

JACARANDA COUNTRY CLUB VILLAS ASSOCIATION, INC.

Age Restricted 55+

AN ADULT CONDOMINIUM ASSOCIATION - PROOF OF AGE REQUIRED

c/o Sunstate Association Management Group
P.O. Box 18809, Sarasota, FL 34276
P: 941-870-4920 | F: 941-870-9652
Email: allapplications@sunstatemanagement.com

APPLICATION FOR PERMISSION TO PURCHASE

(Please complete, initial and sign where requested and provide all required documentation)

Buyer _____ Unit # _____ Date of Closing _____

Phone (for interview) _____ Email _____

Address _____

Occupation/Title _____

Company _____

Business Address _____

Children living with you _____ Ages _____

Number of vehicles _____ Make + Model _____

PETS/Dogs + Cats only. No more than 2 dogs. No snakes, rabbits, hamsters, birds, etc. Maximum of 3 pets

(2 dogs + 1 cat or 3 cats)

Number of Pets _____ Type of pets _____

PROVIDE TWO Personal References/ Address + Phone numbers

1. _____

2. _____

PROVIDE TWO Credit References/ Address + Phone numbers

- 1. _____

- 2. _____

Person to notify in Case of Emergency _____

Phone _____

Purchaser's Mortgagee _____

Address _____

INITIAL ALL

_____ **MAXIMUM OCCUPANCY/** 2 Bedroom = 4 people / 3 Bedroom = 6 people

_____ I/We have received a copy of the condominium documents and are aware of, and agree to abide by the Declaration of condominium, the Articles of Incorporation, By-Laws of Jacaranda Country Club Villas Association, Inc. and all other properly promulgated rules and regulations and amendments in effect within the term of my/our ownership.

_____ I/We, understand that the owner of the unit is responsible for roof maintenance, including re-roofing.

_____ Upon closing, if this application is accepted, I/we will provide a copy of the Closing Statement and a copy of the recorded Deed to provide a new ownership.

_____ All applications for permission to purchase must be approved by the Board of Directors prior to the closing date.

_____ Attach a **\$150.00** payment for the application fee, made payable to Jacaranda Country Club Villas Association, Inc.

_____ Provide driver's license or other proof of age – 55 years or older.

Agents Name _____ Phone _____

Buyer's Signature _____ Date _____

Co-Buyer's Signature _____ Date _____

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Other occupants of Unit over the age of 18:

Legal Printed Name	Date of Birth	Social Security Number	Signature
1.			
2.			
3.			
4.			

FOR ASSOCIATION USE ONLY:

Approved _____ Denied _____ Date _____

Board Signature _____ Date _____

AUTHORIZATION TO RELAEASE EMPLOYMENT, BANKING, CREDIT,
RESIDENCE AND POLICE RECORD INFORMATION

I/We understand that Jacaranda Country Club Villas Association, Inc. may cause us to institute an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/we specifically authorize the Jacaranda Country Club Villas Association, Inc., Board of Directors and its agents Sunstate Management Group to make such investigation and agree that the information contained in this and the attached Application for Occupancy Approval may be used in such investigation, and that the Board of Director, Officers, and Management of Jacaranda Country Club Association, Inc., itself and its agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We hereby authorize Jacaranda Country Club Villas Association, Inc., agent to request a consumer report from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant (s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Signature of Applicant for Purchase:

_____ Date _____
Printed Name _____ DOB: _____ SSN _____

Signature of Applicant for Purchase:

_____ Date _____
Printed Name _____ DOB: _____ SSN _____

AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION AND CRIMINAL REPORT

All occupants over age 18 must complete this form

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character, general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

By signing below, I _____, authorize this company to obtain a Criminal report
or an investigative profile report in connection with my employment, or tenancy as set forth herein.

PRINT GIVEN NAME

X _____
SIGNATURE DATE

Full Legal Name: _____

Social Security # _____ Date of Birth _____
M D Y

Current Address _____

Driver's License: _____ State: _____
Or Passport

PHOTO ID REQUIRED

JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM
ASSOCIATION, INC.

