

*Westwoods Condominium Association, Inc.
6510 Approach Road, Sarasota, FL 34238*

APPLICATION PACKET

Please complete and return to our management company

Progressive Community Management Inc.
David Kirk, Manager
3701 South Osprey Avenue
Sarasota, FL 34239

Phone: 941 921-5393 ext# 1112
Fax: 941 923-7000

Westwoods Condominium Association, Inc.

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Application to Purchase or Rent

Westwoods is an Adult Community. One resident in each villa must be at least fifty-five years of age, and no persons under the age of eighteen are permitted. In order to comply with FL 100-430 (Fair Housing Amendment) and our own rules & regulations, The Association asks that you fill out this questionnaire in its entirety.

Villa No. _____ Street Address: _____

Is this a Purchase () Rental () Inheritance ()? Present Owner: _____

YOUR NAME: _____

| Persons who will be occupying unit: | Relationship: | Date of Birth: |
|-------------------------------------|---------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Email Addresses: _____

Present Address: _____

Telephone No: _____ Length of residency: _____? Apt. _____ House _____
Owned _____ Leased _____?

Will you be a full time resident () part time ()? If part time, address of where you will reside when you are not in residence and telephone _____

Automobiles: _____ License No: _____

Automobiles: _____ License No: _____

Pets: _____ Breed: _____ One dog only, 25 Lbs maximum

Closing Office: _____ Phone: _____

Closing Date: _____ Fax: _____

Signatures (s) _____ AND _____

A processing fee of \$100.00 PER PERSON must accompany this application, payable to Westwoods Condominium Association. The fee includes the cost of a background check. This form must be received at least fourteen days before sale or lease is consummated. This fee is **non-refundable**.

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Affidavit

I, _____ do under oath depose and say:

I am over the age of 55 years and will reside at _____

Westwoods Condominium Association Inc.

I affirm the statement above to be true:

IN WITNESS WHEREOF, and under penalty of perjury under the laws of the State of Florida,
I affix my hand this _____ day of _____ 20 _____

(Full Name) _____

STATE OF FLORIDA, COUNTY OF SARASOTA, ss.:

I, _____, do hereby certify that on this _____ day
of _____, 20_____, personally appeared before me
_____ known to be the person who executed the foregoing
instrument.

Notary Public in and for the State of _____

My commission expires _____

A COPY OF DRIVERS LICENSES MUST ACCOMPANY THIS AFFIDAVIT.

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VOTER CERTIFICATE

We need your Voter Certificate filled out and returned to the Association according to Florida Statutes. Thank you.

To: Progressive Community Management
David Kirk, PCAM
3701 South Osprey Avenue
Sarasota, FL 34239

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned are all of the record owners of that certain condominium in Westwoods Condominium Association, Inc., a condominium shown below, and hereby constitutes, appoints and designates (one of the owners of the unit)

_____ as the voting representative for the condominium unit owned by said undersigned pursuant to the By-Laws of the Association.

The aforementioned voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as the undersigned otherwise modifies or revokes the authority set forth in this voting certificate.

Dated this _____ day of _____, 20_____

Owner's Signature

Owner's Signature

Owner's Signature

Owner's signature

Unit Number _____

aka: Address

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person.