## **Jetty Villas**

c/o Sunstate Association Management, Inc. P.O. Box 18809, Sarasota, FL 34276 Office (941) 870-4920 Fax (941) 870-9652

Email: estoppels@sunstatemanagement.com and allapplications@sunstatemanagement.com

## **Sales Application**

TO BE FULLY COMPLETED AND RECEIVED BY SUNSTATE AT ABOVE ADDRESS NOT LATER THAN 30 DAYS BEFORE PROPOSED CLOSING. Return this application to allapplications@sunstatemanagement.com or Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a copy of Driver's License for all residents over 18 years of age and a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

	Sale Mortgage Type Closing Date				
Present Ow	ner:				
Title Co: Unit Addre	ess:				
Full-Time R		Name and Phone:	•		
Full Name:					of Birth:
	Last	First		M.I.	
Phone:			Email		
Driver Licen	nse #:			Empl	oyer:
Full Name:				Date	of Birth:
	Last	First		M.I.	
Phone:			Email		
Driver License #:				Employer:	
Present Add					
	Street Address	City, State, Zip			
Previous Ad	ldress:				
	Street Address	s City, State, Zip			
Other Occu	pants:				
Name and Pet(s):	Date of Birth of all	other occupants under	18 years of age.	. (If over 18 use a	dditional application.)
	Breed	Weight			
Vehicle 1:					
	Make	Model		State	License Plate #

1

IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO APPROPRIATE PERSON OR AGENT PLEASE USE AN ADDITIONAL APPLICATION FOR MORE THAN TWO RESIDENTS OVER THE AGE OF 18

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	References			
Please list references.				
Full Name:	Relationship:			
Address:				
Phone:				
Name: Relationship:				
Address:	<u>Phone:</u>			
Previous Landlord /Mortgager:				
Address:	Phone:			
Disclaimer and Signature				
The undersigned has received a copy of the Villas and agree to abide by them.	Association Documents: By-Laws and the Rules and Regulations of Jetty			
Signature:	Date:			
Signature:				
	Action By Board of Directors			
Board of Directors Signature:				

2

IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO APPROPRIATE PERSON OR AGENT PLEASE USE AN ADDITIONAL APPLICATION FOR MORE THAN TWO RESIDENTS OVER THE AGE OF 18