APPLICATION FOR APPROVAL OF SALE OF CONDOMINIUM UNIT

TO: The Board of Directors of The Shores Condominium Association, Inc.

I hereby apply for approval to purchase unit _____ in The Shores of Naples, a Condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that my falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1.	. Full name of Applicant:						
2.	. Full name of Spouse (if any):						
3.	Home Address:						
	Telephone: Home: ()						
4.	Social Security Number of Applicant:						
5.	Nature of Business or Profession:						
6.	Company or Firm name:						
7.	Business address:						
8.	family residences only. Please state the name and relationship of all persons other than the who will be occupying the unit on a regular basis.						
9.	The state of the s						
	Address:						
10.). Two personal references (local if possible)						
	Name:						
	Address:						
	City/State:Phone()						
	Name:						
	Address:						
	City/State: Zip Phone()						

11.	Two Credit References (local if poss	ible)					
	Name:						
	Address:						
	City/State:	Zip	Phone()	<u>2</u> (0		
	Account Number:			1	-		
	Name:						
	Name:		· · · · · · · · · · · · · · · · · · ·				
	Address:City/State:	7in	Dhanal	1	-		
	Account Number:	2ιρ	Priorie()			
12.	Person to be notified in case of emergency: Name:						
	Address:						
	Address:City/State:	Zip	Phone()	_		
	Motor vehicle to be left at the Cond						
	Model/Make:Year:Year:						
	License Number:		State:				
14.	Mailing address for notice connected with this application:						
	Name:						
	Address:						
	City/State:	Zip	Phone()			
	Please circle the number that applie	· ·					
	I am purchasing this unit with the intention to:						
	(1) Reside here on a full time basis						
	(2) Reside here part time						
	I (We) will provide the Association with a copy of our recorded deed within ten days of closing.						
16	Lam aware of and agree to abide by the Declaration of Constantial						
	I am aware of and agree to abide by the Declaration of Condominium of The Shores of Naples, a Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all property rules						
	and regulations. I acknowledge receipt of a copy of the association rules.						
	The association requires a personal	Sakawii a		-1 1			
	The association requires a personal interview with all prospective purchasers. The purchaser will be advised by the association office within a 30 day period from the date of the application, of whether this						
	application has been approved.						
	Dated:						
	Juteu	Δr	plicant				
	A non-refundable check for \$100.00, payable to The Shores Condominium Association, Inc, must						
	accompany this application, for the purpose of defraying costs of checking references, credit						
	investigation, directory updating, and other expenses related to the processing of this application.						
	Application Approved:	Disapprove	ed:				
	Date:	<u> </u>					
	-						
	By:Office of Director						
	Office of Director						