

CHelsea HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC.

APPLICATION FOR PURCHASE

APPLICATION MUST BE SUBMITTED A MINIMUM OF 20 DAYS PRIOR TO LEASE STATE DATE

*****THERE WILL BE NO EXCEPTIONS TO THIS RULE*****

PLEASE SUBMIT THIS COMPLETED APPLICATION FOR PURCHASE WITH **\$100.00 NONREFUNDABLE APPLICATION FEE**, TO THE ATTENTION OF THE BOARD OF DIRECTORS CHelsea HOUSE, c/o MANAGERS OFFICE, 6210 SCOTT STREET #214 PUNTA GORDA, FL 33950, OR FAX TO (941)875-9297. THERE IS ALSO A **\$40.00 NONREFUNDABLE FEE FOR THE BACKGROUND CHECK**. THIS PAYMENT SHOULD BE MADE TO PALMER PROPERTY. IF YOU FAX THIS APPLICATION (941) 875-9273 IMMEDIATELY TO CONFIRM ALL PAGES WERE RECEIVED.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE ____/____/____ VERIFIED BY ____ (INITIALS).

I INTEND TO PURCHASE UNIT # ____ OF CHelsea HOUSE A CONDOMINIUM INC. LOCATED AT 2290 AARON STREET PORT CHARLOTTE, FL 33952. I REPRESENT THAT THE FOLLOWING INFORMATION IS FACTUAL AND TRUE. I AM AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THE APPLICATION CAN RESULT IN THE REJECTION OF THIS APPLICATION OR CONSTITUTE GROUNDS FOR THE ASSOCIATION(S) TO VOID ANY APPROVAL THAT MAY BE GRANTED.

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, PARTICULARLY TO THE REFERENCES GIVEN BELOW AND CREDIT STANDING IN THIS REGARD. PURSUANT TO THE FAIR CREDIT REPORTING ACT 15 U.S.C. SECTION 1681 AT SEC., THE ASSOCIATION(S) MAY OBTAIN A CREDIT REPORT ON THE APPLICANTS REFERENCED BELOW THAT IS, BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE ASSOCIATION(S) OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION(S) TO MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE ASSOCIATION(S) HARMLESS OF ANY CLAIM ACTION OR SUIT REGARDING USE OF THE CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION(S) MAY, PURSUANT TO SECTION 943.9953, FLORIDA STATUTES, OBTAIN A CRIMINAL HISTORY INFORMATION ON THE APPLICANT(S) SIGNING THIS APPLICATION. BY SIGNING THIS APPLICATION, THE APPLICANTS HEREBY CONSENTS TO THE ASSOCIATION(S) OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE APPLICATION EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION(S) TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE ASSOCIATION(S) HARMLESS OF ANY CLAIM, ACTION, OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, I HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BYLAWS AND RULES AND REGULATIONS OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THE UNIT TO BE PURCHASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER, IN THIS REGARD I UNDERSTAND:

- **NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR ON THE PROPERTY OF THE CONDOMINIUM.**
- **NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.**
- **NO CONDOMINIUM CAN BE RENTED FOR A PERIOD LESS THAN SIX (6) MONTHS AND MUST BE FOR ONE SINGLE FAMILY.**
- **NO UNIT OWNER MAY LEASE THE UNIT FOR A PERIOD OF THREE (3) YEARS AFTER TAKING TITLE TO A UNIT. AFTER THE EXPIRATION OF THIS THREE-YEAR PERIOD THE UNIT MAY BE LEASED IN ACCORDANCE WITH THE PROVISIONS CONTAINED ELSEWHERE HEREIN. THE THREE-YEAR WAITING SHALL NOT APPLY IN SITUATIONS WHERE TITLE TO THE UNIT PASSES THROUGH INHERITANCE. NO LEASE SHALL BE MADE MORE OFTEN THAN TWO (2) TIMES IN ANY TWELVE (12) MONTH PERIOD. A LEASE SHALL BE CONSIDERED AS MADE ON THE FIRST DAY OF THE LEASE TERM. ANY CHANGE IN OCCUPANCY UNDER A LEASE SHALL CONSTITUTE A NEW LEASE FOR PURPOSE OF CALCULATING REFUND**NO UNIT CAN BE SUBLEASED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARD OF DIRECTORS.**
- **ONLY TWO (2) PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR FOUR (4) PERMANENT PEOPLE IN A TWO BEDROOM.**
- ** CHelsea HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST BE 55 YEARS OF AGE OR OLDER**

FINALLY, I UNDERSTAND THAT THE CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS 'CONTROLLED SUBSTANCE' IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT), PROVIDES CAUSE TO THE ASSOCIATION(S) TO REJECT THIS APPLICATION, OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES, MOREOVER, I UNDERSTAND THAT THE ASSOCIATION(S) IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO AN APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH OR SAFETY OF OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE OTHER RESIDENTS OR THE CHARLOTTE SQUARE.

CURRENT OWNER(S) NAME _____

APPLICANT(S) NAME _____

APPLICANT OCCUPATION _____ HOW LONG _____

FULL NAME OF SPOUSE OR CO-APPLICANT _____

CO-APPLICANT OCCUPATION _____ HOW LONG _____

APPLICANT(S) CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE OR ANY PREVIOUS RESIDENCE IS A CONDOMINIUM CO-OPERATIVE OR IS SUBJECT TO REGULATIONS BY HOMEOWNER'S ASSOCIATION:

NAME AND ADDRESS OF ASSOCIATION _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE IS A RENTAL:

NAME AND ADDRESS OF LANDLORD _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAMES AND ADDRESS OF APPLICANT(S) EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT. BEGIN WITH THE PRESENT EMPLOYER

1. _____

2. _____

3. _____

4. _____

PLEASE STATE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE)

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

IF PURCHASING, I INTEND TO: (CHECK ONE)

____ PERSONALLY RESIDE FULL-TIME

____ PERSONALLY RESIDE PART-TIME

____ LEASE- SEE *RESTRICTIONS*

PERSON TO NOTIFY IN AN EMERGENCY

NAME _____ PHONE _____

MANUFACTURER, MODEL, AND YEAR OF AUTOMOBILE(S)

CAR NO. _____ STATE/LICENSE NUMBER _____

CAR NO. _____ STATE/LICENSE NUMBER _____

NAME AND PHONE NUMBER OF REAL-ESTATE AGENT HANDLING THIS TRANSACTION

NAME _____ PHONE _____

NAME AND ADDRESS FOR ACCEPTANCE OR REJECTION OF THIS APPLICATION:
(TITLE COMPANY OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DATE OF CLOSING MONTH _____ DAY _____ YEAR _____

I UNDERSTAND THAT UPON RECEIPT OF A TOTALLY COMPLETED APPLICATION (INCLUDING SALES CONTRACT/LEASE ACCEPTABLE TO THE ASSOCIATION AND OTHER REQUIRED MATERIALS) THE ASSOCIATION HAS TWENTY (20) DAYS WITHIN WHICH TO ACCEPT OR REJECT THE APPLICATION.

I UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF THE CONDOMINIUM'S DOCUMENTS PROVIDES CAUSE FOR PURSUIT OF REMEDIES THEREIN PROVIDED OR TERMINATION OF THE OWNERSHIP OR LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. IF APPLICATION FOR SALE IS ACCEPTED, I WILL PROVIDE A COPY OF THE RECORDED DEED WITHIN THIRTY (30) DAYS OF CLOSING.

I UNDERSTAND THAT UNLESS ALL ASSESSMENT PAYMENTS FOR THE UNIT POTENTIALLY TO BE SOLD OR LEASED ARE CURRENT, THIS APPLICATION WILL BE DISAPPROVED BY THE ASSOCIATION.

DATED THIS _____ DAY OF _____, 20____.

