

# Sea Breeze South Condominium Association, Inc.

c/o Volhr Corporation  
1000 N. Collier Blvd., Suite 9  
Marco Island, Florida 34145  
Telephone: (239) 389-3600 Fax: (239) 394-4110  
Email: Maintenance@VolhrCorporation.com

## Application for Approval to Purchase a Condominium Unit

Current Unit Owner: \_\_\_\_\_

Bldg # \_\_\_\_\_ Unit # \_\_\_\_\_ Closing Date: \_\_\_\_\_

We submit the following information to obtain approval for such sale pursuant to the Articles of the Condominium documents. The application represents that the following information is true and correct, and consents to further investigation concerning the information including appropriate credit and background checks that may be necessary for approval of this request.

### THE FOLLOWING MUST BE SUBMITTED:

- Fully Completed Application
- Copy of Executed Sales Contract
- Completed Authorization for Background/Credit Check for each Applicant/Spouse
- Non Refundable \$100.00 Application Fee payable to Sea Breeze South

### PURCHASER'S INFORMATION:

Purchaser's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Unit will be titled in the name of: \_\_\_\_\_

Buyer's Current Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Bank/Credit Reference \_\_\_\_\_

Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_

Purchasers are acquainted with and have read the Declaration of Condominium, Articles of Incorporation, By-Laws of the Sea Breeze South Condominium, Inc., all current house and pool rules and regulations, and agree to be and understand that, they are bound by the terms thereof.

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Sellers Signature \_\_\_\_\_ Date \_\_\_\_\_

Sellers Signature \_\_\_\_\_ Date \_\_\_\_\_

Realtor Name/Agency \_\_\_\_\_

Realtor Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Assn Representative \_\_\_\_\_ Title \_\_\_\_\_

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## **PET RESIDENCY APPLICATION**

**Attach a COLOR photo of your Pet(s), and the copy of Immunization Certificate.**

**Owners Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**1) Type of Pet:** \_\_\_\_\_ **Breed of Pet:** \_\_\_\_\_

**Present Weight:** \_\_\_\_\_ **Weight at Full Grown** \_\_\_\_\_

**2) Type of Pet:** \_\_\_\_\_ **Breed of Pet:** \_\_\_\_\_

**Present Weight:** \_\_\_\_\_ **Weight at Full Grown** \_\_\_\_\_

\_\_\_\_\_ **I do not have a pet(s) at this time.**

\_\_\_\_\_ **I understand falsification of information or failure to register my pet(s) will result in revocation or denial of approval by the Board of Directors.**

\_\_\_\_\_ **I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding control of my pet.**

\_\_\_\_\_ **I understand that this approval is only for this pet(s) and expires when the pet is no longer on the property.**

\_\_\_\_\_  
**Signature of Owner**

**RETURN YOUR APPLICATION AND FEES TO:**

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