

BAYPOINTE VILLAS CONDOMINIUM ASSOCIATION
c/o Ameri-Tech Community Management, Inc.
Branch Office
6415 1st Avenue South
St. Petersburg, FL 33707
Gloria Reed, LCAM
greed@ameritechmail.com
Phone: (727) 726-8000 x 504 / Fax (727) 873-7307

BAY POINTE VILLAS CONDOMINIUMS, INC. does hereby give approval of the sale of the following described real property Unit #: _____, Seminole, FL 33776.

****NOTE TO CLOSING AGENT****

THIS APPROVAL IS SUBJECT TO ALL FINANCIAL OBLIGATIONS TO THE ASSOCIATION INCLUDING, BUT NOT LIMITED TO, MAINTENANCE FEES, LATE CHARGES, SPECIAL ASSESSMENTS, LEGAL FEES, AND APPLICATION FEES HAVING BEEN PAID IN FULL OR WILL BE PAID BY CLOSING AGENT AT THE CLOSING OF THIS SALE. FOR STATUS ON FINANCIAL OBLIGATIONS TO BAY POINTE CONDOMINIUM ASSOCIATION, CALL AMERI-TECH COMMUNITY MANAGEMENT, INC. AT (727) 726-8000. AFTER THIS TRANSACTION HAS CLOSED, PLEASE FORWARD A COPY OF THE CLOSING STATEMENT TO: AMERI-TECH COMMUNITY MANAGEMENT, INC., 24701 US HIGHWAY 19 N, SUITE 102, CLEARWATER, FL 33763.

DATE THIS _____ DAY OF _____, 20____

APPROVAL GIVEN BY: _____

APPROVAL SIGNATURE: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

NAME

ADDRESS

PHONE NUMBER

NOTICE TO APPLICANTS AND APPLICANT SIGNATURES

- A. I acknowledge receipt (provided by Owner/Agent) of a copy of the Rules and Regulations of the Condominium and hereby agree to abide by them, together with any amendments thereto.
- B. I understand that a violation of the Rules and Regulations can result in revocation of approval, and I will thereupon be required to vacate premises within fifteen (15) days.
- C. I understand that tenants are only allowed one pet, less than 25 pounds.
- D. If this is a notification of occupancy, I further state that I am not a tenant or lessee, and I am not paying for the use and occupancy of this unit.

Date: ____ / ____ / ____

Applicant's Signature: _____

Date: ____ / ____ / ____

Applicant's Signature: _____

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AS OWNER/AGENT

- A. As Owner/Agent, I have verified all the information on this application and found it to be true and correct.
- B. I understand that should any problem arise out of leasing/rental of my unit; the Association may deem it necessary to engage legal counsel to intervene of its behalf. I will assume responsibility for the costs of this action.
- C. I will make certain that no tenant will occupy my unit until, or unless, this application is first approved and signed by the Board of Directors – up to seven working days required. Approval is contingent upon all financial matters with the Condominium Association, including, but not limited to, maintenance fees, assessments, late fees, fines, etc. being paid in full through the date of approval.
- D. If this is a notice of occupancy, I further state that the persons that will be occupying my unit are friends or relatives and that I am not receiving compensation for the use of my unit.

Date: ___ / ___ / ___ Owner/Agent Signature: _____

APPROVAL: _____ Date: ___ / ___ / ___
BOARD MEMBER

APPROVAL: _____ Date: ___ / ___ / ___
BOARD MEMBER

Please present to Ameri-Tech Community Management, Inc. with a \$50.00 Application Fee (check or money order).

BAY POINTE VILLAS CONDOMINIUM ASSOCIATION

RECEIPT FOR ASSOCIATION DOCUMENTS

I acknowledge I have received a copy of the following documents Pointe Villas Condominium Association.

1. Bay Pointe Villas Community Code (Including the Declaration of Condominium)
2. Amendments to the Declaration of Condominium
3. Bay Pointe Villas By-Laws
4. Bay Pointe Villas Articles of Incorporation

I do hereby agree that I will abide by the rules and regulations in these documents. I understand that not abiding to the rules and regulations could result in a fine.

All unit occupants over the age of 18 sign below.

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Date: _____

Unit Number: _____

DATE _____

CUSTOMER NUMBER 2325 - AMERI-TECH

TENANT INFORMATION FORM

I / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

FULL NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

LANDLORD & PHONE: _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

EMPLOYER: _____

EMPLOYER: _____

OCCUPATION: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

SIGNATURE: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS