

THE VENICE CENTRE ASSOCIATION, INC.

Sunstate Association Management Group, Inc.

P.O. Box 18809, Sarasota, FL

Telephone: 941-870-4920 Fax: 941-870-9652

lynn@sunstatemanagement.com

APPLICATION FOR UNIT LEASE, SALE or TRANSFER

PLEASE PRINT

Prior to the sale or lease of your unit, please submit this form along with a copy of rental/sales agreement

Pursuant to the Declaration of Condominium and the Rules and Regulations of The Venice Centre Association, Inc., the undersigned REQUEST APPROVAL from the Board of Directors, PRIOR to lease, sale or transfer of unit.

Unit: _____ Owner(s): _____ Phone: _____

Applicant: _____ Co-Applicant: _____

Present Address: _____ City: _____ State: _____

Number of Occupants: _____ Vehicle: Make: _____ Model: _____ Year: _____ License # _____

(One Parking Space available to each unit)

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LEASE; \_\_\_\_\_ RESIDENTIAL or \_\_\_\_\_ COMMERCIAL, Type of business: \_\_\_\_\_

- No unit shall be leased for a term of less than thirty (30) days.
- No unit may be leased or subleased more than six (6) times in a calendar year
- No Pets Allowed

Dates of unit occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_ Number of times rented this calendar year: \_\_\_\_\_

Owner / Agent: Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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RESIDENTIAL SALE: Do you own _____ or rent _____ your current location?

Reason for Purchase: Primary Residence _____ Second Home _____ or Rental _____

Date of closing: _____ Date of Occupancy: _____

Sales Agent & Agency _____ Phone: _____

Email address: _____

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COMMERCIAL SALE:

Do you currently own your own business: No: \_\_\_\_ Yes: \_\_\_\_ Present Location: \_\_\_\_\_

What business/service will be provided at Venice Centre Mall: \_\_\_\_\_

Date of closing: \_\_\_\_\_ Estimated date of unit occupancy: \_\_\_\_\_

Sale Agent & Agency (if any) \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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LESSEE(S) OR BUYER(S) AGREE THAT THEY HAVE BEEN PROVIDED WITH, READ AND UNDERSTAND THE RULES AND REGULATIONS, DECLARATION OF CONDOMINIUM, BY-LAWS AND ARTICLES OF INCORPORATION OF THE VENICE CENTRE ASSOCIATION, INC. AND AGREE TO ABIDE BY THESE DOCUMENTS.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

<p>BOARD ACTION: ____ Approved ____ Denied. Date: _____</p> <p>Signature: _____ Title: _____</p>
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