

Terrace IV at Heritage Cove Association, Inc.

Sale Application

This application must be submitted to **Tropical Isles Management Services** at least seven (7) 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 & TERRACE IV AT HERITAGE COVE ASSOCIATION, INC. 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 SIGNATURE:

Buyer: _____ Date: _____
Co-Buyer: _____ Date: _____

BUYER'S AGENT Contact Info:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

SELLER'S APPROVAL:

Unit Owner: _____ Date: _____
-OR-
Licensed Realty Agent: _____ Date: _____

SELLER'S AGENT Contact Info:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

ASSOCIATION'S APPROVAL:

Management: _____ Date: _____
Association Board: _____ Date: _____

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

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

