

OSPREY LANDING MASTER HOMEOWNERS ASSOCIATION
APPLICATION FOR PURCHASE/TRANSFER/LEASE (Circle One)

\$150 Application Fee per Person over the age of 18.

Please make check or money order payable to Sunstate Association Management Group, Inc.

TO: Board of Directors OSPREY LANDING MASTER Homeowners Association.
c/o Sunstate Management Group, Inc. PO BOX 18809 SARASOTA FL 34276

Please note: At Time of Closing a \$350. Capital Contribution will be collected.

HOMEOWNER INFORMATION

ADDRESS: _____ PRESENT OWNER: _____
REALTOR/AGENT: _____ TELEPHONE #: _____
PURCHASE PRICE: \$ _____ CLOSING DATE: _____
OR LEASE DATES FROM: _____ TO: _____

APPLICANT INFORMATION

Name: _____ Spouse/Co-occupant: _____

Permanent Address (After Acquisition): _____

Names and Relationship of all person who will occupy the unit:

Current Address: _____ Telephone #: _____

Contact Phone numbers: Work #: _____ Mobile #: _____

Telephone number after acquisition if known: _____

Email Address(s): _____

Will this address be leased by Proposed Owner? ____ Yes ____ No

Pet(s): Yes ____ No ____ if Yes, What Types(s): _____ Weight: _____

Vehicles: Make: _____ Year: _____ Model: _____ Tag: _____

Make: _____ Year: _____ Model: _____ Tag: _____

I/we have received and read the Declaration of Condominium and exhibits, By-Laws and Rules and Regulations and understand that its covenants impose responsibilities and restrictions on each unit owner/occupant at OSPREY LANDING MASTER Homeowners Association and I/we agree to abide by them. I/we will pay promptly any sums due to the Association, including compensation for any damage to the common elements or Association property.

Signature of Applicant: _____ Signature of Owner: _____

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Print Name of Applicant: _____ Print Name of Owner: _____

Date: _____ Date: _____

ASSOCIATION APPROVAL: APPROVED: _____ DISAPPROVED: _____

Signature: _____ Title: _____ Date: _____

Return to

Sunstate Management Group, P.O.Box 18809, Sarasota, FL 34276