

**VILLAS II OF ST. ANDREWS ASSOCIATION, INC.**

**c/o ARGUS MANAGEMENT OF VENICE, INC.**

1062 EAST VENICE AVENUE ~ VENICE, FL 34285

PHONE (941) 408-7413 ~ FAX (941) 408-7419

www.argusvenice.com

**REQUEST FOR APPROVAL TO SELL**

I/We hereby make application to the Board of Directors to purchase a unit in Villas II of St. Andrews, and have attached a non-refundable \$100.00 application fee made payable to: Villas II of St. Andrews Association, Inc.

UNIT: # \_\_\_\_\_ UNIT ADDRESS: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

PRESENT OWNER'S NAME: \_\_\_\_\_

PURCHASER'S NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

EMPLOYER'S NAME YOURS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF RETIRED, PREVIOUS OCCUPATION: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

NAMES AND AGES OF ALL OCCUPANTS:

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

PETS: YES \_\_\_ NO \_\_\_ IF YES, WHAT TYPE/WEIGHT: \_\_\_\_\_

TYPE OF VEHICLE: \_\_\_\_\_ HOW MANY: \_\_\_\_\_ LICENSE: # \_\_\_\_\_

CREDIT REFERENCES:

NAME ADDRESS PHONE

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

I AGREE TO READ AND ABIDE BY THE ASSOCIATION DECLARATION OF CONDOMINIUM, ITS BY-LAWS AND RULES AND REGULATIONS.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*\*\*\*\*

BOARD ACTION: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

VILLAS II OF ST. ANDREWS ASSOCIATION, INC.

BY: \_\_\_\_\_

Signature & Title

\_\_\_\_\_

Date

PLEASE RETURN TO Argus Management of Venice, Inc.  
1062 East Venice Avenue  
Venice, FL 34285

REVISED: 12.2021