

STONEWOOD TOWERS MEMBERSHIP APPLICATION

STONEWOOD TOWERS CONDOMINIUM ASSOCIATION
820-850 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931
PHONE: (321) 783-7879 FAX: (321) 783-4669

In conformity with the Florida Statutes, Florida case law, the Articles of Incorporation, the Declaration of Condominium, and the Bylaws of Stonewood Towers Condominium Association, Inc., this Membership Application must be completed in full by the prospective buyer(s) of a unit of the Condominium and submitted along with a duly executed copy of a bona fide offer of purchase prior to the Board of Administration acting upon the prospective unit sale. The Association reserves the right to personally interview applicants if necessary.

UNIT NUMBER: _____ **GARAGE/PARKING NO.** _____

NUMBER OF BEDROOMS IN UNIT: _____
(Two Bedroom: Four Occupants; Three Bedroom: Five Occupants (Document Restriction))

BUYER(S) INFORMATION:

(1) Last Name: _____ First Name: _____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

(2) Last Name: _____ First Name: _____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

IMMEDIATE FAMILY WHO WILL RESIDE IN UNIT:
(List Names and Relationship to Buyer(s))

Name: _____

Name: _____

Name: _____

Name: _____

PRESENT HOME ADDRESS:

Street Address _____ City _____ State _____ Zip _____

OCCUPATION / BUSINESS / EMPLOYMENT OF BUYER(S):
(Please include Company Name, Address & Telephone)

INTENDED USE OF UNIT:

A) PERMANENT RESIDENCE _____ B) INVESTMENT/RENTAL _____ C) SECOND HOME _____

MOTOR VEHICLE(S):

MAKE: _____ MODEL: _____ LICENSE NUMBER: _____

MAKE: _____ MODEL: _____ LICENSE NUMBER: _____

EMERGENCY CONTACTS:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

IS THE PROSPECTIVE BUYER(S) A CORPORATION, PARTNERSHIP OR TRUST? IF SO, COMPLETE THE FOLLOWING:

Name: _____
(Circle One) Public Private Family Immediate Family Other

Address: _____

Phone: _____ Nature of Business: _____

Name of Principal to Occupy Unit: _____

PET (IF ANY): Weight Not to Exceed 30 pounds. A \$75 non-refundable deposit is required.

Name: _____ Breed: _____ Weight: _____

PROSPECTIVE BUYER(S) PLEASE READ AND SIGN BELOW:

Buyer hereby acknowledges that buyer has been provided a current copy of the Declaration of Condo, Articles of Incorporation of the Association, By-Laws, Rules of the Association, and the Question and Answer sheet. I (We) acknowledge that there will be no closing on the sale of the unit without the prior approval of the Association and that the ownership is evidenced only by the recordation of a proper instrument in the Public Record of Brevard County, Florida. Buyer agrees to be bound by the Stonewood Towers Declaration of Condominiums, By-Laws, Articles of Incorporation, House Rules and any other promulgated by the Association.

_____	Signature	_____	Date	_____	Signature	_____	Date
_____	Signature	_____	Date				

For Association Use Only

	<u>Yes</u>	<u>No</u>	<u>Initial</u>
<u>Manager</u>			
1. All unit assessments, \$25.00 administrative fee and obligations are paid to date?.....	___	___	___
2. Membership Application fully completed and considered to be true and accurate.....	___	___	___
3. Seller advised to surrender auto decals, keys, etc., on or before the closing date.....	___	___	___

Screening Committee

- | | | | |
|---|-----|-----|-----|
| 1. Applicant and family qualify for membership? | ___ | ___ | ___ |
| 2. Recommended Approval / Disapproval?..... | ___ | ___ | ___ |

BOARD OF ADMINISTRATION: This Membership Application has been reviewed and the prospective buyer(s) is Approved/Disapproved for Association Membership and purchase of the Stonewood unit concerned. If disapproved, the reason is stated hereon.

Secretary for the Board

Date

President of the Board

Date