

CHARLEVOI CONODMINIUM ASSOCIATION, INC.
Star Hospitality Man. J.Telisky@starhsopitalitymanagement.com Manager
26530 Mallard Way PG FLA 33950
APPLICATION FOR SALE OR TRANSFER OF OWNERSHIP

ADDRESS: _____ UNIT # _____

CURRENT OWNER (SELLER): _____

REALTY AGENT: _____ PHONE: _____

CLOSING AGENT: _____ PHONE: _____

CLOSING DATE: _____

BUYER INFORMATION:

1. NAME: _____

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

PHONE: _____ E-MAIL: _____

2. DO YOU PLAN TO RESIDE:

_____ FULL TIME _____ SEASONAL _____ INVESTMENT

3. NAME OF ALL PERSONS WHO WILL OCCUPY THE UNIT:

NAME: _____ RELATION: _____ AGE: _____

NAME: _____ RELATION: _____ AGE: _____

NAME: _____ RELATION: _____ AGE: _____

NAME: _____ RELATION: _____ AGE: _____

5. HOW MANY MOTOR VEHICLES WILL BE ON THE PREMISES: _____

TYPE: _____ CAR _____ TRUCK _____ SUV (check one)

MAKE/MODEL _____ YEAR: _____

COLOR: _____ LICENSE PLATE #: _____ STATE: _____

MAKE/MODEL _____ YEAR: _____

COLOR: _____ LICENSE PLATE #: _____ STATE: _____

6. PLACE OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____

EMPLOYED HOW LONG? _____ FROM: _____ TO: _____

PLACE OF EMPLOYMENT: _____

SUPERVISOR: _____ PHONE: _____

EMPLOYED HOW LONG? _____ FROM: _____ TO: _____

7. NEAREST RELATIVE TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

FULL ADDRESS: _____

PHONE: _____

8. CREDIT AND/OR BUSINESS REFERENCES:

TYPE (Bank/Auto/Credit): _____

NAME OF BUSINESS: _____ PHONE: _____

FULL ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

9. PERSONAL REFERENCES (Local):

NAME: _____ PHONE: _____

FULL ADDRESS: _____

NAME: _____ PHONE: _____

FULL ADDRESS: _____

Has anyone who plans to occupy the unit ever been convicted of a Felony? ____ NO ____ YES

If yes, when? _____ What was the charge? _____

I hereby certify that the information I have provided above is accurate to the best of my knowledge and I further understand that any misrepresentation or inaccuracy of this information may result in the disapproval of this proposed transfer of ownership.

We certify that we have received and read the Articles, By-Laws, Declarations, Covenants, Rules and Regulations and related documents regarding Charlevoi Condominium Association, Inc. We agree to abide by these documents and all future board amendments.

Buyer Signature (1) _____ Date: _____

Buyer Signature (2) _____ Date: _____

PLEASE MAIL FULLY EXECUTED APPLICATION ALONG WITH:

- **\$150.00 Processing fee payable to Star Hospitality Management**
- **Copy of Driver's License with the attached NRG Background form for each buyer**