

# Monterrey Condominium, Inc.

980 Cape Marco Drive

Marco Island, FL 34145

Bus. Phone: (239) 642-6809

Bus. Fax: (239) 642-1359

Email: monterreycondo@gmail.com

Website: www.monterreycapemarco.com

## Application for Approval of Sale

### Instructions:

1. The Purchaser is to complete this “Application for Approval of Sale”.
2. All questions should be answered or it may delay the approval process.
3. This Application must be submitted to the Monterrey Condominium at least thirty (30) days prior to the expected closing date.
4. If the Purchaser, by title, is a Corporation, Trust, Foundation or Partnership, then the Corporation, Trust, Foundation or Partnership is required to designate a “Primary Occupant” to the unit. Official notices of the Association will be mailed to the “Primary Occupant”. This individual will be recognized as the “Owner” of the condominium unit having voting powers and occupancy privileges with being an Owner.
5. Pursuant to Florida Statutes, the applicant is entitled to certain documents such as the Frequently Asked Questions and Answer Sheet. The Applicant is also encouraged to review the Monterrey Condominium Association, Inc. Declaration of Condominium, By-Laws, Article of Incorporation and amendments thereto and the Association Rules & Regulations as these documents may put certain restrictions on the Applicant, or Applicant’s occupants, ability to use the property.
6. When returning this application, attach a non-refundable processing fee of \$100.00, payable to Monterrey Condominium Association, along with a copy of the Sales Agreement and a copy of the Applicant(s) Driver License.

# MONTERREY CONDOMINIUM ASSOCIATION, INC.

980 Cape Marco Drive, Marco Island, FL 34145  
Bus. Phone: (239) 642-6809 - Bus. Fax: (239) 642-1359  
Email: monterreycondo@gmail.com

## APPLICATION FOR APPROVAL OF SALE

I/WE hereby apply for approval to purchase in the Monterrey Condominium Association, Inc., a Condominium, and for membership in the Condominium Association.

|                                                                      |                             |
|----------------------------------------------------------------------|-----------------------------|
| UNIT NUMBER _____                                                    | PROPOSED CLOSING DATE _____ |
| REMITTED IS A NON-REFUNDABLE TRANSFER FEE OF \$100.00, CHECK # _____ |                             |

**NOTICE:** In order to facilitate consideration of this application, I/WE represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application may justify its disapproval. **I CONSENT TO THE MONTERREY'S ASSOCIATION FURTHER INQUIRY CONCERNING THIS APPLICATION, PARTICULARLY OF THE REFERENCES GIVEN BELOW AND AN INVESTIGATION INTO MY/OUR CRIMINAL AND/OR FINANCIAL BACKGROUND.**

### Please Print Legibly the Following Information:

**Full Name of Applicant:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Social Security Number of Applicant:** \_\_\_\_\_

**Full Name of Spouse:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Social Security Number of Spouse:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Applicant's cell: (\_\_\_\_) \_\_\_\_\_

Spouse's cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Applicant's email: \_\_\_\_\_ Spouse's email: \_\_\_\_\_

Applicant's Business or Profession: \_\_\_\_\_

If retired, former Business or Profession: \_\_\_\_\_

Spouse's Business or Profession: \_\_\_\_\_

If retired, former Business or Profession: \_\_\_\_\_

**The condominium documents of Monterrey, a Condominium, restrict unit use as a single family residence only. Please list the name and relationship of all other person other than yourselves who will be occupying the unit on a regular basis:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**Name of Person(s) to Contact in Case of an Emergency:**

Name and Relationship to you: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Name and Relationship to you: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Normal Domesticated Pets:**

The condominium documents of Monterrey, a Condominium, restrict pets to “Owners” only and restrict pet size. Dogs may not exceed seventeen (17) inches in height measured at the shoulder, nor twenty-five (25) pounds in weight at maturity. I DO \_\_\_ or DO NOT \_\_\_ currently have a pet that will be residing in my unit.

\*\*\*\*\*

**I/We are purchasing this unit with the intention of:** (Check one)

\_\_\_\_\_ Residing here on a full-time basis;

\_\_\_\_\_ Residing here part-time;

\_\_\_\_\_ Leasing the unit.

**Recorded Deed:**

I/WE will provide the Association with a copy of our recorded deed within thirty (30) days after closing. \_\_\_\_\_ (Applicant’s Initials)

**OFFICIAL DOCUMENTS:**

I/WE ARE AWARE OF, AND AGREE TO ABIDE BY THE MONTERREY CONDOMINIUM ASSOCIATION, INC. DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BY-LAWS AND ANY AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS, AND ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THE AFOREMENTIONED DOCUMENTS FOR REVIEW.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**SELLER / AGENT:**

SELLER OR AGENT AFFIRMS THEY HAVE INFORMED THE PROSPECTIVE PURCHASER OF THE MONTERREY CONDOMINIUM ASSOCIATION, INC. DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BY-LAWS AND ANY RULES AND REGULATIONS OF MONTERREY CONDOMINIUM AND ADVISED THAT SUCH DOCUMENT BECOME PART OF THEIR SALES AGREEMENT.

Seller / Agent Name (Print) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Seller / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**I/WE, HEREBY, GRANT PERMISSION TO HAVE THE MONTERREY CONDOMINIUM ASSOCIATION, INC. PERFORM A BACKGROUND CHECK VERIFY MY/OUR REFERENCES, CREDIT HISTORY AND CRIMINAL HISTORY. IT IS THE ASSOCIATION'S POLICY NOT TO DISCRIMINATE SALES ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX OR FAMILIAL STATUS.**

x \_\_\_\_\_  
Applicant Signature Date

x \_\_\_\_\_  
Applicant Spouse Signature Date

COPY OF SALES AGREEMENT ATTACHED: \_\_\_\_\_ (Applicant's Initials)

COPY OF DRIVERS LICENSE(S) ATTACHED: \_\_\_\_\_ (Applicant's Initials)

\*\*\*\*\*

**For Use of Monterrey Condominium Association, Inc.**

Application Received \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

BY: \_\_\_\_\_ (Officer/Agent) Date: \_\_\_\_\_

# APPOINTMENT OF PRIMARY OCCUPANT

Known by all men these presence that, I (we) \_\_\_\_\_  
(Print name of corporation, trust, foundation, or partnership)

of by these presence do make, constitute and appoint \_\_\_\_\_  
(Print name of person designated as the unit representative)

of Unit \_\_\_\_\_, the Monterrey, a Condominium, whose Declaration of Condominium was recorded in O.R. Book 2136, Page 0378, of the Public Records of Collier County, Florida as primary occupant pursuant to the Declaration of Condominium of the Monterrey. Said primary occupant shall have full power and authority to bind the undersigned as to any and all matters which shall come before the general membership, and is specifically authorized to receive all notices of any nature relating to the aforementioned unit.

I hereby declare that any act or thing lawfully done hereunder by any primary occupant shall be binding on the undersigned and its legal and personal representatives.

IN WITNESS WHEREOF, I have hereunder set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Primary Occupant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

**STATE OF: FLORIDA**  
**COUNTY OF: COLLIER**

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_ ( ) who is personally known to me or ( ) who provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Printed Name

My Commission Expires: \_\_\_\_\_