**GULF SHORES CONDOMINIUM ASSOCIATION, INC.**

Managed by KEYS-CALDWELL, INC. 1162 Indian Hills Blvd. Venice, FL 34293

Telephone: (941)408-8293

**SALES APPLICATION**

Each application must be completed in its entirety, signed by the Owner(s) and the Buyer(s). A $150.00 non-refundable fee, payable to Gulf Shores Condominium must accompany each application. Application must be submitted in enough time for approval by the Gulf Shores Board of Directors. No application will be approved if the Owner is in arrears with regard to fees owed to the Association. Submit the Application and Fee to Keys-Caldwell, Inc., 1162 Indian Hills Blvd., Venice, FL 34293.

**OWNER INFORMATION**: Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner(s) Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Realtor Name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUYERS INFORMATION**:

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Information: Only 1 vehicle may be parked in the parking lot and must be in the spot assigned to the unit. **Violators may be towed.**

Make: \_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_State/License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of additional full-time occupants (give ages if under 18):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \*

**OWNERS SIGNATURES AND ACKNOWLEDGEMENTS**

By my/our signature as the Unit Owner(s), I/We:

|  |  |
| --- | --- |
|  | I / We agree to deliver this application to the Management Company thirty (30) days prior to closing. ***All exceptions must*** be approved by the Board of Directors. |
|  | I / We certify that I / we have furnished the buyer (s) with copies of the (1) Declaration of Condominium (amended April 2, 1997), (2) Bylaws, (3) Articles of Incorporation and (4) House Rules. |
|  | As the Seller(s) of this Unit, I / we attest by the signature(s) of the Buyer(s) has been provided with a copy of the Letter and Certificate of Opt-Out Waiver and Retrofit Sprinkler Reports. |

Owner's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BUYERS REQUIRED ACKNOWLEDGEMENTS and SIGNATURES**

**INITIALS**

|  |  |
| --- | --- |
|  | 1. I / We certify that I / we have received copies of the (1) Gulf Shores Declaration of Condominium, (2) Bylaws, (3) Articles of Incorporation and (4) House Rules (hereinafter, “the Condominium Documents”).
 |
|  | 1. I / We certify that I / we have read and understood said documents and agree to abide by all the provisions set forth.
 |
|  | 1. I / We provided a fee of $150.00 to accompany this application.
 |
|  | 1. I / We agree that acknowledge that, as detailed in the Condominium Documents, the sale of this unit is subject to the approval of the Gulf Shores Condominium Board of Directors. Therefore, I / We will arrange to meet with the designated Association representatives in the Gulf Shores Condominium Clubroom at a time that is mutually agreeable but at least ten (10) days prior to the closing. Failure to secure this approval may delay the closing or occupancy of unit.
 |
|  | 1. I / We agree to abide by the occupancy requirements stated in the Condominium Documents and that the unit will be used only as a single-family residence for four (4) or less adults.
 |
|  | 1. I / We will comply with Association requirements regarding renting or lending the unit when not occupied by me / us.
 |
|  | 1. I / We will comply with the Association recommendations for caring for the unit when not occupied.
 |
|  | 1. I / We acknowledge that the Condominium Documents specify that the Association has the irrevocable right to access each unit from time to time during reasonable hours as may be necessary for the maintenance, repair or replacement of any common elements therein, or for making emergency repairs necessary to prevent damage to the common elements or to other units.
 |
|  | 1. Consistent with the above statement, I / We agree that if we seek to change the existing front door lock to our Gulf Shores Condominium unit, the new lock must be keyed to the master key of the Gulf Shores Condominium so that the Board or its authorized representative may access the unit when deemed necessary for the safety and maintenance of the property, including pest control.
 |
|  | 1. I / We acknowledge that the Association utilizes its website to provide owners with informational bulletins and as a place to obtain required forms and current versions of the Condominium Documents and authorize the Association to communicate with me / us through this medium.
 |

Buyer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Buyer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \*

Gulf Shores Condominium Association: Board of Directors Review

Date of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewers: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Housing Director Board Member

Board Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Meeting Date) ☐Approved ☐Denied

Reason for Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (Date)