

THE RESIDENCE I AT NAPLES BAY RESORT ASSOCIATION

OUT OF TOWN MAIL-

Residence I at NBR c/o ADG4 Properties
300 Fifth Avenue South Suite 203A
Naples, FL 34102

Telephone- (239) 330.7533

Fax- (239) 234.5285

Email - info@adg4companies.com

DROP OFF-

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RESIDENCE I PURCHASE/LEASE APPLICATION

PLEASE SUBMIT APPLICATION IN COMPLETION AT LEAST (30) DAYS PRIOR TO CLOSING/LEASE START DATE

I (WE) HEREBY APPLY FOR APPROVAL TO PURCHASE/LEASE UNIT# _____ / ADDRESS _____
_____ AT THE RESIDENCE I

AT NAPLES BAY RESORT, A CONDOMINIUM ASSOCIATION.

(CLOSING DATE/LEASE START DATE-) _____ - (LEASE END DATE-) _____

PLEASE PRINT THE FOLLOWING INFORMATION:

PERSONAL INFORMATION:

1. FULL NAME OF APPLICANT: _____
2. APPLICANT BIRTH DATE: _____
3. APPLICANT SOCIAL SECURITY NUMBER: _____
4. FULL NAME OF SPOUSE: _____
5. SPOUSE BIRTH DATE: _____
6. SPOUSE SOCIAL SECURITY NUMBER: _____
7. EMAIL ADDRESS: _____
8. CELL PHONE NUMBER: _____
9. SPOUSES CELL PHONE NUMBER: _____

EMPLOYMENT INFORMATION:

1. EMPLOYER NAME: _____
2. EMPLOYER ADDRESS: _____
3. EMPLOYER TELEPHONE NUMBER: _____
4. POSITION OCCUPIED: _____
5. LENGTH OF EMPLOYMENT: _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. EMPLOYER NAME: _____
2. EMPLOYER ADDRESS: _____
3. EMPLOYER TELEPHONE NUMBER: _____
4. POSITION OCCUPIED: _____
5. LENGTH OF EMPLOYMENT: _____

THE CLOSING/LEASE DOCUMENTS OF THE RESIDENCE I AT NAPLES BAY RESORT ASSOCIATION PROVIDE AN OBLIGATION TO HOMEOWNER/LESSEE THAT ALL UNITS ARE FOR SINGLE FAMILY RESIDENCE ONLY. PLEASE STATE THE NAME, RELATIONSHIP, AND AGE OF ALL OTHER PERSONS WHO WILL BE OCCUPYING THE UNIT REGULARLY:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

THREE (3) PERSONAL REFERENCES (RELATIVES & REAL ESTATE AGENTS/BROKERS INVOLVED IN THE PURCHASE/LEASE TRANSACTION CANNOT BE USED AS REFERENCES):

NAME: _____ ADDRESS: _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

NAME: _____ ADDRESS: _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

NAME: _____ ADDRESS: _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

PERSON/PHONE NUMBER TO BE NOTIFIED IN CASE OF EMERGENCY:

VEHICLE INFORMATION:

1) _____ MAKE
MODEL YEAR COLOR LICENSE# STATE

2) _____ MAKE
MODEL YEAR COLOR LICENSE# STATE

THE PARKING OF TRUCKS (OTHER THAN SMALL PICK-UP TRUCKS), BOATS, TRAILERS, CAMPERS, RECREATIONAL OR COMMERCIAL VEHICLES ON CONDOMINIUM PROPERTY OR ON THE SHARED FACILITIES IS RESTRICTED AND PROHIBITED- (ALL VEHICLES MUST FIT IN GARAGE).

RESIDENCE I MAIN ENTRY GATE CALL-BOX INFORMATION (MAXIMUM (2) ENTRIES/UNIT) LEASE APPLICANTS WILL BE DELETED BASED ON LEASE-END DATE OF THIS APPLICATION:

NAME _____ (_____)_____- _____
TELEPHONE#

NAME _____ (_____)_____- _____
TELEPHONE#

RESIDENCE I UNIT# _____

CLOSING DATE/LEASE START & LEASE END DATE- _____

MAILING ADDRESS FOR BILLINGS & NOTICES CONNECTED WITH THIS APPLICATION
PRIOR TO CLOSING/LEASING:

NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____ PHONE: _____

MAILING ADDRESS FOR BILLINGS & NOTICES CONNECTED WITH THIS APPLICATION
AFTER CLOSING/LEASING:

NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____ PHONE: _____

PET INFORMATION:

PETS ARE NOT PERMITTED FOR RESIDENCE I LEASE APPLICANTS OR GUESTS.

PURCHASE APPLICANTS- ALL PETS MUST BE APPROVED PRIOR TO SALE CLOSING. HOMEOWNER(S) ARE NOT PERMITTED TO HAVE MORE THAN (2) DOGS AND/OR CATS AND NO PET BREED EXCEEDING 40 POUNDS ALLOWED. ALL PET OWNERS MUST ABIDE BY THE PET RULES AT ALL TIMES AS PROVIDED FOR IN THE RESIDENCE I DECLARATION OF CONDOMINIUM AND RULES & REGULATIONS.

PET INFORMATION:

I AM AWARE OF AND AGREE TO ABIDE BY THE RESIDENCE I AT NAPLES BAY RESORT ASSOCIATION DOCUMENTS AND RULES & REGULATIONS. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION RULES. _____ (INITIAL)

THE APPLICANT(S) HAS OR HAVE NOT BEEN CONVICTED OF A FELONY AND IT IS UNDERSTOOD THAT SUCH A CONVICTION WOULD BE CONSIDERED JUST CAUSE FOR DENIAL OF ANY SALE, TRANSFER OR LEASE OF A UNIT BY THE ASSOCIATION. IF SUCH FACTS BECOME KNOWN AFTER ASSOCIATION APPROVAL HAS BEEN GRANTED THEN THE ASSOCIATION WILL CONSIDER THE APPROVAL INVALID AND WITHDRAWN. THE UNDERSIGNED FARTHER AGREES TO PROVIDE ANY INFORMATION THAT MAY BE REASONABLY REQUESTED BY THE ASSOCIATION AND HAS BEEN PROVIDED, RECEIVED, READ AND UNDERSTANDS THE APPLICABLE CONDOMINIUM DOCUMENTS WHICH GOVERN RESIDENCE I AT NAPLES BAY RESORT.

**Included with this application is a check made payable to "Residence I at Naples Bay Resort" for payment of the required association application fee. Application for ownership in the amount of One Hundred Fifty Dollars (\$150.00). Club Membership Application and Club Membership inquiries shall be separate from this application, contact (239) 530-5111.*

Applicant's Signature

Date

Print Name

(____)____ - ____
Telephone Number

Applicant's Signature

Date

Print Name

(____)____ - ____
Telephone Number

(IMPORTANT NOTE: If you have questions about completing the application or if you have not received a copy of the condominium documents, contact the Board of Administration.)

_____ **APPLICANT APPROVED** _____ **APPLICANT DISAPPROVED**

Association Board Member Signature

Date