

APPENDIX C

CAMBRIDGE MEWS OF ST. ANDREWS EAST ASSOCIATION, INC.
APPLICATION FOR PURCHASE/TRANSFER/LEASE (Circle One)

NOTE: THREE MONTH MINIMUM ON RENTALS

TO: Board of Directors c/o Lynn Lakel, Sunstate Management Group, Inc.
CAMBRIDGE Mews of St. Andrews East Association, Inc.

HOMEOWNER INFORMATION

UNIT 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 unit 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 CAMBRIDGE Mews of St. Andrews East 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: _____

Signature of Applicant: _____ Signature of Owner: _____

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

Date: _____ Date: _____

ASSOCIATION APPROVAL: APPROVED: _____ DISAPPROVED: _____

Signature: _____ Title: _____ Date: _____

Return to Lynn Lakel, Sunstate Management Group, P.O.Box 18809, Sarasota, FL 34276
with \$150.00 processing fee made payable to Sunstate Management Group. Any questions call
(941)870-4920.