

# VILLAS OF CHESTNUT CREEK HOMEOWNERS ASSOCIATION

C/O Sunstate Management Group, Inc.  
P.O. Box 18809  
Sarasota, FL. 34276  
Tel: 941-870-4920 / Fax: 941-870-9652

## APPLICATION FOR SALE OF UNIT AND APPROVAL

A non-refundable fee of \$150.00 must accompany this application payable to **Sunstate Management Group, Inc.** The undersigned proposes to sell Address: \_\_\_\_\_ # \_\_\_\_\_ to \_\_\_\_\_, identified below, and the undersigned does hereby apply for approval of this sale, by the Villas of Chestnut Creek Homeowners Association to which the following information is submitted. I understand that any outstanding sums due to Villas of Chestnut Creek Homeowners Association must be paid prior to or at closing, in order for the new buyer to get clear title.

RENTAL OF UNITS IS NOT ALLOWED. BUYER MUST PROVIDE COPY OF DRIVERS LICENSE.

Seller: \_\_\_\_\_ Seller: \_\_\_\_\_

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### **PURCHASER'S STATEMENT**

Buyer's Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Buyer's Dr. Lic. # \_\_\_\_\_ Spouse/Partner Dr. Lic. # \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Residency Intentions: Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_

Email Address: \_\_\_\_\_

Please include my email to receive the Voice of The Villas newsletter. Yes \_\_\_ No \_\_\_

Please include my name, address, and phone number in the neighborhood Directory. Yes \_\_\_ No \_\_\_

Business or Profession (Present or Former): \_\_\_\_\_

Position Occupied: \_\_\_\_\_ Active or Retired: \_\_\_\_\_

Pets (Species, Breed, Weight): \_\_\_\_\_

Name of Real Estate Co/Agent (If any): \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed closing date of sale: \_\_\_\_\_

Other persons who will occupy the unit with you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Items owners are responsible for:

1. Painting of your house.
2. Cleaning the roof.
3. Trim trees and shrubbery and fertilize. (Association takes care of lawn)
4. Keep driveways and sidewalks clean.
5. Replace yard light bulbs and repair post as needed.
6. Pay Association monthly dues promptly.
7. Pay yearly Master Association dues.
8. Provide proof of Homeowner's Insurance – see below
  - One Occupant must be age 55 or older
  - This application must be submitted 30 days prior to closing with the \$100 application fee and must be completely filled out and signed with proof of age attached before Board Approval.

## ARTICLE VIII INSURANCE

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**Section 8.2. Authority to Purchase; Named Insured.** All insurance policies upon the Common Area shall be purchased by the Association. The named insured on all such policies shall be the Association individually and if permitted by the insurance company, as agent for the Villa Lot Owners. Provision shall be made for the insurance of mortgage endorsements and memoranda of insurance is the mortgagees of Villa Lot Owners, upon written request of the mortgagee. Villa Lot Owners shall obtain and shall maintain at all times insurance coverage at their own expense upon their Dwelling Units or Dwelling Structures and personal property at the full insurable value, replacement cost, or similar coverage. The Villa Lot Owner shall provide the Association proof of such insurance coverage at least annually or upon the written request of the Association. If a Villa Lot Owner fails or refuses to maintain insurance required herein or provide the Association proof of such coverage at least annually or within thirty (30) days of the Association's written request, the Association is authorized (but not under no circumstances required) to purchase such insurance as the duly-authorized agent of the Villa Lot Owner and specially assess the Villa Lot Owner accordingly. Such special assessment requested by the Association provided in Section 3.3, 3.4 and 3.5 the Declaration of Covenants. In addition, the Association may file a court action to compel the purchase of insurance required herein and/or levy daily fines for violations of this Section 8.2 in an amount up to \$100 per day but not exceeding Two Thousand Dollars (\$2,000.00) in the aggregate. Unpaid fines may become a lien as provided by law. Unpaid fines which become a lien are considered a special assessment and may be collected as provided in Section 3.3, 3.4 and 3.5 of the Declaration of Covenants. Villa Lot Owners may also obtain insurance coverage for their personal liability and living expense.

I have received a COMPLETE copy of the Articles of Incorporation, Bylaws, Declaration of Restrictions, and Rules and Regulations for the Villas of Chestnut Creek Homeowners Association from the current homeowner and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Action of Board of Directors:

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Title

# AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION AND CRIMINAL REPORT

**Please complete one for each applicant/occupant over the age of 18**

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

By signing below I \_\_\_\_\_, authorize this company to obtain a Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X \_\_\_\_\_  
SIGNATURE DATE

Full Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_  
Or Passport

**Photo ID Required**