

**JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.**  
c/o Sunstate Association Management Group, Inc.  
PO BOX 18809  
Sarasota, FL 34276  
OFFICE: 941-870-4920

**SALE APPLICATION**

1. A non-refundable application fee of \$100.00 per application made payable by check to Sunstate Association Management Group, Inc.
2. Application must be submitted to the Board of Directors a minimum of fifteen (15) days prior to anticipated closing date.
3. A copy of the Sales contract must accompany this application.
4. A driver's license photograph must be attached to this application for all adult occupants.

\*Spouses may fill out one application, but two (2) persons not married must fill out separate applications and owner/applicant must submit one (1) check for each one.

**NOTE: PURSUANT TO AN AMENDMENT TO SECTION 11.3(a) OF THE DECLARATION OF CONDOMINIUM APPROVED BY THE OWNERS ON OCTOBER 12, 2005, NEW PURCHASERS OF A UNIT CANNOT RENT OR LEASE THEIR UNIT FOR A PERIOD OF 24 MONTHS FOLLOWING ACQUISITION OF THE UNIT.**

I/WE HEREBY request approval to purchase Unit \_\_\_\_\_ located at \_\_\_\_\_

Sarasota, FL 34236 and owned by \_\_\_\_\_

Scheduled Closing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Occupancy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant(s): \_\_\_\_\_

FIRST MIDDLE LAST

FIRST MIDDLE LAST

Present Address : \_\_\_\_\_

Street City, State Postal Code

Contact Info: \_\_\_\_\_

Home/Business # Cell #

Email: \_\_\_\_\_

Names of Adult Family Members who will be in residence: \_\_\_\_\_

Children (names and ages) who will be in residence:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Applicant's occupation: \_\_\_\_\_ Position: \_\_\_\_\_  
Company / Employer: \_\_\_\_\_  
Co-Applicant's occupation: \_\_\_\_\_ Position: \_\_\_\_\_  
Company / Employer: \_\_\_\_\_  
Bank Reference: \_\_\_\_\_  
NAME Address, City, State

Personal References:

1. \_\_\_\_\_  
NAME Address, City, State Phone #
2. \_\_\_\_\_  
NAME Address, City, State Phone #

Previous Residences (past two years):

1. \_\_\_\_\_
2. \_\_\_\_\_

Real Estate Agency & Company: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Phone

Email: \_\_\_\_\_

\*Cars to be parked on the Association's Property:

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License# & State: \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License# & State: \_\_\_\_\_

**\* No large trucks, commercial vehicles, motorcycles, mopeds, trailers, etc. are allowed to be parked on the property.**

PETS: Owners are allowed no more than one (1) dog and/or cat (25lb. limit):

Dog: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Weight: \_\_\_\_\_ lbs. Breed: \_\_\_\_\_  
Cat: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Weight: \_\_\_\_\_ lbs. Breed: \_\_\_\_\_

Our Intentions with regards to this Unit are:

- \_\_\_\_\_ Reside as Owners on a full-time basis
- \_\_\_\_\_ Reside as Owners on a seasonal/intermittent basis
- \_\_\_\_\_ Lease our Unit

In case of an emergency, whom would the Association contact/notify?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Postal Code

Phone & Email: \_\_\_\_\_

*“The undersigned hereby grants permission to Lighthouse Property Management, Inc., as agent of the Board of Directors of Jefferson Pines II Condominium Association, Inc., to contact any or all of our references with the understanding that all information will be held in strict confidence. I/we hereby agree that if this application is approved, all persons occupying this Unit will carefully read and fully comply with the Jefferson Pines II Condominium Association’s Declaration of Condominium, Articles of Incorporation, and Bylaws, and all Rules and Regulations. I/we understand that the Association does not provide personal services nor perform maintenance or repairs inside of individual units and that common elements must be respected at all times.”*

*The undersigned also hereby acknowledges that they have been furnished copies of and have read and understands the Declaration of Condominium, the Rules and Regulations, and the Bylaws and agrees to comply with their requirements. I understand that these rules are designed to create a harmonious community. As an owner I will support these rules and regulations.*

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD APPROVAL:**

**APPROVED**

**DISAPPROVED**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SALES AND LEASES COMMITTEE CHAIRPERSON:**  **APPROVED**  **DISAPPROVED**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **AUTHORIZATION TO OBTAIN CREDIT REPORT AND CONDUCT BACKGROUND CHECK(S)**

*"I/we hereby authorize Lighthouse Property Management, Inc., as agent of the Board of Directors of Jefferson Pines II Condominium Association, Inc., to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation of my/our application. I/we understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment information, vehicle records, licensing records, and/or any other necessary information. I/we hereby expressly release Jefferson Pines II Condominium Association, Inc. and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state, and/or federal government agencies including without limitation, law enforcement agencies."*

**Please print:**

### **Applicant:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License # & State of issue: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

### **Co-Applicant:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License # & State of issue: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Submit to: **Jefferson Pines II Condominium Association, Inc.**  
**c/o Sunstate Association Management Group, Inc.**  
**PO BOX 18809**  
**Sarasota, FL 34276**  
**OFFICE : 941-870-4920**

# THIS PAGE FOR OWNERS ONLY.

PLEASE BE ADVISED THAT THE DECLARATION OF CONDOMINIUM, ARTICLE 11, SECTION 11.3 GENERAL PROVISIONS REGARDING LEASING AS AMENDED AND RECORDED NOVEMBER 15, 2005 CONTAINS RESTRICTIONS ON THE NUMBER OF TIMES AND FREQUENCY A UNIT MAY BE LEASED AS STATED BELOW.

*To discourage investment owners and protect the residential character of the Condominium, a unit owner shall not lease or rent a condominium unit for a period of twenty-four (24) months after the title to the unit has been conveyed or transferred, provided that any existing lease of the previous owner may continue through the original term thereof and any extension or renewal. This Article 11.3(a) shall not apply to a mortgagee who acquires title to a unit by foreclosure or deed in lieu of foreclosure or to an owner who transfers title for purely estate planning reasons in the sole determination of the Board. Thereafter, a unit owner shall not lease the unit more than four (4) times in any twelve (12) month period.*

ALL REQUIRED PAPERWORK AND CRIMINAL BACKGROUND CHECKS MUST BE IN THE HANDS OF THE BOARD OF DIRECTORS AT LEAST TWENTY (20) DAYS PRIOR TO THE COMMENCEMENT OF THE PROPOSED LEASE.

AN INTERVIEW IS REQUIRED.

TENANTS MOVING IN WITHOUT APPROVAL WILL BE EVICTED.

ALL FEES AND MONIES OWED FOR THE UNIT MUST BE CURRENT PRIOR TO APPROVAL OF A LEASE.

NOTE: Florida Condominium Law, Florida Statute 718.116(4) states that "If the association is authorized by the Declaration or Bylaws to approve or disapprove a proposed lease of a unit, the grounds for disapproval may include, but are not limited to, a unit owner being delinquent in the payment of an assessment at the time the approval is sought."