

Opal at Sapphire Lakes
C/o Resort Management
2685 Horseshoe Drive South
Suite 215
Naples, FL 34104

Janet Wheeler:239-307-5244 jwheeler@resortgroupinc.com

Application for Approval to Purchase a Condominium Unit

I hereby apply for approval to Purchase (Street Address) _____ Unit Number _____

In Opal Condominium at Sapphire Lakes and for membership in the Condominium Association.

Closing Date: _____

A complete copy of the signed purchase agreement and a non-refundable fee of \$150 must be attached.

One \$75 check (payable to Resort Management) and one \$75 check (payable to Opal Condominium).

A \$ 75 Certificate of Approval of Sales Fee (payable to Resort Management) must also be attached.

Note: All applications must be received at least 20 days prior to closing of sale. If fees and sales agreements are not included with the completed application, **your approval process will be delayed.**

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

Current Owners Name (s): _____

Please print or type legibly the following information

1. Full Name of Applicant: _____

2. Full Name of Spouse: _____

3. Home Address: _____ City _____ State _____ Zip _____

4. Home Phone: _____ email: _____

5. The ***Documents of Opal Condominium Association*** provide for the obligation of Unit Owners that all Units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

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6. Nature of Business/ Profession: _____

If retired, Former Business/ Profession: _____

7. Company or Firm Name: _____ Business Phone _____

8. Business Address: _____ City _____ State _____ Zip _____

9. Name of current or most recent landlord: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____

10. Two Personal references (local if possible).

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

11. Two Credit references (local if possible)

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

12. Person to be notified in case of emergency.

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

13. Vehicles to be kept at the Condominium.

Year/ Make/ Model _____ License Plate # _____ State _____

Year/ Make/ Model _____ License Plate # _____ State _____

14. Mailing Address for Notices connected with this Application and future correspondence.

Name: _____ Phone: (_____) _____

Address _____ City _____ State _____ Zip _____

15. Please mark one of the following:

I am purchasing this unit with the intention to:

() Reside here on a full-time basis.

() Reside here part-time.

() Lease the unit.

I (we) will provide the Association with a copy of our recorded deed within (10) days after closing.

16. I understand and agree to abide by the Declaration of Condominium for Opal at Sapphire Lakes, the Articles of Incorporation, By-Laws and any and all property promulgated Rules and Regulations. I acknowledge receipt of a copy of the Association Rules and Documents.

AUTHORIZATION: I (we) hereby authorize Resort Management, Inc. and/ or Opal Condominium Association to verify all information contained on the application.

Date: _____

Applicant Signature: _____

Applicant Signature: _____

Opal at Sapphire Lakes Condominium Associates, Inc.

Acknowledgment and Agreement of Condominium Documents

I (We) have received and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws, and any and all properly promulgated Rules and Regulations in effect during the term of my (our) ownership. I (We) acknowledge all of these documents are available for inspection during regular business hours at the Association property Managers Office.

Resort Management
9250 Corkscrew Rd #9
Estero, FL 33928

I (We) understand and agree that the Association is authorized to act with full power and authority to take whatever action may be required, including eviction, to prevention violations of provisions to the Declaration of Condominium, the Associations By-Laws, the Florida Association Act, or the Rules & Regulations of the Association.

APPLICANT SIGNATURE

DATE

APPLICANTSIGNATURE

DATE

() APPROVE.

() DISAPPROVE

BOARD OF DIRECTORS

DATE