



c/o Sunstate Management Group, Inc.
P.O. Box 18809, Sarasota, FL 34276
P: 941.870.4920 | F: 941.870.9652

Email: allapplications@sunstatemanagement.com

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276 or email to allapplications@sunstatemanagement.com . You 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. Application will not be processed until all required documentation and fee(s) have been received.

SALE APPLICATION

DATE _____

TO: THE BOARD OF DIRECTORS OF Gulf View Estates Homeowners Assoc., Inc.

THE PREMISES LOCATED AT: _____

THE CURRENT OWNERS ARE: _____

CLOSING DATE: _____ REALTOR: _____ PHONE/EMAIL: _____

I/WE (**Buyer**) HAVE RECEIVED AND READ THE DECLARATION OF COVENANTS & RESTRICTIONS, THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE ASSOCIATION AND I/WE UNDERSTAND MY/OUR RESPONSIBILITIES AS AN OWNER(S) & I/WE AGREE TO ABIDE BY THE PROVISIONS OF SAID DOCUMENTS WHERE APPLICABLE:

Y____ N____

I/WE (**Buyer**) HAVE RECEIVED AND READ THE EC&R's ADOPTED BY THE ASSOCIATION: Y____ N____

FULL NAME OF BUYER _____

FULL NAME OF SPOUSE/CO-BUYER _____

PRESENT ADDRESS _____

TELEPHONE: HOME _____ **WORK** _____ **CELL** _____

E-Mail Address _____

PET THAT WILL BE KEPT AT THE RESIDENCE: Type of Pet: _____ Weight: _____ **All pets must be leashed and not allowed to run free. You must pick up after your pet and Sarasota leash laws will be enforced.**

MAKE, MODEL AND YEAR OF VEHICLES: _____

MAKE, MODEL AND YEAR OF VEHICLES: _____

BUYER (SIGNATURE) **DATE**

BUYER (SIGNATURE) **DATE**



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Disclaimer and Signature

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of and agree to abide by them. All pets must be leashed; ALL pet waste must be picked up.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO
Board

Signature: _____ Date: _____



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RESIDENT OCCUPANCY SHEET FOR DIRECTORY AND EMAIL USE PERMISSION

Please provide the information listed below to ensure that we can contact you if there is an emergency and to update our records. Kindly return this form to Sunstate Management, P.O. Box 18809, Sarasota, FL 34276, or email directly to databasechanges@sunstatemanagement.com for changes throughout the year updating us with your current information.

PLEASE SPECIFY ONE MAILING ADDRESS

OWNER: _____

STREET ADDRESS: _____

LOCAL PHONE#: _____

USE AS MAIN MAILING ADDRESS _____

EMAIL: _____



NORTHERN MAILING ADDRESS: _____

NORTHERN PHONE #: _____

USE AS MAIN MAILING ADDRESS _____

Emergency Contact Name: _____ Tel. #: _____

July 1, 2010, the Florida Legislation enacted a new law governing the publication of owner personal information such as phone numbers, email addresses and alternate addresses. Please indicate below if you do or do not want this information published in the annual owner roster (check one) and sign.

I do want this information published.

I do not want my e-mail address published in the annual roster, but I do give authorization to the Board of Directors or their management designee to contact me by e-mail.

Signature

Date