

Lido Royale Condominium Association, Inc.

**A nonrefundable fee of \$100.00 made payable to Lido Royale Condominium Association MUST accompany this application**

c/o Progressive Community Management, Inc.  
3701 South Osprey Avenue, Sarasota, Florida 34239

**APPLICATION FOR APPROVAL OF SALE OR LEASE**

Unit # \_\_\_\_\_ Date of Sale/Lease: \_\_\_\_\_ End Date of lease: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

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

Owner's Mailing Address (if different than property address) \_\_\_\_\_

Owner's Phone & Email Address: \_\_\_\_\_

Buyer/Tenant Name: \_\_\_\_\_

Buyer/Tenant Current Address: \_\_\_\_\_

Buyer/Tenant Phone Number \_\_\_\_\_

Buyer/Tenant Occupation: \_\_\_\_\_

Buyer/Tenant Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Co-Buyer/Spouse Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Name and Address of two (2) Personal References \_\_\_\_\_

Name and Address of two (2) Credit References: \_\_\_\_\_

Name and Age of All Occupants of Condo Unit (children, guests) \_\_\_\_\_

Vehicle Information: How Many: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

**When would an interview with the Board of Directors be most convenient? Weekday evenings preferred but special arrangements can be made. 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_**

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the By-Laws, Frequently Asked Questions and Answer Sheet and Rules and Regulations of Lido Royale Condominium Association, Inc. and understand my responsibilities. I agree to abide by the provisions of said documents.

\_\_\_\_\_  
*Signature of Applicant for Lease*                      *Date*                      *Signature of Owner*                      *Date*

\_\_\_\_\_  
*Signature of Applicant for Lease*                      *Date*                      *Signature of Owner*                      *Date*

\_\_\_\_\_  
*Telephone Number*    *Date of Lease*

**ACTION OF BOARD OF DIRECTORS:**

Approved     Disapproved                       Date: \_\_\_\_\_

\_\_\_\_\_  
*Director's Signature*    *Title*

**Return to:** Progressive Community Management, Inc., 3701 S. Osprey Avenue, Sarasota, FL 34239  
Tel: 941-921-5393 Fax: 941-923-7000 or by email to : Lrusso@pcmfla.com