

**The Medical Complex Condominium Association, Inc.
c/o Progressive Community Management, Inc.
3701 South Osprey Avenue
Sarasota, FL 34239**

APPLICATION FOR SALE/PURCHASE

An application to purchase a unit at The Medical Complex Condominium shall be considered **incomplete** if the application is not completed in its entirety or if the appropriate transfer fee for the unit is not paid in full. An application for the purchase of a unit **will not** be reviewed for approval or denial until a complete application is received by the Association.

A copy of the sales agreement must be attached to this application. A **\$100.00 NON-REFUNDABLE transfer fee, per applicant**, as allowed by Section 718.112(2)(i), Florida Statutes, must be paid to the Association.

THE FOLLOWING INFORMATION MUST BE LEGIBLY PRINTED OR TYPED:

Unit Number _____ Closing Date: _____

Name of Proposed Purchaser, as it appears on the Contract: _____

Type of Business: _____ How Long in Business: _____

Present Address: _____ City/State: _____ Zip: _____

FEI Number: _____ Telephone Number: _____

Email Address: _____

If the Proposed Purchaser is a natural person (individual), not a corporation, provide the following information about that person. If the Proposed Purchaser is a corporation, provide the following information about the principal of that corporation.

Name _____ Title _____ DOB: _____

Social Security # _____ Driver's License # _____

If there is a secondary natural person, or a secondary corporate principal, provide the following information about that person.

Name _____ Title _____ DOB: _____

Social Security # _____ Driver's License # _____

Business Reference 1: Name, Title, Address, Phone #: _____

Business Reference 2: Name, Title, Address, Phone #: _____

Name of Landlord/Seller: _____ Real Estate Agent: _____

Vehicle: Make: _____ Model: _____ Year: _____ State: _____

License # _____

Emergency Contact Person: _____ Telephone Number: _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

The undersigned hereby grants permission to the Board of Directors of The Medical Complex Condominium Association, Inc. to contact all of the above references, with the understanding that all information will be held in strict confidence. I hereby agree that if this application is approved, I, and all persons occupying this unit will carefully read and fully comply with all of the Rules of the Medical Complex Condominium Association, Inc. I understand that I will be notified of action taken on this application within 30 days of receipt.

I agree to hold harmless The Medical Complex Condominium Association, Inc., Progressive Community Management, Inc., and all providers of information stated above. The Association reserves its rights to take any and all action necessary if it is determined that the information provided to the Association in this application is found to be misleading and/or false regardless of whether such determination is made before or after my date of closing.

The undersigned applicant hereby authorizes the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Progressive Community Management, Inc., as agent of The Medical Complex Condominium Association, Inc.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

ASSOCIATION USE ONLY

CIRCLE ONE:

Approve/Disapprove by _____ Date: _____

Approve/Disapprove by _____ Date: _____

The following acknowledgement on this Page 3 of this application **MUST ONLY** be completed by the owner of unit to be **sold** and all prospective purchasers of the unit (applicants) as part of the complete sale/purchase application.

Prospective Purchaser Acknowledgment of Responsibilities and Duties
For Purchase of a Unit

I acknowledge that I have received and read a **full and complete copy** of the Medical Complex Declaration of Condominium, Articles of Incorporation, Bylaws, as well as the Rules and Regulations Handbook and understand my responsibilities as a prospective purchaser of a unit at The Medical Complex Condominium. I further understand and acknowledge that if I purchase a unit at The Medical Complex Condominium, I will be bound by all restrictions and/or requirements contained in the documents which govern the condominium.

Prospective Purchaser Signature: _____ Date: _____

Prospective Purchaser Signature: _____ Date: _____

Unit Owner Acknowledgment of Provision of Association Documents
To Prospective Purchaser of a Unit

I acknowledge that I have provided a **full and complete copy** of the Medical Complex Declaration of Condominium, Articles of Incorporation, Bylaws, and Rules and Regulations to the prospective purchasers of my unit.

Unit Owner Signature: _____ Date: _____

Unit Owner Name (Please print): _____

Unit Owner Signature: _____ Date: _____

Unit Owner Name (Please print): _____

Medical Complex Association

To: ALL Tenants and Owners

Re: Rules of The Medical Complex

Parking: All tenants, staff and owners must park behind the white line in the parking lot. This allows greater accessibility of parking for patients/clients.

Door locks: Individual unit door locks must be keyed to the master so that we have accessibility in case of emergency. Please contact Justin for more information, jpatterson@pcmfla.com

If locks need to be corrected the cost will be billed to the individual unit owner.

Gates: It is every tenant/owners' responsibility to lock the exterior gates after hours or on weekends. When you leave if it is after hours, please lock the gate and check the others. Gates will be closed at 7pm daily.

Plumbing: This building has older pipes and plumbing system. Please only use and flush thin toilet paper. Please place signage in bathrooms to remind folks not to flush wipes, feminine products, paper towels and excessive toilet paper for your customers as well as staff. Recommended paper is Single Ply from Scott.

Building Structure: Do not alter or add anything to the structure. If you have a request to add or alter please submit it to Justin for board approval – jpatterson@pcmfla.com

Garbage and Remodel Waste: Do not leave remodel waste and garbage for pickup outside of the dumpsters. You must call city of Sarasota waste management for a special pick up and pay the cost.

Large items are a special pick up and the fee will be charged to the unit. This will need to be scheduled by the owner or tenant personally and not the association.

Recycle bins are here for your use.

Shredding: The medical complex provides for shredding required by medical professionals. Large grey bins on each floor are for use by any unit in the building.

Garbage Pickup Per Unit: The medical complex provides for daily garbage pickup in each unit. If you would like this service please contact Paula with JC Maintenance. 941-724-4617

Signage: All signage for units in the complex will need to be approved by the Board. Signage must be like size and style of all others in the community. Please forward your proof to jpatterson@pcmfla.com.

The directory will be updated by Justin and billed to the owner. Please email jpatterson@pcmfla.com with the this information to be updated.

Emergency Contacts and Office Directory: Emergency contacts are listed on a following page. All tenants will provide a contact person for after hours emergencies to Justin @ 941.921.5393. Emergencies are qualified as FIRE, FLOOD OR BLOOD.

How to report homeless or emergency: If there is any suspicious activity or personal safety concern, please call the police immediately. If there is an issue regarding the structure, please contact Justin at 941-921-5393.

Bikes: All bikes, scooters and mobile vehicles will be parked in the allocated space on the side of the building. Bikes shall not be parked inside the building or under the portico.

Smoking: This is a 100% smoke and vape free campus. Smoking shall only be allowed 50 feet off campus or inside of a personal vehicle.

Unit Modifications: If there are any plans to make interior modifications to the unit, please provide Justin with a general description of the modification and proposed start/end date.