CERTIFICATE OF APPROVAL OF PURCHASE
MARINERS PASS CONDOMINIUM ASSOCIATION

Please fill out and sign the top portion (through line #6) of this certificate

Name(s) of Buyer(s):_____

Permanent Mailing Address:_____

City: _____ State: _____ Zip: _____ Phone No(s): (____)_____

Email Address: _____

Name(s) of Seller(s): _____

Closing Agent: _____ Phone No: (____)_____

Property Address: _____ _____

1. The property is being purchased for:

   ☐ Full Time Residence ☐ Seasonal Residence ☐ Investment/Rental Purposes

2. Consisting of ____ persons, with _____ car(s), _____truck(s), _____recreational Vehicle (s), _____dog(s) and/or _____cat(s).

3. The purchase price of the property is $_____

4. The Closing is scheduled for: _____
   (Please submit this application <u>at least</u> 7 business days prior to closing for processing)

5. Said approval is given pursuant to provisions of the Association's Documents and By-laws.

6. **The Buyer(s) state(s) they have received and read thoroughly a complete set of Condominium Association Documents, Articles of Incorporation and By-Laws for <u>Mariners Pass Condominium Association</u> by way of signature.**
   (Association Name)

X_____ ___/___/___ **X**_____ ___/___/___

Buyer's Signature **Date** **Buyer's Signature** **Date**

7. The Association has no right of first refusal to purchase said real property, or, if said right does exist, it is hereby waived.

8. Please refer to Maintenance Fee Status Report for current monthly assessment and any outstanding liens or assessments and condominium transfer fee.

FOR OFFICE USE ONLY

By:_____ Title: _____

BEFORE ME, the undersigned authority, personally appeared_____ to me known and known to be the _____ of Mariners Pass Condominium Association, who executed the foregoing Approval of Purchase and who acknowledged before men, that he/she executed the foregoing instrument in the name and on behalf of that corporation, affixing the corporate seal of that corporation thereto; that as such corporate officer he/she is duly authorized by that corporation to do so; that the foregoing instrument is the act and deed of that corporation; and that he/she executed the foregoing instrument for the uses and purposes therein expressed. STATE OF FLORIDA, COUNTY OF _____

WITNESS my hand and seal at the State and County aforesaid this _____ day of _____, 20___

_____ Notary Public/State of Florida My Commission Expires:

Please return completed form to: **Star Hospitality Management, Inc.**
26530 Mallard Way
Punta Gorda, FL 33950

3/2014 **Phone: (941) 575-6764 Fax: (941) 575-7968**