SIGNATURE OF APPLICANT _____

SIGNATURE OF CO-APPLICANT/SPOUSE _____

THE INDIVIDUAL OWNER(S) OF SAID UNIT JOIN IN THIS APPLICATION TO REQUEST THE BOARD TO REVIEW SAME AND TO VERIFY THAT TO THE BEST OF THEIR KNOWLEDGE ALL INFORMATION AND ACKNOWLEDGEMENTS CONTAINED HEREIN ARE ACCURATE.

DATED THIS _____ DAY OF _____, 20____

OWNER _____ CO-OWNER _____

SALE HAS BEEN APPROVED _____

SALE HAS BEEN DISAPPROVED _____

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

IF PURCHASING, I INTEND TO: (CHECK ONE)

_____ personally reside full-time

_____ personally reside part-time

_____ lease-see restrictions

PERSON TO NOTIFY IN AN EMERGENCY

_____ PHONE _____

MANUFACTURER, MODEL & YEAR OF AUTOMOBILE (S):

CAR NO 1. _____ LICENSE NUMBER _____

CAR NO 2. _____ LICENSE NUMBER _____

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION:

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:
(TITLE CO OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY _____

ADDRESS: _____ PHONE: _____

DATE OF CLOSING: _____

HOUSING FOR OLDER PERSONS ACT
AFFIDAVIT OF CERTIFICATION
CHELSEA HOUSE OF PORT CHARLOTTE
A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualifications as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the affidavit is not returned, and as a result we cannot determine whether we comply with the exemptions to the fair housing laws, which allows us to keep our status as housing for older persons we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a government issued ID for each occupant.

I _____ (insert name) am (18) eighteen years of age or older and a member of the household at Chelsea House 2290 Aaron Street unit # _____ Port Charlotte, FL located in Chelsea House, A condominium, Inc.

I certify that I have personal knowledge of the ages of the occupants of this household, and that at least one occupant of this household is (55) fifty-five years of age or older.

I certify that all the names and dates of birth of all occupants of this household are:

| | |
|------------|-------------------------------------|
| Name _____ | Date of birth _____ / _____ / _____ |
| Name _____ | Date of birth _____ / _____ / _____ |
| Name _____ | Date of birth _____ / _____ / _____ |
| Name _____ | Date of birth _____ / _____ / _____ |

OCCUPANT SIGNATURE

Date _____ / _____ / _____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Sworn to and subscribed before me this _____ Day of _____ 20____ by

Who is personally known to me () yes () no or has produced _____ as identification.

NOTARY STAMP

NOTARY SIGNATURE

NOTARY PRINTED NAME

ATTENTION HOMEOWNERS

Please complete this form and return it to the address below by mail or in person:

**Charlotte Square Condominiums
c/o Manager's Office
2296 Aaron Street
Port Charlotte, FL 33952**

PROPERTY OWNER(S)/RESIDENT INFORMATION

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings such as maintenance coupon books and emergencies such as hurricanes, fires, etc.

HOUSE NAME _____ UNIT # _____ DATE _____

OWNER(S) NAME _____

LESSEES(S) NAME _____

PLEASE (X) ONE

 CURRENTLY RESIDE FULL TIME

CURRENTLY RESIDE PART TIME

| CURRENTLY LEASE UNIT | SEASONAL OR | ANNUAL |
|----------------------|-------------|--------|
|----------------------|-------------|--------|

PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE
ON A SEPARATE SHEET OF PAPER.

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS
AND WHEN YOU RETURN SO THAT WE WILL KNOW WHERE TO SEND YOUR
MAIL. THANK YOU.

LOCAL TELEPHONE # If full or part time resident (941) _____ - _____

CELL PHONE # () _____ - _____

LESSEE'S TELEPHONE # (941) _____ - _____ CELL # () _____ - _____

If you do not live here full time and have another address, please fill in the information requested below:

NAME(S) _____

ADDRESS _____

AWAY TELEPHONE # () _____ - _____

APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

Chelsea House of Port Charlotte

Condominium Purchase Information Form

- This application must be completed in detail by the proposed buyer.

