

GASPARILLA CONDOMINIUM ASSOCIATION, INC.

c/o Antares Group, Inc.
4195 S. Tamiami Trail, PMB # 173, Venice, FL 34293

Phone (941) 484-7900 * Fax (941) 484-7099 * Toll Free 877-252-4354

**REQUEST FOR APPROVAL TO SELL PROPERTY WITHIN THE
GASPARILLA CONDOMINIUM ASSOCIATION, INC.**

To: Gasparilla Condominium Association, Inc.

In accordance with the recorded Declaration of Condominium, I hereby request Board of Directors' consent to sell my property described as:

Street Address: _____

The following information is submitted for consideration:

1. A copy of the completed purchase agreement together with any other agreements relating thereto.
2. **Proof of age of buyer (copy of drivers license or passport).**
3. **Buyer(s) signature on this application indicates Buyer(s) received, read and have an understanding of all Condominium Documents presently in effect together with all current Association Rules and Regulations.**
4. Seller(s) agree to provide Buyer(s) with Mailbox Keys at sale closing.
5. Number of persons that will be in continuous occupancy _____.
6. Children under the age of 18 _____.
7. Number, make, model and types of vehicles to be parked on premises-**no trucks allowed**
 - a. _____
 - b. _____
8. Any Pets _____ Breed and Weight _____ **NOTE: 1 Cat/1 Dog Not Over 30 Pounds.**
9. Real Estate Agent (if applicable) _____ Phone: _____
10. Anticipated date of closing _____
11. **A \$100.00 Screening/Processing fee must be attached to this document, the application will not be considered without the fee attached. Fee will be refunded if application is not approved. Fee will also be refunded if sale fails to materialize.**

UNIT OWNER AS SELLER:

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

UNIT SOLD TO:

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

Signed (Unit owner as Seller): _____

Signed (Buyer): _____

Board Approval: _____ Date: _____