## THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.

10152 S Ocean Drive Jensen Beach, FL 34957 (772) 232-6269

## APPLICATION FOR SALE OR TRANSFER OF UNIT

To: Board of Directors
Atlantis Building B Condominium

The undersigned submits this application for approval of the Board of Directors to acquire title to Unit #\_\_\_\_\_\_, Atlantis Building B Condominium, and states that the following information is true and correct (any intentional misrepresentations shall be a basis for automatic disapproval). As stated in our By-Laws, "No sale of a condominium shall be made to any party other than an individual(s), or an individual and his or her spouse. No sale to corporations, companies, partnerships, or other commercial organizations shall be made."

| and his or her spouse. No sale to corporations, companies, partnerships, or other commercial organizations shall be made." |  |  |  |
|--|--|--|--|
| NAME OF PROPOSED OWNER(S):   |  |  |  |
| PERMANENT ADDRESS (after acquisition):   |  |  |  |
|  |  |  |  |
| NAMES AND AGES OF PROPOSED UNIT OCCUPANTS:   |  |  |  |
| PURPOSE OF PURCHASE:   |  |  |  |
| TYPE AND NUMBER OF MOTOR VEHICLES:   |  |  |  |
| CURRENT OWNERS:  |  |  |  |

## PLEASE GIVE THE NAMES OF TWO (2) REFERENCES, PREFERABLY LOCAL, OR FURNISH TWO LETTERS OF REFERENCE TO ACCOMPANY THIS APPLICATION:

| NAME:               |               |           | PHONE:                    |       |
|---------------------|---------------|-----------|---------------------------|-------|
| ADDRESS:            |               |           | CITY:                     |       |
| STATE:              | ZI            | P:        |                           |       |
| NAME:               |               |           | _ PHONE:                  |       |
| ADDRESS:            |               |           | _CITY:                    |       |
| STATE:              | ZI            | P:        |                           |       |
| BANK REFERENCES: (  | 1)            |           |                           |       |
| (                   | (2)           |           |                           |       |
| OTHER CREDIT REFER  | RENCES (TWO I | REQUIRED  | ):                        |       |
| (                   | (1)           |           |                           |       |
| (                   | (2)           |           |                           |       |
| PERSON TO BE NOTIFI | ED IN CASE O  | F EMERGE  | NCY:                      |       |
| ADDRESS:            |               |           | CITY:                     |       |
| STATE:              | ZIP:          |           | PHONE:                    |       |
| MAKE OF CAR:        |               | _ YEAR:   | PLATE #:                  |       |
| MAILING ADDRESS FO  | R NOTICE OF   | APPLICATI | ON STATUS (if different): |       |
| NAME, ADDRESS & PH  | ONE:          |           |                           |       |
|                     |               |           |                           |       |
| ATTACHED IS THE NO  | N-REFUNDABI   | LE PROCES | SING FEE OF \$150.00.     |       |
| APPLICATION APPROV  | ED (Circle)   | AP        | PLICATION DISAPPROVED (Ci | rcle) |
|                     |               |           |                           |       |
| DIRECTOR.           |               |           | DATE                      |       |

| The undersigned agrees to provide reasonably requested by the Board. The understand Declaration of Condominium and Exhibits, responsibilities and restrictions on each Condominium Association, Inc. | and understands its covenants impose                   |
|--|--|
| NAME (Print)   | SIGNATURE  |
| NAME (Print)   | SIGNATURE  |
| CURRENT ADDRESS  | TELEPHONE NUMBER                                       |
| EMAIL ADDRESS  | FAX NUMBER   |
| APPROVAL OF UN   | NIT TRANSFER   |
| Atlantis Building B Condominium Ass<br>does hereby give approval to<br>to acquire title to the following condominium   | sociation, Inc., by its Board of Directors,<br>n unit: |
| Unit Number ~ Atlantis Building B  | Condominium Association, Inc.                          |
| Said approval is based upon the information assumes its accuracy and truthfulness.   | submitted by the applicant and                         |
| APPROVED   |  |
| DIRECTOR   | DATE   |

A NON-REFUNDABLE PROCESSING FEE OF \$150 MUST ACCOMPANY THIS APPICATION.