

**APPLICATION FOR SALE OR TRANSFER OF UNIT
BOUCHELLE ISLAND XVI CONDOMINIUM
ASSOCIATION**

TO: BOARD OF DIRECTORS

BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION BLDG # 402

The undersigned submits this application for approval of the Board to acquire title to **Unit # _____**, Bouchelle Island XVI Condominium Association and states that the following information is true and correct (any intentional misrepresentations shall constitute a basis for automatic disapproval and/or pursuit of legal remedies allowed under Florida law):

Sales Price \$ _____ Desired Closing Date: _____

NAME OF PROPOSED OWNER(S):

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of proposed unit occupants: _____

In case of emergency please notify: _____
Name(s)

Address _____ Phone # _____

DO YOU HAVE A PET? _____ YES _____ NO TYPE: _____ WEIGHT _____

Note: Per Documents, only one Pet under 20 lbs. per unit allowed. NO EXCEPTIONS.

RESIDENCE HISTORY:

_____ FROM _____ TO _____ Phone # _____
CURRENT RESIDENCE STREET ADDRESS CITY/STATE/ZIP OCCUPANCY DATES

LANDLORD NAME/ADDRESS PHONE# RENT AMOUNT ON A LEASE?

PREVIOUS ADDRESS CITY/STATE/ZIP FROM TO OCCUPANCY DATES

EMPLOYMENT HISTORY:

COMPANY NAME (CURRENT EMPLOYER) ADDRESS PHONE

NAME FROM TO SUPERVISOR'S POSITION
DATES OF EMPLOYMENT

COMPANY NAME (CURRENT EMPLOYER) ADDRESS PHONE

NAME FROM TO SUPERVISOR'S POSITION
DATES OF EMPLOYMENT

CHARACTER REFERENCES: (do not include relatives)

1. _____
Name Address Phone #

2. _____
Name Address Phone #

VEHICLE INFORMATION: # of vehicles to be parked at the condominium _____

1. _____
VEHICLE MAKE AND MODEL COLOR TAG# YEAR STATE

2. _____
VEHICLE MAKE AND MODEL COLOR TAG# YEAR STATE

Purpose of Purchase: _____

The undersigned agrees to provide any information that may be reasonably requested by the Board of Directors. The undersigned recognizes that the Association may investigate the information provided and a full disclosure of pertinent facts may be made to the Association members. The undersigned acknowledges receipt of all Condominium Documents (as listed on the attached document checklist) and understands that these documents impose certain responsibilities and restrictions on each unit owner of the
BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION.

Applicant Signature Date Applicant Signature Date

PLEASE NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY. IF A SECTION IS NOT APPLICABLE TO YOU, MARK N/A IN THE APPROPRIATE SPACE.

Board Member Approval:

Board Member Name and Title

Board Member Signature

Date

PLEASE MAIL or EMAIL COMPLETED APPLICATION TO:

Intracoastal Bookkeeping and Management
PO Box 799
New Smyrna Beach, FL 32170
(386) 441-0320
RebekahIntracoastal@gmail.com

DOCUMENT CHECKLIST

RECEIPT FOR CONDOMINIUM DOCUMENTS

DATE _____

The undersigned acknowledges that the documents checked below have been received:

Name of Condominium: BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION, Inc.

Address of Condominium: 402 Bouchelle Drive, New Smyrna Beach, Florida 32169

Place a check in the column by each document received. If an item does not apply, place "N/A" in the column.

DOCUMENT

RECEIVED: BY HARD COPY

BY ALTERNATIVE MEDIA

Declaration of Condominium	[]	[]
Articles of Incorporation	[]	[]
Bylaws	[]	[]
Estimated Operating Budget	[]	[]
Rules & Regulations (Bouchelle Island Condo XVI)	[]	[]
Rules & Regulations (Bouchelle Island Condo. Services Assoc., CSA Inc.)	[]	[]
Frequently Asked Questions	[]	[]

NOTE:

OWNER/MEMBERS OF THE BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION BELIEVES ANY NEW BUYER SHOULD BE FULLY AWARE OF THE ABOVE LISTED DOCUMENTS IN THEIR CONSIDERATION TO PURCHASE ONE OF THE UNITS. BY ACKNOWLEDGING THE RECEIPT OF THESE DOCUMENTS (EITHER IN HARD COPY OR THROUGH AN ENCLOSURE IN AN E-MAIL) THE PURCHASER FURTHER ACKNOWLEDGES THAT THEY HAVE READ THEM AND ARE AWARE OF THE RULES, REGULATIONS AND RESTRICTIONS IN EFFECT, WHICH WILL BE ENFORCED.

THE INFORMATION PROVIDED IS CORRECT AS OF THE DATE PLACED ON THIS DOCUMENT. HOWEVER, THE CONDOMINIUM ASSOCIATION HAS NO RESPONSIBILITY TO INFORM THE PURCHASER OF ANY CHANGES THAT MIGHT BE PUT INTO FORCE SUBSEQUENT TO THE PREPERATION OF THIS FORM AND THE DATE OF ANY PURCHASE - THIS IS THE SOLE RESPONSIBILITY OF YOUR REAL ESTATE AGENT OR ATTORNEY. YOUR RIGHTS TO TERMINATE ANY CONTRACT AFTER REVIEWING THESE DOCUMENTS ARE SUBJECT TO THE LAWS OF THE STATE OF FLORIDA.

Executed this _____ day of _____, 20_____.

BY: _____ (PRINT
NAME) _____

NOTE: REAL ESTATE AGENT: A copy of this "Application For Sale or Transfer of Unit" must accompany the request for "Certificate of Waiver of Right of First Refusal" for Bouchelle Island XVI Condominium Association, Inc.