REQUEST FOR APPROVAL OF SALE OR TRANSFER

Both Buyer and Seller must sign \$100 Processing Fee is Required with Application

In accordance with the Declaration of Condominium, the following information must be submitted to the Board of Directors of your Condominium Association for consideration before approval is granted for the sale or transfer of your unit. Association approval for any unit sale or transfer will not be withheld without good cause.

MAIL ORIGINAL TO:

Lighthouse Pointe Condominium Association 17980 Gulf Blvd. Redington Shores, FL 33708

MAIL COPY AND \$100.00 PROCESSING FEE TO: ADD \$65.00 FOR EACH ADDITIONAL APPLICANT OVER ONE (REQUIRED FOR ADDITIONAL BACKGROUND SCREEN)

Professional Bayway Management Company Ir	IC.
10033 Dr MLK Jr Street N #300	
St. Petersburg, FL 33716	

Unit#Address:		Parking Space:	
I hereby request permission to: Sell			
Name(s)			
Address			
City, State, Zip			
Email Addresses:			
Following are the terms of the offer I hav	e received and wish to acce	ept:	
Selling Price:	Furnished:	Unfurnished	
Proposed date of closing:			
Signature of Seller(s):			Date:
Real Estate Company			Tel. #
Agent Name:			
Title Ins. Co			Tel. #
Purchaser's Mortgage Co. (if applicable)			Tel. #

PURCHASE APPROVAL REQUEST

I request approval to purchase unit _______, with assigned parking space #______. I hereby state that the Seller has made available to me all Condominium Association documents, including all rules and regulations as they pertain to the above unit and to the community, and will turn over the maintenance fee coupon booklet to me. As provided for in the documents, I understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time. Signature of purchaser acknowledges that they have read and will abide by the Rules and Regulations of the Lighthouse Pointe Condominium Association as set forth in the condominium documents, by laws and Rules. I further understand that I must send a certified copy of the deed to the Association, via Professional Bayway Management, immediately after closing in order for the Association to update its records to reflect the change in ownership.

Number of adults to occupy unit	max	mum oco	cupancy 2 persons per bec	room (provide na	mes and m/f)	
Number of children to occupy unit		Ages M/F				
I will be: Permanent resident	Part-time resid	dent	_ I plan to rent my unit	(minimum 30 co	ontinuous days)	
Are you a pet owner? Yes	No	If you a	answered yes, please desc	swered yes, please describe		
with a maximum combined weight	of sixty (60) pc	unds)				
Automobile(s): Make		Year	Color	Tag#	State	
Automobile(s): Make		Year	Color	Tag#	State	
(OPTIONAL) Retired: Yes	No	Occupation:				
Buyer Signature	Buyer Signature					
Board Member Approval	Date Approved by Board					