

HERITAGE COVE is a 55+ COMMUNITY



# The Villas I at Heritage Cove Association, Inc.

## Sale of Unit Application

This application must be submitted with a **\$50.00** processing fee made payable to **Florida Sunset Association Management** 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: \_\_\_\_\_

### 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:

- o COPY OF APPLICANT(S) DRIVERS LICENSE(S) OR BIRTH CERTIFICATE(S) For Proof of Age
- o VLIH SALE APPLICATION – PART 2 To Include:
  - Easy Policy Assumption Request Form
  - Verification of Primary Residence Status for NFIP Policy Rating Form

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

office@heritagecove55.com

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.HeritageCove55.com)

BUYER'S SIGNATURE:

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

BUYER'S AGENT Contact Info:

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

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: \_\_\_\_\_

Submit this APPLICATION and its accompaniments to  
[office@heritagecove55.com](mailto:office@heritagecove55.com)

Submit an ESTOPPEL request to  
Florida Sunset Management:  
[dominique@sunsetmgmt.com](mailto:dominique@sunsetmgmt.com)

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