

11. Two Credit References (local if possible)

Name: _____
Address: _____
City/State: _____ Zip _____ Phone() _____
Account Number: _____

Name: _____
Address: _____
City/State: _____ Zip _____ Phone() _____
Account Number: _____

12. Person to be notified in case of emergency:

Name: _____
Address: _____
City/State: _____ Zip _____ Phone() _____

13. Motor vehicle to be left at the Condominium:

Model/Make: _____ Year: _____
License Number: _____ State: _____

14. Mailing address for notice connected with this application:

Name: _____
Address: _____
City/State: _____ Zip _____ Phone() _____

15. Please circle the number that applies:

I am purchasing this unit with the intention to:

(1) Reside here on a full time basis

(2) Reside here part time

I (We) will provide the Association with a copy of our recorded deed within ten days of closing.

16. I am aware of and agree to abide by the Declaration of Condominium of The Shores of Naples, a Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all property rules and regulations. I acknowledge receipt of a copy of the association rules.

The association requires a personal interview with all prospective purchasers. The purchaser will be advised by the association office within a 30 day period from the date of the application, of whether this application has been approved.

Dated: _____
_____ Applicant

A non-refundable check for \$100.00, payable to The Shores Condominium Association, Inc, must accompany this application, for the purpose of defraying costs of checking references, credit investigation, directory updating, and other expenses related to the processing of this application.

Application Approved: _____ Disapproved: _____

Date: _____

By: _____
Office of Director