Management, LLC, 2931 Macalpin Dr S, Palm Harbor, FL 34684. Please submit your application at least fifteen (15) days prior to closing to allow time for processing. Applications will not be processed until all information and fees are received.

Association: Quincy Unit #: _____ Parking Space #: _____

Application is hereby made for approval of the Purchase of the above condominium unit for:

Name of Seller(s): _____

I/We represent that the following information is true and consent to your further inquiry concerning the information. Initials _____

(Note: blank spaces of lack of complete names and addresses could result in a delay in approval of your application and/or closing)

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____

Present Address: _____

Driver's License Number: _____ Phone Number: _____

Email: _____

Spouse/Applicant #2 Name: _____ Date of Birth: _____

Social Security Number: _____

Present Address: _____

Driver's License Number: _____ Phone Number: _____

Email: _____

Automobile(s):
Make: _____ Model: _____

Number of persons to occupy unit: _____

Names and ages of all occupants: _____ Age: _____
_____ Age: _____
_____ Age: _____

This is a 55 and over adult community. A copy of picture ID for each occupant must be attached.

PLEASE NOTE: One Dog or One Cat, not to exceed 25 lbs. adult weight, or caged domestic birds or tropical fish kept in aquariums not to exceed 50 gallons.

Pets? Yes _____ No _____ Type _____ Weight: _____

Proposed date of closing: _____
Estimated Occupancy Date: _____

Realtor Name: _____ Company Name: _____

Phone and Fax #: _____

Email: _____

Complete Name, Phone Number and Address of Title Company: _____
_____

Address of Owner if different from unit: _____
_____

Phone Number: _____

Seller is required to provide buyer a current copy of Declaration of Condominium, By-Laws, Articles of Incorporation.

The Board will contact the applicant to schedule the interview.

AUTHORIZATION OF RELEASE OF INFORMATION – Applicant(s) represents that all of the above information and statements on the application for sale are true and complete, and hereby authorizes an investigative report, including but not limited to residential history (rental or mortgage), employment history, criminal history records and court records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state. I/We hereby authorize the Association and/or their agent to conduct a background check including a criminal background check for prospective buyers. The results of the background check shall remain confidential. The Board of Directors and their agents will be held harmless from any action or claim by me in connection with the use of the information contained herein.

_____	_____
Applicant's Signature Date	Applicant's Signature Date
_____	_____
Applicant's Printed Name	Applicant's Printed Name

TERRACE PARK OF FIVE TOWNS NO. 27 INC, INC.

IN ORDER TO VOTE AT ANY MEETING OF THE ASSOCIATION, THE FOLLOWING DECLARATION MUST BE ON FILE WITH THE SECRETARY OF THE ASSOCIATION.

I/WE HEREBY SWEAR THAT THE FOLLOWING PERSON OR PERSONS IS/ARE THE LEGAL OWNER OR OWNERS OF THE HEREIN NAMED UNIT IN THE BERSHIRE BUILDING NO. 304.

UNIT #: _____

SIGNED: _____ DATE: _____
(OWNER)

SIGNED: _____ DATE: _____
(OTHER OWNER)

SIGNED: _____ DATE: _____
(OTHER OWNER)

I/WE HEREBY DESIGNATE _____ AS THE VOTING MEMBER.
(ONE OF THE ABOVE LEGAL OWNERS)

IN ORDER FOR ANY PERSON OTHER THAN THE DESIGNATED VOTING MEMBER TO VOTE – HE OR SHE MUST BE A LEGAL VOTER OF THE BERSHIRE ASSOCIATION AND HE OR SHE MUST BE IN POSSESSIONN OF A PROXY SIGNED BY THE DESIGNATED VOTING MEMBER.

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TERRACE PARK OF FIVE TOWNS NO. 27 INC, INC.
8199 Terrace Garden Dr N
ST. PETERSBURG, FL 33709

OCCUPANT: _____ UNIT #: _____

PARTY OR PARTIES TO BE NOTIFIED:

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____

The purpose of the interview is for you to know the rules and regulations that are set forth in the Declaration of Condominium, Articles of Incorporation, and the By-Laws, which is to be provided to you by the previous owner at the time of purchase.

The Quincy Building is a 55 and over adult community. The owner must be 55 years old or older. **Occupants less than 18 years old are not permitted**.

The Quincy monthly Association Assessments are based on your percentage of ownership according to the governing documents.

This approval is contingent upon all financial matters with the Condominium Association referenced above (including but not limited to maintenance fees, assessments, and late fees being paid in full through the date of closing or the approval date).

Please fill out this application and mail to:

Terrace Park of Five Towns No. 27 Inc
c/o DeSantis Community Management, LLC
2931 Macalpin Dr. S.
Palm Harbor, FL 34684

The following must accompany the completed application:

- ☐ $50.00 Application Fee; separate check payable to Terrace Park of Five Towns No. 27 Inc, Inc.
- ☐ Refundable Move-in Deposit ($100 separate check; refundable if no damages upon move in; separate check made payable to Terrace Park of Five Towns No. 27 Inc)
- ☐ $50.00 Processing Fee; separate check payable to DeSantis Community Management, LLC
- ☐ $50.00 Background Check Fee (**PER PERSON**); separate check payable to DeSantis Community Management, LLC
- ☐ Copy of the Sale Contract
- ☐ Copies of Applicant(s) Drivers Licenses and/or Photo ID(s)

TERRACE PARK OF FIVE TOWNS NO. 27 INC, INC.

QUINCY

8199 Terrace Garden Dr N
St. Petersburg, FL 33709

CERTIFICATE OF APPROVAL

For Sale and Transfer

Pursuant to the Declaration of Condominium, of Terrace Park of Five Towns No. 27 Inc, Inc., QUINCY, a Florida corporation not for profit ("Association"), the Board of Directors of the Association have approved the transfer of the Condominium Unit # _____

To: _____

In accordance with the requirements of the Declaration of Condominium.

In witness whereof, we have hereunder set our hand and seal this _____ day of _____ , 20 _____ .

By: _____ By: _____

_____ _____
Print Name / Title Print Name / Title