

TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26, INC.

APPROVAL OF UNIT TRANSFER

STATE OF FLORIDA}
COUNTY OF PINELLAS}

TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26, on _____, 2023, by its Board of Directors, does give its approval to acquire title to the following condominium unit:

Name: _____

Name: _____

UNIT NO _____ **-** _____ **BUILDING**

TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26, INC., A CONDOMINIUM, according to the Amended and Restated Governing Declaration of Condominium recorded in O.R. Book 17884, Page 2125-2185. Public Records of Pinellas County, Florida, together with an undivided _____ percent interest in the common elements appurtenant thereto.

Said approval is based upon the information submitted by the applicant and assumes its accuracy and truthfulness.

(CORPORATE SEAL)

TERRACE PARK OF FIVE TOWNS
ASSOCIATION NO. 26, INC.

ATTEST:

TITLE: _____

TITLE: _____

TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26
A CORPORATION NOT-FOR-PROFIT

APPLICATION FOR SALE/TRANSFER

BOARD OF DIRECTORS
TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26, INC

The undersigned submits this application for approval of the Board to acquire title to Unit _____, _____ **Building** Terrace Park of Five Towns Association No. 26. Inc. and states that the following information is true and correct (any intentional misrepresentations shall be a basis for automatic disapproval):

NAME OF PROPOSED OWNER(S)

Owner #1 Age _____

Owner #2 Age _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

PRESENTLY /PREVIOUSLY EMPLOYED BY:

Owner #1 Occupation _____

Owner #2 Occupation _____

TWO PERSONAL REFERENCES & ADDRESSES:

Reference #1

Reference #2

TWO BUSINESS REFERENCES & ADDRESSES:

Reference #1

Reference #2

NAME OF BANK: _____

ADDRESS: _____

WILL THERE BE A MORTGAGE: YES _____ NO _____

NAME OF MORTGAGE COMPANY _____

ADDRESS: _____

TYPE AND NUMBER OF PETS TO BE IN UNIT: _____

WEIGHT _____

TYPE AND NUMBER OF MOTOR VEHICLES:

LICENSE#: _____

LICENSE#: _____

PLEASE INCLUDE A COPY OF DRIVER'S LICENSE

CURRENT OWNER(S): _____

It is agreed that applicant(s) will not rent or lease unit or use for commercial purposes in accordance with the Documents. Applicant agrees to supply Board of Directors with a copy of the sales contract and a copy of the title (Wa1Tanty Deed).

The undersigned agrees to provide any further information that may be reasonably requested by the Board. The undersigned has received a copy of the Rule & Regulations and exhibits and understands that its covenants impose responsibilities and restrictions on each unit resident at

TERRACE PARK OF FIVE TOWNS ASSOCIATION NO. 26, INC.

PRINT NAME

SIGNATURE OF APPLICANT

PRINT NAME

SIGNATURE OF APPLICANT

CURRENT ADDRESS

CITY & STATE

TELEPHONE

DATE

DESANTIS COMMUNITY MANAGEMENT LLC
2931 MACALPIN DR S, PALM HARBOR FL 34684
PH/FAX 727-440-5225

ASSOCIATION: Terrace Park of Five Towns #26

BUILDING _____ UNIT _____

If sale, complete this section

Proposed date of closing: _____

Realtor Name _____

Company Name: _____

Phone & fax #'s: _____

Complete Name and address of Title Company or attorney handling the closing:

Have you received a set of Condominium Documents? Yes _____ No _____

Application is hereby made for approval of the Purchase/Lease of the above condominium unit from **(Name of Seller(s)/Lessor(s))**

_____. I/We represent that the following information is true and consent to your further inquiry concerning the information. **(Note: Blank spaces or lack of complete names and addresses could result in a delay in approval of your application and/or closing.)**

Applicant Name: _____

Age: _____

Spouse: _____

Age: _____

Automobile(s) (make/model)

 .

Driver's license#

Present address

Phone# _____

Number of persons to occupy unit: _____

Names and ages of all occupants:

Pets: Yes _____ No _____ Type of Pet: _____

This is an adult community, is copy of birth certificate or driver's license attached?
Yes _____ No _____

Sale, address after closing:

Phone# _____

Should this application be accepted, the undersigned hereby agree(s) to abide by the Rules and Regulations of the Condominium and any amendments thereto. If I/we am/are a tenant, Uwe understand a violation can result in a revocation of approval, and I/we will thereupon be required to vacate.

Date: _____ Applicant(s)

SIGNATURES:

This approval is contingent upon all financial matters with the Condominium Association referenced above (including, but not limited to, maintenance fees, assessment and late fees being paid in full through the date of closing or the approval date.

We have read the documents, rules and regulations and will accept and abide by these.

Applicants: _____

Date: _____

Witness: _____

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of TERRACE PARK OF FIVE TOWNS ASSOCIATION NO 26, INC ("Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit (Apartment) No. _____ in TERRACE PARK OF FIVE TOWNS, NO. 26 have designated

(Name of Voting Representative)

As their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the declaration, the Articles and Bylaws of the Association.

The following examples illustrate the proper use of this certificate

- (1) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative {NOT A THIRD PARTY PERSON}
- (2) Unit owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating an officer or employee entitled to vote, signed by President or Vice President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
- (3) Unit owned by John Jones, No voting Certificate required
- (4) Unit Owned by Bill and Mary Rose, husband and wife. Voting Certificate required designating either Bill or Mary as the voting representative. {NOT A THIRD PARTY PERSON}

This certificate is made pursuant to the declaration and the Bylaws and shall revoke all prior Certificate and be valid until revoked by a subsequent Certificate.

DATE: _____ OWNER _____

OWNER _____

OWNER _____

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 party.

Board of Directors signatures for approval:

Date approved: _____

Date approved: _____

\$50.00 INTERVIEW FEE MADE PAYABLE TO:
TERRACE PARK OF FIVE TOWNS NO 26 INC
\$50.00 PROCESSING FEE PAYABLE TO:
DESANTIS COMMUNITY MANAGEMENT LLC

PLEASE COMPLETE AND RETURN TO:
DESANTIS COMMUNITY MANAGEMENT LLC
BY MAIL: 2931 MACALPIN DR S, PALM HARBOR FL 34684
DROP OFF: 801 W BAY DR STE 432, LARGO FL 33770
EMAIL: INFO@DESANTISMGMT.COM