

POINTE TOWERS CONDOMINIUM ASSOCIATION

APPLICATION for APPROVAL OF CONVEYANCE

c/o Ameri-Tech Community Management

Corporate Office Location

24701 US Highway 19 North Suite 102

Clearwater, FL 33763

www.pointetowers.com Phone: 727-726-8000

NOT LESS THAN 14 DAYS (Saturday, Sunday, Holidays and the date of receipt excluded) prior to the date action is desired of the Association the following must be received by the Association at the above c/o address or downloaded at www.pointetowers.com. **Failure to submit this form for Approval is a violation.**

- 1) this Application fully completed.
- 2) a check i/a/o \$100.00 per adult occupant (other than husband/wife or parent/dependent child, which are considered one applicant) payable to Pointe Towers Association.
- 3) A check i/a/o \$50.00 per adult occupant (other than husband/wife or parent/dependent child, which are considered one applicant) payable to Ameri-Tech Community Management.
- 4) Missing or incomplete information will cause the Application to be returned without action.
- 5) Seller(s) will conduct the appropriate background checks to ensure the safety of other building occupants and property and to minimize any risk exposure to the Association.
- 6) The completed background checks must be submitted to Ameri-Tech. If any derogatory information is unacceptable; yet the owner(s) wishes to continue with the Sales Agreement, Ameri-Tech will seek the guidance of the Association’s Attorney, as necessary. Any incurred costs will be paid by the unit owner.
- 7) This information is confidential pursuant to Florida Statute Chapter 718.111(12)(c)2.

SORRY - NO PETS ALLOWED!

Proposed Date of Closing: _____ Unit#: _____

Realtor Name: _____ Phone: _____

Realtor Agency: _____ Email: _____

Title Company: _____ Phone: _____

Email: _____

CURRENT OWNER (SELLER) INFORMATION:

Owner Names: _____

Phone: _____

Mailing Address: _____

Full Street Address

City, State, Zip

APPLICANT #1 (BUYER) INFORMATION:

Name: First: _____ Middle: _____ Last: _____

Home Address: _____
Full Street Address

City, State, Zip

Phone: _____

APPLICANT #2 (BUYER) INFORMATION:

Name: First: _____ Middle: _____ Last: _____

Home Address: _____
Full Street Address

City, State, Zip

Phone: _____

Vehicle used while on site: Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____ ST: _____

If rental, please email information once vehicle has been rented.

Before you complete and sign this form, the Applicants states that he/she has received a copy of all condominium rules and regulations, to include the *Pointe Towers House Rules* (and *Neighborly Reminders & Cleaning Instructions* attachments) and has **read, understood and agrees to abide** by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

Owner(s) selling their unit agree they will conduct the appropriate background checks to ensure the safety of other building occupants and property and to minimize any risk exposure to the Association. The owner(s) agree not to sell to any persons that could knowingly place occupants or property at risk.

Occupants represent that the above information is true and correct and consent to further inquiry and investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