Sunstate Management Group
PO BOX 18809
Sarasota FL 34276

NOTICE OF OWNER CONSENT TO WAIVE
FIRE SPRINKLER RETROFIT REQUIREMENTS

THIS IS TO PROVIDE FORMAL NOTICE that pursuant to the authority of Section 718.112(2)(I), Florida Statutes, as amended by Chapter 2010-174, Laws of Florida, the owners of not less than a majority of the Association's voting interests of Jacaranda Country Club Villas, a Condominium, which Declaration was originally recorded at Official Records Book 1413, Page 1693, et seq. of the public Records of Sarasota County, Florida, have consented to waive the requirement that the condominium property be retrofitted with a fire sprinkler system via written consent.

All unit owners are required by Section 718.112(2)(I), Florida Statutes, to provide a copy of this formal notice to a new owner prior to closing. This notice shall also be provided by the unit owner to a renter prior to signing a lease. Please maintain this notice with your other important condominium documents.

DATED this 21st day of November, 2016.

JACARANDA COUNTRY CLUB VILLAS
CONDOMINIUM ASSOCIATION, INC.

By: 
Clayton Harrington

JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.
Age Restricted 55+
A Corporation Not-For-Profit
c/o Sunstate Association Management Group, Inc.
P.O. Box 18809, Sarasota, FL 34276
Office: (941) 870-4920. Fax: (941) 870-9652
info@sunstatemanagement.com

Jacaranda Country Club Villas Condominium Association, Inc.

c/o Ms. Gina Fourquet, Manager
Sunstate Association Management Group, Inc.
P.O. Box 18809
Sarasota, FL 34276
gina@sunstatemanagement.com
941-870-4920

**OWNER WRITTEN CONSENT TO RECEIVE ELECTRONIC
NOTICE OF ALL ASSOCIATION MEETINGS**

The undersigned, being all the Owners of Unit No. _____, in **JACARANDA COUNTRY CLUB VILLAS, A CONDOMINIUM**, pursuant to Sections 718.111 and 718.112, Florida Statutes and Rule 61B-23.0029, Florida Administrative Code, hereby consent in writing to receiving notice by electronic transmission for meetings of the Board of Directors, Committee Meetings, Membership Meetings, and all other notices required by Chapter 718, Florida Statutes or the condominium documents of **Jacaranda Country Club Villas Condominium Association, Inc.** (the "Association"). This written consent shall remain effective until it is cancelled in writing or title to the above-referenced Unit is sold or transferred.

The undersigned unit owner(s) designate the following electronic mail address(es) for such purposes:

The undersigned understands that mailed/paper notice will not be provided to the Owner(s) unless the Owner(s) first rescinds their consent to receive notices of meetings by written notice. Revocation of this consent may be delivered to the Association via electronic transmission, by hand-delivery, by U.S. Mail, by U.S. Certified Mail or by other commercial delivery to the above address.

Please note that a unit owner who consents to receiving notices by electronic transmission is solely responsible for removing or bypassing filters that block receipt of mass emails sent to members on behalf of the Association in the course of giving electronic notices.

The Association is required by Rule 61B-23.0029, Florida Administrative Code to maintain among its official records, which shall be accessible to the other unit owners or their duly authorized representatives, all consent forms including electronic numbers, addresses and locations, all affidavits, all fax receipts of notice and related communications, copies of all electronic notices and attachments sent by the Association, and any other record created or received by the Association related to the electronic transmission of meeting notices, except as provided in Section 718.111(12)(a)7., Florida Statutes. Electronic records may be maintained in electronic or paper format, but must be available for inspection and copying upon the written request of a unit owner or the owner's designated representative.

**All Owners of the Unit or the Designed Voter
Please Print Name, Affix Date and Sign Below:**

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Please return this completed and signed form to the Association by mail, hand delivery or email.