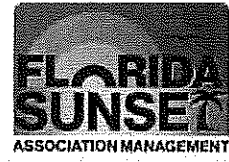


HERITAGE COVE is a 55+ COMMUNITY



# Terrace VIII at Heritage Cove Association, Inc.

## Sale Application

This application must be submitted to **Florida Sunset Association Management** 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: \_\_\_\_\_

YEAE / MAKE / MODEL / COLOR: \_\_\_\_\_

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

### EMERGENCY CONTACT:

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

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

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

14041 Brant Point circle  
Fort Myers, Florida 33919

Florida Sunset Association Management  
c/o Heritage Cove Community Association

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

office@heritagecove55.com

I/We have received and read a copy of both the HERITAGE COVE COMMUNITY ASSOCIATION'S & TERRACE VIII 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  
office@heritagecove55.com**

**Submit an ESTOPPEL request to  
Florida Sunset Management:  
dominique@sunsetmgmt.com**

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