

# LYONS COVE CONDOMINIUM ASSOCIATION, INC.

MANAGED BY: ARGUS MANAGEMENT OF VENICE, INC.

1062 EAST VENICE AVENUE ~ VENICE, FL 34285

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[www.argusvenice.com](http://www.argusvenice.com)

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## SALES/LEASE APPLICATION

UNIT #: \_\_\_\_\_ Application Date: \_\_\_\_\_

To Purchase: \_\_\_\_\_ Planned Closing Date: \_\_\_\_\_

To Lease Furnished: \_\_\_\_\_ Planned Occupancy Date: \_\_\_\_\_

Furnished: \_\_\_\_\_ Unfurnished: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Pursuant to the Rules and Regulations of LYONS COVE CONDOMINIUM ASSOCIATION, INC., the undersigned owner of UNIT # \_\_\_\_\_ requests approval of the Association Board of Directors or its duly authorized Committee to SELL/LEASE (cross out one) said unit as follows: (Please Print)

Name(s) of Owner(s): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_

Name(s) of Buyer(s)/Lessee(s): \_\_\_\_\_

Address of Buyer(s)/Lessee: \_\_\_\_\_

Phone Number of Buyer/Lessee: \_\_\_\_\_

Dates of Lease Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Intended Use of Unit: Owner occupy full time \_\_\_\_\_ Rent full time \_\_\_\_\_

Owner occupy part time \_\_\_\_\_ Rent part time \_\_\_\_\_

### **INFORMATION CONCERNING BUYER/LESSEE:**

Occupation/Employer \_\_\_\_\_

Personal References:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Previous Residences (During past two years):

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Names and relationship to Buyer/Lessee of all intended occupants (including visiting children and their ages):

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

Make, model, year and license number applicant intend to keep at condominium. (No trucks, commercial vehicles, mopeds, etc. allowed.)

**THIS APPLICATION MUST BE IN THE HANDS OF LYONS COVE**

SALES 15 (FIFTEEN) days before anticipated closing date.

LEASES 30 (thirty) days prior to lessee's proposed occupancy date.

**(Use Appropriate Section)**

**SALE**

BUYER acknowledges that (he/she/they) (has/have) been furnished copies of and (has/have) read and understood and understood the Declaration of Condominium applicable to the unit being purchased, as well as the Lyons Cove, Inc. Regulations and By-laws, and BUYER undertakes to comply with such Rules and Regulations and to assure such compliance by any LESSEES from BUYER.

BUYER acknowledges that the following modifications were made to said unit at a previous owner's request and are not subject to repair or maintenance by the Association:

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Buyer)

**LEASE**

-OWNER and LESSEE represent that LESSEE will not occupy the leased unit unless and until this application has been approved and that any such occupancy in the absence of approval is subject to termination by the Board of Directors of Lyons Cove, Inc.

-OWNER has furnished LESSEE with a copy of the Lyons Cove, Inc. Rules and Regulations. LESSEE acknowledges that (he/she) has been furnished a copy of, and has read and understood, such Rules and Regulations and will comply with them.

-OWNER and LESSEE acknowledges that the right of the Association to cause OWNER to terminate the lease in the event of LESSEE'S failure to comply with such Rules and Regulations.

-It is emphasized that no children under 18 years of age will occupy the unit, that there will be no more than two occupants per bedroom, and no pets will be kept on the premises during the lease period.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Lessee)

REAL ESTATE (Agent/Broker), if any, handling this transaction:

\_\_\_\_\_  
Salesperson and Agency

Address: \_\_\_\_\_ Telephone Contact No. \_\_\_\_\_

**(For processing use only)**

Received by Association: Date \_\_\_\_\_ Initials \_\_\_\_\_

References Checked: Date \_\_\_\_\_ Initials \_\_\_\_\_

Remarks: \_\_\_\_\_

Received by Board/Committee: Date \_\_\_\_\_ Initials \_\_\_\_\_

Board/Committee Action: Date \_\_\_\_\_ Initials \_\_\_\_\_

Notification to Owner/Agent: Date \_\_\_\_\_ Initials \_\_\_\_\_

Remarks: \_\_\_\_\_

**Return form to:**

ARGUS MANAGEMENT OF VENICE, INC.  
1062 E. Venice Ave., Venice, FL 34285

OR

**EMAIL:** FrontDesk@ArgusVenice.com