

SADDLE OAKS ESTATES COMMUNITY ASSOCIATION, INC

c/o Progressive Community Management, Inc.

3701 South Osprey Avenue, Sarasota, FL 34239

APPLICATION FOR APPROVAL OF SALE

The undersigned proposes to sell Lot No. _____ Address: _____ to: _____ identified below, and the undersigned does hereby apply for approval of this sale, by the Saddle Oaks Estates Community Association, Inc. to which the following information is submitted.

Date: _____ Owner(s): _____

PURCHASER'S STATEMENT

Buyer's Full Name: _____ Name of Spouse: _____

Present Address: _____ Phone: _____

Local Address: _____ Phone: _____

Business Profession: _____ Position: _____ Active _____ Retired _____

Vehicle Year/Make/Model/Color: _____ Tag No. _____ State _____

Vehicle Year/Make/Model/Color: _____ Tag No. _____ State _____

Name of Real Estate Co/Agent (if any): _____

- 1. Owners are required to purchase gate remotes for each vehicle. Keypad is for visitors. Management Company will provide information regarding securing remotes and programming them. Please provide your phone number: _____. This will be used for the callbox phone number to notify you when a visitor is arriving. Please provide a callbox four digit code _____.
_____ Initial
- 2. Saddle Oaks has an Architectural Review Committee whose approval is required for any alteration, including painting, or erection of anything on a property that is visible from the street or another homeowner's property. Fees if any, are to be determined by the Board of Directors. Refer to the Association Documents for more information.
_____ Initial
- 3. If the property purchased has any wetland areas on it, owners must abide by Sarasota County regulations for wetlands and their buffers.
_____ Initial
- 4. I have received and read a copy of the Saddle Oaks Estates Community Association, Inc. Declaration of Covenants, Conditions and Restrictions and a copy of the Land Planning Guide with the Design and Review Application. I understand my responsibilities as an owner. I agree to abide by the provisions of said documents and I agree to pay all assessments quarterly or annually.
_____ Initial

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Closing Agent: _____ Phone: _____ Closing Date: _____

- **WARRANTY DEED MUST BE FORWARDED TO PROGRESSIVE COMMUNITY MANAGEMENT, INC. AT CLOSING**
- *You may view association information at: saddleoak.wordpress.com. The password may be provided by management. To obtain the owners password, please contact property manager Robert Wiebusch at RWiebusch@pcmfra.com.*

Action of Board of Directors: Approved ___ Disapproved ___ Date: _____

Director's Signature: _____ Title: _____