WESTCHESTER GARDENS CONDOMINIUM ASSOCIATION, INC.

c/o Argus Management of Venice, Inc. 1062 E. Venice Ave, Venice, Florida 34285 Office: (941) 408-7413 - Fax: (941) 408-7419

REQUEST FOR APPROVAL TO SELL/TRANSFER

A non-refundable \$50.00 application fee must be attached to this application made payable to Westchester Gardens. PRESENT OWNER'S NAME(S):____ UNIT ADDRESS: UNIT: # CLOSING DATE:_____ PURCHASE PRICE: PURCHASER'S NAME(S): PHONE NUMBER(S): PRESENT ADDRESS: BUYERS EMAIL ADDRESS: EMPLOYER'S NAME:_____ADDRESS: IF RETIRED, PREVIOUS OCCUPATION:_____ NAMES AND AGES OF ALL OCCUPANTS: <u>1.</u> <u>2.</u> PETS: YES NO IF YES, WHAT TYPE AND WEIGHT: HOW MANY VEHICLES:_____ TYPE OF VEHICLE: LICENSE PLATE #: STATE: TYPE OF VEHICLE:_____ LICENSE PLATE #:____ STATE:____ PLEASE INITIAL STATING THAT YOU HAVE RECEIVED THE FOLLOWING: WESTCHESTER GARDENS DECLARATION OF CONDOMINIUM WESTCHESTER GARDENS BYLAWS WESTCHESTER GARDENS ARTICLES OF INCORPORATION WESTCHESTER GARDENS RULES AND REGULATIONS I CONSENT TO RECEIVE OFFICIAL COMMUNICATIONS FROM THE ASSOCIATION VIA EMAIL: (THE BOARD RECOMMENDS YES): YES_____NO____ I AGREE TO READ AND ABIDE BY THE ASSOCIATION'S ARTICLES OF INCORPORATION. DECLARATION OF CONDOMINIUM, BY-LAWS, AND RULES AND REGULATIONS. SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____ **BOARD OF DIRECTORS USE ONLY** APPROVED: _____ DENIED: ____ SIGNATURE:_____ TITLE: _____ DATE:____ PRINTED NAME: _____