Name(s) of Buyer: _____

Unit Address: _____

Buyer(s) Mailing Address: _____

City _____ State _____ Zip _____

Buyer(s) Phone: _____ Alt. Phone: _____ Buyer(s) Email: _____

| Other persons occupying the unit: | Age | Relationship |
|-----------------------------------|-----|--------------|
|-----------------------------------|-----|--------------|

| | | |
|----------|--|--|
| 1. _____ | | |
|----------|--|--|

| | | |
|----------|--|--|
| 2. _____ | | |
|----------|--|--|

| | | |
|----------|--|--|
| 3. _____ | | |
|----------|--|--|

| Type of Vehicle(s): | Make | Model | Year | Color | Tag# |
|---------------------|------|-------|------|-------|------|
|---------------------|------|-------|------|-------|------|

| | | | | | |
|----------|--|--|--|--|--|
| 1. _____ | | | | | |
|----------|--|--|--|--|--|

| | | | | | |
|----------|--|--|--|--|--|
| 2. _____ | | | | | |
|----------|--|--|--|--|--|

The Property is being purchased for:

____ Full Time Residence ____ Seasonal Residence ____ Investment/Rental

I/We have received and read thoroughly a complete set of Condominium Association Documents and Board Rules and Regulations and hereby agree on behalf of all persons who may occupy the unit to abide by all the restrictions contained within them.

Buyer: _____

Buyer: _____

Date: _____

Date: _____

Please Complete and Return to: Palmer Property Management
6210 Scott St. #214, Punta Gorda, FL 33950
(P) 941-875-9273 (F) 941-875-9397 (E) ppm@myppm.net

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL**PRINT OR TYPE (Use Black Ink)**

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____
(How long) (How long)

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone**PRINT OR TYPE (Use Black Ink)****RESIDENCE HISTORY**A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)**EMPLOYMENT & BANK REFERENCES**A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. Name _____ Address _____ Phone (Residential & Office) _____

2. Name _____ Address _____ Phone (Residential & Office) _____

3. Name _____ Address _____ Phone (Residential & Office) _____

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant Signature _____ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

CERTIFICATE OF APPROVAL
CHELSEA HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC
CHARLOTTE SQUARE CONDOMINIUMS, PORT CHARLOTTE, FLORIDA 33952

THIS IS TO CERTIFY THAT _____

_____ HAVE (HAS) BEEN
APPROVED BY CHELSEA HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC AS PURCHASER(S) OF THE
FOLLOWING DESCRIBED PROPERTY IN CHARLOTTE COUNTY, FL: CONDOMINIUM UNIT# _____ CHELSEA HOUSE
A CONDOMINIUM, INC. ACCORDING TO THE DECLARATION OF CONDOMINIUM RECORDED IN OFFICIAL RECORDS
BOOK _____ PAGE _____ OF THE PUBLIC RECORDS OF CHARLOTTE COUNTY, FLORIDA.

SUCH APPROVAL IS GIVEN PURSUANT TO THE PROVISIONS OF ARTICLE XIII OF THE DECLARATION OF
CONDOMINIUM.

THIS _____ DAY OF _____, 20____

BY: _____, PRESIDENT

ATTEST: _____, SECRETARY

STATE OF FLORIDA, COUNTY OF CHARLOTTE

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, AN OFFICER DULY QUALIFIED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

_____ AND _____

TO ME KNOWN TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT
AND ACKNOWLEDGED BEFORE ME THAT THEY EXECUTED THE SAME, WITNESS MY HAND AND OFFICIAL
SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS _____ DAY OF _____, 20____.

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____, 20____

SEAL:

NOTE TO PURCHASER: THIS CERTIFICATE OF APPROVAL IS TO BE RECORDED IN THE PUBLIC RECORDS OF
CHARLOTTE COUNTY, FLORIDA BY YOU AND AT YOUR EXPENSE. AFTER RECORDING, YOU ARE TO
DELIVER A CERTIFIED COPY TO THE MANAGER'S OFFICE AT CHARLOTTE SQUARE CONDOMINIUMS, 2296
AARON STREET, PORT CHARLOTTE, FLORIDA 33952