APPENDIX C

HAMPTON MEWS OF ST. ANDREWS EAST ASSOCIATION, INC.

C/O: Argus Management of Venice, Inc.

Application For Purchase/Transfer/Lease (Must Circle One)

RETURN TO: Enclose application and processing fee of \$150.00 made payable to: Hampton Mews of St. Andrews East Association Inc., and Mail to: Argus Management of Venice, Inc. 1062 E. Venice Avenue, Venice, FL 34285. If you have any questions, please contact Argus Management of Venice at 941-408-7413 or email Frontdesk@argusvenice.com.

NOTE: THREE MONTHS MINIMUM ON RENTALS

HOMEOWNER INFORMATION

UNIT ADDRESS:	PR	ESENT OWNER:			
REALTOR/AGENT:					
PURCHASE PRICE: \$					
OR LEASE DATES FROM:					
APPLICANT INFORMATION					
lame:Spouse/Co-occupant:					
Permanent Address (After A					
Names and Relationship of all persons who will occupy the unit:					
Current Address:		Telephone #	:		
Contact Phone Numbers W					
Telephone number after ac					
Email Address(s):					
Will this unit be leased by t	he Proposed Owner?	Yes No			
Pet(s): YesNoif			Weight:		
Vehicles: Make:	Year:	Model:	Tag:		
Make:	Year:	Model:	Tag:		
I/we have received and rea and Regulations and unders each unit owner/occupant to abide by them. I/we will	stand that its covenants at Hampton Mews of Si	s impose responsibilit t. Andrews East Assoc	ies and restrictions on iation and I/we agree		

compensation for any damage to the common elements or Association property.

Print Name of Applicant:		Signature of Applicant:	
Print Name of Applicant:		Signature of Applicant:	
Date of Signature of Applicant: _			
Print Name of Owner:		Signature of Owner:	
Date of Signature of Owner:			
ASSOCIATION DECISION: APPR	OVED:	DISAPPROVED:	
Signature:	Title:	Date:	