

# The Villas II At Heritage Cove Association, Inc.

## Sale of Unit 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:** \_\_\_\_\_

### BUYER INFORMATION:

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

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

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

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

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

### VEHICLE INFORMATION:

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

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

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

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

### EMERGENCY CONTACT:

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

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

### DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION:

- ☐ COPY OF APPLICANT(S) DRIVERS LICENSE(S) OR BIRTH CERTIFICATE(S) For Proof of Age
- ☐ VL2H SALE APPLICATION – PART 2 Easy Policy Assumption Request Form
- ☐ VL2H SALE APPLICATION – PART 3 Statement of Primary Residence Status for NFIP Policy Rating

I/We have received and read a copy of both the HERITAGE COVE COMMUNITY ASSOCIATION'S & THE VILLAS II 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.HeritageCove55.com](http://www.HeritageCove55.com))

**BUYER'S SIGNATURE:**

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

**BUYER'S AGENT Contact Info:**

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

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**SELLER'S SIGNATURE OF APPROVAL** (*Buyer or Buyer's Agent must provide*):

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

**SELLER'S AGENT Contact Info:**

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

**ASSOCIATION'S SIGNATURE OF APPROVAL:**

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**