

**MEDICAL CENTER OF SARASOTA CONDOMINIUM ASSOCIATION, INC.**

3701 South Osprey  
Sarasota, FL 34239

**APPLICATION FOR APPROVAL OF SALE, LEASE,  
OCCUPATION, OR TRANSFER**

This form must be completed in its entirety and delivered along with a **\$100** non-refundable application fee to the association (allow 7 days for mail delivery) providing Directors a minimum of ten (10) days processing time **prior** to any unit owner's acceptance of an offer to purchase, closing of sale, or signing any agreement to lease or transfer ownership or allow occupation when an owner is not present. Possession or occupation of any unit **cannot** be authorized until **after** the Directors complete their investigation **and** return an approved copy of this form, signed by a Director, to the unit owner or his agent designated in writing by the owner.

The Declaration of Condominium of Medical Center of Sarasota Condominium Association with respect to the Sale, Transfer, Lease or Occupation of any unit **requires** such action **before** such leases, occupations, sales or transfers shall be valid or effective. Any false, misleading or obvious omission of required information to complete this form shall be sufficient cause for the Directors to take legal remedies provided by statutes and common law. In any such legal or equitable action or proceeding, the prevailing party shall be entitled to recover his costs and expenses, including reasonable attorney's fees to be determined by the Court, including Appellate proceedings.

In the event an Application is disapproved, the unit shall **not** be leased, subleased, occupied, sold or transferred and possession of the unit shall **not** be authorized.

In acting on these Applications, the Directors shall give consideration to good moral character, financial responsibility, personal habits and social compatibility of the proposed lessee, occupant, and purchase of transferee.

In accordance with Medical Center of Sarasota Condominium Association Declaration of Condominium, I (we) the undersigned Owner(s) (if more than one owner, all owners must sign) request approval for Medical Center of Sarasota Condominium Association Unit number \_\_\_\_\_, located at \_\_\_\_\_, Sarasota, FL,  
for the: *(Mailing address)*

- ( ) Lease from \_\_\_\_\_ to \_\_\_\_\_
- ( ) Occupied from \_\_\_\_\_ to \_\_\_\_\_
- ( ) Sale Closing Date: \_\_\_\_\_
- ( ) Transfer Date: \_\_\_\_\_

To: \_\_\_\_\_  
*(Full Name of Corporation)*

\_\_\_\_\_  
*(Full Mailing Address)*

\_\_\_\_\_  
*(Email Address)*

Also show names of all other occupants intending to occupy the unit beyond thirty (30) days, and address) if different from above address).

\_\_\_\_\_  
(Full name and address)

\_\_\_\_\_  
(Full name and address)

Number of passenger vehicles to be parked in the Medical Center of Sarasota Condominium Association parking areas: \_\_\_\_\_ and type: \_\_\_\_\_.

Present employer or occupation: \_\_\_\_\_

Position held: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Principal Bank reference:

\_\_\_\_\_  
(Name of Bank) (Address) (Contact Person)

Credit References (two required)

\_\_\_\_\_  
(Name) (Address) (Contact Person)

\_\_\_\_\_  
(Name) (Address) (Contact Person)

Personal References (two required)

\_\_\_\_\_  
Name of landlord Address Phone Number

\_\_\_\_\_  
Lease period Amount of rent/month

\_\_\_\_\_  
Name of landlord Address Phone Number

\_\_\_\_\_  
Lease period Amount of rent/month

- **If this Application applies to a lessee or occupant, they shall be provided a copy of the Rules and Regulations of Medical Center of Sarasota Condominium Association and they thereby acknowledge receipt and agree to abide by them.**
- **If this Application involves a sale or transfer and is approved, the purchase of transferee shall be provided and hereby acknowledges receipt of the Documents for Bee Ridge - Sawyer Condominium Association, Inc., the Articles or Incorporation, and the by-laws, and a copy of the Rules and Regulations.**
- **This Application must be submitted to the Association in duplicate, and both copies are to be signed by all owners as recorded in County Records.**
- **I HAVE RECEIVED, READ, UNDERSTAND, AND AGREE to abide by Medical Center of Sarasota Condominium Association Rules and Regulations.**

**SIGNED:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Board of Directors of Medical Center of Sarasota Condominium Association approve ( ) disapprove ( ) your Application for \_\_\_\_\_ to the person(s) listed on this form.   
Lease, occupation, sale, or transfer

Date: \_\_\_\_\_

FOR THE BOARD OF DIRECTORS

\_\_\_\_\_ Title: \_\_\_\_\_

Following action by the Directors, this form will be returned to the owner(s) at the last address of record. However, if the owners desire to have the application returned to another party or address, this shall be indicated in writing in the area immediately above the owner(s) signature.

If knowledge of Directors' action is required by telephone, please indicate the area code and telephone number where a **collect** call may be made, and the name of the person to be contacted:

\_\_\_\_\_  
\_\_\_\_\_

Following action on this application, please return to:

\_\_\_\_\_

Signature(s) of Owner(s)

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Lessee(s), Occupant(s), Purchaser(s), or Transferee(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Owner(s), Lessee(s), Occupant(s), Purchaser(s), or Transferee(s) are notified that the Rules and Regulations of Medical Center of Sarasota Condominium Association, Inc. include these provisions:

“Units may be leased only as an entire unit for a period of not less than six (6) months.”

“The Board or its designated agent shall be allowed to enter any unit at any reasonable time to determine compliance with the Condominium Act, the Declaration of Condominium, by-laws, and there Rules and Regulations and to correct emergency situations.”

**Return to:**

**Progressive Community Management, Inc., 3701 South Osprey Avenue, Sarasota, FL 34239**