TARPON PASS II CONDOMININIUM ASSOCIATION
PO Box 495840, Port Charlotte, FL 33949

APPLICATION FOR CONDOMINIUM PURCHASE

Name(s) of Buyer: _____

Permanent Mailing Address _____

City _____ State _____ Zip _____ Phone No. (____) _____

Email buyer: _____

Name(s) of Seller: _____ Phone No. (____) _____

Closing Agent: _____ Phone No. (____) _____

Real Estate Agent: _____ Phone & Email _____

The above-stated Buyer(s) is/are hereby approved by the Board of Director of the *Tarpon Pass II Condominium Association* as purchaser(s) of the following described property, to-wit: *Tarpon Pass II Condominium Association Unit #*_____.

1. The property is being purchased for: _____ Full-Time Residence; _____ Seasonal Residence; _____ Investment/Rental purposes.
2. Consisting of _____ Number of People; and _____ Car(s); _____ Truck(s); _____ Recreational Vehicle(s); and _____ Cat(s); _____ Dog(s).
3. The Purchase Price of Property is $_____ and the Closing Date is scheduled on or before _____.
4. Said approval is given pursuant to provisions of the Association's Documents and By-Laws.
5. The Buyer(s) state they have received and read thoroughly a complete set of Condominium Association Documents, Articles of Incorporation and By-laws for Tarpon Pass II Condominium Association by way of signature.

X_____ X_____ _____

Buyer's Signature Date Buyer's Signature Date

6. The Association has no right of first refusal to purchase said real property, or, if said right does exist, it is hereby waived.
7. Please refer to Maintenance Fee Status Report for current monthly assessment and any outstanding liens or Assessments and Condominium Transfer fee.

APPROVED:

By: _____ Title: President, Tarpon Pass II

This document prepared by: Gateway Management, Inc., ~ escrow@gateway-team.com

Please return completed form to Fax (941) 629-0987; Phone: (941) 629-8190 or mail to: PO Box 495840, Port Charlotte, FL 33949