

# The Villas I At Heritage Cove Association, Inc.

## Sale Application

This application must be submitted with a **\$50.00** processing fee made payable to **Tropical Isles Management Services** at least twenty (20) days prior to any transfer of ownership.  
**NO ONE MAY PURCHASE A UNIT WITHOUT PRIOR SUBMISSION OF THIS APPLICATION.**

Anticipated Closing Date: \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ UNIT # \_\_\_\_\_

### BUYER INFORMATION:

NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ BUS. PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Any pets? If yes, list: \_\_\_\_\_

### VEHICLE INFORMATION:

YEAR / MAKE / MODEL / COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

YEAR / MAKE / MODEL / COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

### EMERGENCY CONTACT:

Name / Relationship: \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

**A COPY OF APPLICANT(S) DRIVERS LICENSE(S) OR BIRTH CERTIFICATE(S) MUST ACCOMPANY THIS APPLICATION FOR PROOF OF AGE.**

I/We have received and read a copy of both the HERITAGE COVE COMMUNITY ASSOCIATION'S & THE VILLAS I AT HERITAGE COVE ASSOCIATION'S Rules and Regulations. I/We understand these Rules and Regulations and agree to abide by them as long as I/we reside in Heritage Cove. (Also found online at www.HeritageCoveWebsite.com)

**BUYER'S APPROVAL SIGNATURE:**

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

**BUYER'S AGENT Contact Info:**

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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**SELLER'S APPROVAL SIGNATURE:**

Unit Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
-OR-  
Licensed Realty Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SELLER'S AGENT Contact Info:**

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**ASSOCIATION'S APPROVAL SIGNATURES:**

Management: \_\_\_\_\_ Date: \_\_\_\_\_  
Association Board: \_\_\_\_\_ Date: \_\_\_\_\_

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**[ ] Submit this APPLICATION and its accompaniments to  
Kim Roedding, Tropical Isles Management**

**[ ] Submit an ESTOPPEL request to  
Spires & Associates  
FAX: (239) 936-4941**

