

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
Tel: 941-921-5393

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 _____ DL# _____

Co-Buyer/Spouse Date of Birth _____ DL# _____

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. 1st choice _____ 2nd 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