LAKE PLACE CONDOS SALE / OWNER TRANSFER INFORMATION FORM

c/o Ameri-Tech Community Management, Inc.

24701 US Highway 19 No., Suite 102

Clearwater FL 33763

Phone (727) 726-8000 Fax (727) 723-1101

* *NOTE* * A non-refundable proces	sing fee for the	amount of	^f \$ 100.00 mi	ust accompai	ny the applica	ation. This ap	plication	
must be submitted at least 20 days p				-	-	-	-	
payable to Lake Place Condominium	n. A \$50.00 add	ditional fee	e is required	for additior	al applicants	s over the ag	ge of 18.	
Applicants acknowledge a backgroun	d check for all a	applicants	age eighteer	n or older wi	ll be perform	ed prior to a	pproving	
this application.	-							
Application Date	Anticipated Ctosing Date			Selling Price \$				
Seller Name.			Seller Name:					
Pro e Address:								
				State 7'-				
Mailin Address if not property):				State Zip				
Phone:	Cell:			E-mail:				
Phone	Cell:	Cell:			E-mail:			
BUYERS INFORMATION								
Bu er Name:								
bu er Name.								
D.O.B.				DL#/State:				
Current Address	Current Address			State		Zi		
Phone:	Cell:			E-mail:				
Bu er Name:								
D.O.B:	ss#:			DL#/State:				
Current Address:				State		Zi		
Phone	Cell:			E-mail:				
Additional residents living at roperty								
Children? How Many?	A	Ages? O		Other:				
Contact information for real estate a	ent handling tr	ransaction:			T			
Agent Name	Company Name:			Office Phone #:				
Email Address:			Cell					
VEHICLE INFORMATION All vehicles must be in operable condition and possess valid tags. RV'S. commercial vehicles,					loc boots			
etc. are NOT allowed on the premise	•		tion and pos	sess valid lag	5. <u>KV 5. COIII</u>		ies, Doals,	
	<u></u>							
Year/Make/Model State		e/Tag Y		ear/Make/Mo	del	el State/Tag		
, ,				,				
Year/Make/Model	State/	o/Tog		Year/Make/Model		State/Tag		
	State/	lag	rear, wiake, would			State/ idg		
<u>PET INFORMATION</u> N/A <u>R</u>	ESTRICTION ON	NDOGS - N	O MORE TH	<u>AN 1 DOG' N</u>	O LARGER TH	IAN 20 POUN	<u>IDS</u>	

Pet Type	Breed	Weight	Name	Pet Type	Breed	Weight	Name

APPLICAN	NT EMPLOYMENT INFORMATION						
Employe	:	Employer Address.			Yrs.		
	LAKE PLACE CONDOS SA	LE / OWN	ER TRANSFER INFORMATION FORM	1			
Employer Phone:			Em loyee Supervisor:				
Employer:	ployer: Em lo er		ldress:	Yr	Yrs:		
Employer P	ione:		Employee Supervisor:				
REFERENC	ES Include name, telephone number,	relationship					
Persohal:							
Lake Place I	/lember Reference?:						
	E: BUYER MUST OBTAIN THE FOLLOWING	3					
1.	Gate Controller \$30 (if not provided by owner)						
2.	Pool Key \$20						
3.	Mailbox Key						
4.	Monthly Maintenance Fee Coupon Booklet						
5.	Association Documents including Rules and Regulations						

I/We declare without reservation that the above information is true and accurate. I/We hereby acknowledges receipt of the governing Declarations of Covenants, Conditions and Restrictions of the Association and the Rules and Regulations, have read, understand and agree to abide by the Association's Rules and Regulations. I/We also understand and agree to accept the delinquent account collection procedures by the Association.

New Owner Signature

New Owner Signature

Board/Management	Company Signature	Date	
Approved	<u>Z]</u> Denied, reason:———		
To be completed by	Association:		