

## **HERITAGE COVE is a 55+ COMMUNITY**

## Heritage Cove I Homeowner's Association, Inc.

## Sale Application

This application must be submitted with a <u>\$50.00</u> processing fee made payable to <u>Florida Sunset Association</u>

<u>Management</u> at least seven (7) days prior to any transfer of ownership, <u>NO ONE MAY PURCHASE A UNIT</u>

<u>WITHOUT PRIOR SUBMISSION OF THIS APPLICATION.</u>

WITHOUT PRIOR SUBMISSION OF THIS APPLICATION.  Anticipated Closing Date:	
PROPERTY ADDRESS:	UNIT #
BUYER INFORMATION:	
NAME(S):	
MAILING ADDRESS:	
CELL OHONE: ( )	BUS. PHONE: ( ) EMAIL:
VEHICLE INFORMATION:	
YEAR / MAKE / MODEL / COLOR:	
LICENSE PLATE #:	STATE:
YEAE / MAKE / MODEL / COLOR:	
LICENSE PLATE #:	STATE:
EMERGENCY CONTACT:	
Name / Relationship:	
	PHONE: ( )

A COPY OF APPLICANT(S) DRIVER'S LICENSE(S) OR BIRTH CERTIFICATE(S) MUST ACCOMPANY THIS APPLICATION FOR PROOF OF AGE

Florida Sunset Association Management c/o Heritage Cove Community Association

14041 Brant Point circle Fort Myers, Florida 33919

PH: (239) 415-9500 FX: (239) 415-9502 I/We have received and read a copy of both the HERITAGE COVE COMMUNITY ASSOCIATION'S & HERITAGE COVE I HOMEOWNER'S ASSOCIATION, INC., Rule and Regulations. I/We understand these Ryles 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;	
Co-Buyer:	Date:
BUYER'S AGENT Contact Info:	
CONTACT:	
ADDDEGG.	
PHONE:	FAX:
ENGAIL.	
SELLER'S APPROVAL:	
Unit Owner:	Date:
-OR-	
Licensed Realty Agent:	Date:
SELLER'S AGENT Contact Info:	
CONTACT:	
(10) (D (3))	
ADDDECC.	
PHONE:	FAX:
EMAII.	
ASSOCIATION'S APPROVAL:	
Management:	Date:
Association Board:	Date:
[] Submit this APPLICATION and its accompa office@heritagecove55.com	niments to [] Submit an ESTOPPEL request to Florida Sunset Management:
	dominique@sunsetmgmt.com

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**BUYER'S SIGNATURE:** 

PH: (239) 415-9500 FX: (239) 415-9502