

APPLICATION FOR SALE OR TRANSFER OF TITLE

THE HERON AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Please submit this completed application to the attention of the Board of Directors at The Heron at Pelican Bay Condominium Association, Inc., c/o Leo Wierman, Manager, 5555 Heron Point Dr., Naples, FL 34108. E-mail (theheron5555@gmail.com) is acceptable.

Date: _____, 20__

To: Board of Directors of The Heron at Pelican Bay Condominium Association, Inc.

I(We) intend to purchase Unit No. ____, located in The Heron at Pelican Bay, a Condominium. A copy of the Purchase and Sales Agreement ("Agreement") is attached. Title will be held in the following name(s) _____ ("Applicant(s)"). I(We) represent that the following information and the information included in the Agreement is factual and true. I(We) am(are) aware that any falsification or misrepresentation of the facts in this Application or any materials acquired in connection herewith may result in rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I(We) consent and acknowledge that the Association or its agent may make further inquiry concerning this Application, including, but not limited to checking references, contacting persons referenced in this Application or other persons, conducting a criminal background check, and obtaining a credit report or similar financial information.

I(We) have read and agree to be bound by the Declaration, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association (collectively "Condominium Documents"), copies of which documents have been furnished to me(us) by the Unit Owner, and recognize that the Condominium Documents may be amended from time to time. If any question cannot be answered in the space provided, attach a separate sheet or sheets of paper.

1. FULL NAME OF PRESENT OWNER(S) OF UNIT: _____

2. LIST ALL PROPOSED RECORD TITLE HOLDERS AS SEPARATE APPLICANTS (USE SEPARATE SHEET OF PAPER IF NECESSARY):
FULL NAME OF APPLICANT 1 _____
FULL NAME OF APPLICANT 2 _____
3. SOCIAL SECURITY NUMBER OF APPLICANT 1 _____
SOCIAL SECURITY NUMBER OF APPLICANT 2 _____
4. DRIVER'S LICENSE NO. OF APPLICANT 1 _____
DRIVER'S LICENSE NO. OF APPLICANT 2 _____
(Copies of the Applicants' Driver's Licenses must also be attached)

5. DATE OF BIRTH OF APPLICANT 1 _____
DATE OF BIRTH OF APPLICANT 2 _____
6. IF THERE ARE MORE THAN TWO (2) APPLICANTS (OR IF CO-APPLICANTS ARE OTHER THAN SPOUSES) PLEASE EXPLAIN HERE AND FURTHER PROVIDE ADDITIONAL INFORMATION AS APPROPRIATE (INCLUDING SOCIAL SECURITY NUMBERS AND DATES OF BIRTH FOR ALL APPLICANTS AND THE RELATIONSHIP BETWEEN ALL APPLICANTS) SO THAT ALL APPLICANTS SUBMIT INFORMATION. (USE SEPARATE SHEET OF PAPER IF NECESSARY):

7. EXACT NAME(S)/ENTITY(IES) TO WHICH TITLE WILL BE TRANSFERRED:

8. OCCUPATION OF APPLICANT 1 _____
POSITION HELD PRESENTLY _____ HOW LONG? _____
OCCUPATION OF APPLICANT 2 _____
POSITION HELD PRESENTLY _____ HOW LONG? _____
9. PRESENT RESIDENCE ADDRESS OF APPLICANT(S) _____
CITY _____ STATE ___ ZIP _____ PHONE _____
E-MAIL _____ HOW LONG? _____
10. IS PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE OF APPLICANT(S) WITHIN THE PAST 7 YEARS, A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNERS' ASSOCIATION: _____ YES _____ NO
IF SO, NAME AND ADDRESS OF ASSOCIATION _____
CITY _____ STATE ___ ZIP _____ PHONE _____
E-MAIL _____ HOW LONG? _____
11. IF PRESENT RESIDENCE IS RENTAL:
NAME & ADDRESS OF CURRENT LANDLORD _____
CITY _____ STATE ___ ZIP _____ PHONE _____
E-MAIL _____ HOW LONG? _____
12. NAMES AND ADDRESSES OF EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES OF EMPLOYMENT. BEGIN WITH PRESENT EMPLOYER. (USE SEPARATE SHEET OF PAPER IF NECESSARY)

APPLICANT 1:

APPLICANT 2:

13. PLEASE STATE THE NAME AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT (LIVING WITH APPLICANT(S) OR RESIDING IN UNIT FOR 30 DAYS OR MORE PER YEAR) OTHER THAN THE APPLICANT(S) HEREIN:

NAME: _____ RELATIONSHIP: _____
SSN: _____ DOB: _____
NAME: _____ RELATIONSHIP: _____
SSN: _____ DOB: _____
OTHER _____

14. PLEASE PROVIDE THREE (3) PERSONAL REFERENCES FOR EACH APPLICANT. THE SAME PERSON(S) MAY BE LISTED AS A REFERENCE FOR MORE THAN ONE APPLICANT:

APPLICANT 1:

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

APPLICANT 2:

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

15. PERSON TO NOTIFY IN AN EMERGENCY: NAME _____
RELATIONSHIP: _____ PHONE _____ E-MAIL _____

16. I/WE INTEND TO: (CHECK ONE)

- personally reside full-time at The Heron at Pelican Bay
- personally reside part-time at The Heron at Pelican Bay
- rent our Unit annually
- rent our Unit seasonally
- other (specify) _____

17. MANUFACTURER, MODEL & YEAR OF AUTOMOBILE(S) TO BE KEPT OR USED AT THE CONDOMINIUM:

CAR NO. 1: _____ LICENSE NUMBER: _____

CAR NO. 2: _____ LICENSE NUMBER: _____

18. DO YOU HAVE A PET YOU INTEND TO KEEP IT AT THE CONDOMINIUM (PLEASE NOTE THAT THERE IS A ONE (1) PET/20 POUND WEIGHT LIMIT. SEE ARTICLE 8.4 OF THE AMENDED AND RESTATED BYLAWS)?

YES NO

IF SO, WEIGHT, BREED, AGE OF PET _____

19. ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:

MAILING ADDRESS: _____
PHONE: _____ E-MAIL (IF EMAIL IS ACCEPTABLE MANNER OF COMMUNICATION): _____

20. IF APPLICATION FOR SALE OR TRANSFER IS ACCEPTED, ADDRESS FOR DELIVERY OF ASSOCIATION MATERIALS (IF DIFFERENT FROM UNIT ADDRESS):

MAILING ADDRESS: _____
E-MAIL: _____

I understand that upon its receipt of a totally completed Application acceptable to the Association, including a copy of the Agreement, the receipt of the application fee (\$100 per Applicant, husband and wife/members of the same family are considered one Applicant) and a personal interview (if requested), the Association has thirty (30) days within which to accept or reject the Application.

I understand that any violation of the terms, provisions, conditions, and covenants of the Condominium Documents provides cause for pursuit of remedies therein provided. Although a few provisions of the Condominium Documents are mentioned herein, all of the Condominium Documents should be carefully reviewed prior to purchase. I also acknowledge that the Condominium Documents may be amended from time to time.

Signature of Applicant 1

Signature of Applicant 2

Print Name:

Print Name:

Date: _____

Date: _____

The current Owner(s) of said Unit join in this Application to request the Board to review same.

Signature of Unit Owner 1

Signature of Unit Owner 2

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Application Materials Received _____, 20__ Interview Conducted _____, 20__

Transfer Approval Fee Received _____, 20__

APPROVED: _____ DISAPPROVED: _____ DATE: _____, 20__

Signature of Association Representative

Print Name: _____

ACTIVE: 11446300_1