

Lido Pointe Condominium Association, Inc.  
Return to: Progressive Community Management, Inc.  
3701 South Osprey Avenue, Sarasota, Florida 34239  
Fax 941-923-7000 or email: EAngeloro@pcmfla.com

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**APPLICATION FOR APPROVAL OF SALE OR LEASE**

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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) \_\_\_\_\_

Please contact the Property manager to arrange Interview with Board of Directors: Elise Angeloro  
office #941-921-5393 email [EAngeloro@pcmfla.com](mailto:EAngeloro@pcmfla.com)

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

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

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

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 Pointe Condominium Association, Inc. and understand my responsibilities. I agree to abide by the provisions of said documents.

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*Signature of Applicant for Sale/Lease*      *Date*      *Signature of Owner*      *Date*

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*Signature of Applicant for Sale/Lease*      *Date*      *Signature of Owner*      *Date*

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*Telephone Number*      *Date of Lease*

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**ACTION OF BOARD OF DIRECTORS:**

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

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*Director's Signature*

*Title*

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