

VILLA GRANDE at BURNT STORE ISLES, INC.

% STAR HOSPITALITY MANAGEMENT, INC.

26530 Mallard Way

PUNTA GORDA, FL 33950

Phone: (941) 575-6764 Fax: (941) 575-7968

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

Address: _____

This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife, parent/dependent child and cohabitation couples (which is considered one applicant).

If any question is not answered or left blank, this application will be returned, not processed, and not approved.

Please attach a copy of the Residential Contract for Sale and Purchase to this application.

Please attach a non-refundable processing fee of **\$100.00** to this application, made payable to VILLA GRANDE at BURNT STORE ISLES, INC. for each applicant, other than husband/wife, parent/dependent child, and cohabitation couples (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction.

The completed application must be submitted to the Association office at least 20 workdays prior to the expected closing date. Occupancy prior to Board approval is prohibited.

Owners are allowed to have two pets. No Pit Bulls

No commercial vehicles, trucks (other than trucks not bearing commercial designation), boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight.

The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations. Otherwise, you must purchase them from the Association.

Purchaser must notify the Association office with the exact date of their closing.

Occupancy regulations: Each of the units shall be occupied only by a single family as its resident.

Date: _____ Closing Date: _____

Owner's Name: _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor Handling Purchase: _____ Tele. No. _____

NAME of Prospective Purchaser (as Title will appear)

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION (If unit will be mortgaged):

Name of Lender: _____ Tele. No. _____

Address _____

OTHER PERSONS who will occupy the unit with you:

<u>Name</u>	<u>Age</u>	<u>Relationship/Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted or pled to a crime? ____ If yes, please state the date(s), charge(s) and disposition(s):

In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a unit at **Villa Grande at Burnt Store Isles** is as follows:

Permanent Residence ____ Seasonal Residence ____ Other (Explain) _____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules & Regulations, Association Documents, and restrictions which are or may in the future be imposed by **VILLA GRANDE at BURNT STORE ISLES, INC.**

I have received a copy of all Association Documents: Yes ____ No ____

I have received a copy of the Rules & Regulations: Yes ____ No ____

NOTE: When Provision of Association Governing Documents are silent or in conflict or contradict Florida Statutes, Florida Statutes will prevail.

I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.

If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 30 days after closing.

I understand that the acceptance for purchase of a condo unit at **VILLA GRANDE at BURNT STORE ISLES** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited.

I understand that the Board of Directors of **VILLA GRANDE at BURNT STORE ISLES, INC.** will cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **NATIONAL RESEARCH GROUP** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **VILLA GRANDE at BURNT STORE ISLES, INC.** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of **VILLA GRANDE at BURNT STORE ISLES, INC.** will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____

APPLICANT _____

CERTIFICATE OF APPROVAL OF PURCHASE

Please fill out and sign the top portion (through line #6) of this certificate

Name(s) of Buyer(s): _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone No(s): (____) _____

Name(s) of Seller(s): _____ Phone No(s): (____) _____

Closing Agent: _____ Phone No: (____) _____

The above stated Buyer(s) is/are hereby approved by the Board of Directors as purchaser(s) of the following described property, to-wit:

Villa Grande at Burnt Store Isles, Inc., Albacete Circle / Monaco Drive (Please indicate address # and circle street name)

1. The property is being purchased for:

_____ Full Time Residence _____ Seasonal Residence _____ Investment/Rental Purposes

2. Consisting of _____ persons, with _____ car(s) and/or _____ truck(s).

3. The purchase price of the property is \$ _____

4. The Closing is scheduled for: _____

5. Said approval is given pursuant to provisions of the Association's Documents and By-laws.

The Buyer(s) state(s) they have received and read thoroughly a complete set of the Association Documents and Rules & Regulations for VILLA GRANDE at BURNT STORE ISLES, Inc. by way of signature.

X _____ / _____ / _____ X _____ / _____ / _____

Buyer's Signature Date Buyer's Signature Date

The Association has no right of first refusal to purchase said real property, or, if said right does exist, it is hereby waived.

Please refer to Maintenance Fee Status Report for current monthly assessment and any outstanding liens or assessments and condominium transfer fee.

FOR OFFICE USE ONLY

By: _____ Title: _____

STATE OF FLORIDA, COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared _____ to me known and known to be the _____ of _____, who executed the foregoing Approval of Purchase and who acknowledged before me, he/she executed the foregoing instrument in the name and on behalf of that corporation; that as such corporate officer he/she is duly authorized by that corporation to do so; that the foregoing instrument is the act and deed of that corporation; and that he/she executed the foregoing instrument for the uses and purposes therein expressed.

WITNESS my hand and seal at the State and County aforesaid this _____ day of _____, 20____

_____ Notary Public/State of Florida My Commission Expires:

Please return completed form to: Star Hospitality Management, Inc.

26530 Mallard Way

Punta Gorda, FL 33950

Phone: (941) 575-6764 Fax: (941) 575-7968



APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.
to Conduct Individual Background Searches and Verifications as Requested By The Employer

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, driving history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

PRIOR ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The LAST 7 YEARS Include Dates of Residence Above and Below

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Please SIGN
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ Date: _____



941-488-8500

800-531-6522

941-488-8505