

## **GULF FRONT COMMUNITY ASSOCIATION, INC.**

Dear Prospective New Owner:

Thank you for your interest in purchasing a unit at Gulf Front Lagoon Condominium. All prospective new owners are required by our documents to complete an application and interview process prior to closing. You should plan to allow up to 30 days for completion of this process. If you should have any questions regarding this process, please feel free to contact:

**Magda Hatka, LCAM**

**Phone Number: (727) 726-8000 EXT. 500**

**Fax: (727) 723-1101**

**Email: [mhatka@ameritechmail.com](mailto:mhatka@ameritechmail.com)**

Sincerely,

Gulf Front Lagoon Community Association

**GULF FRONT CONDOMINIUM ASSOCIATION, INC**  
**PURCHASE APPLICATION PROCESS**  
**INSTRUCTION SHEET/CHECKLIST**

The Application Folder will contain the following:

- Cover letter
- Instruction Sheet/Checklist
- Application Form (must attach a copy of the sales contract)
- Buyer/Tenant Information Form
- Architectural Change Form
- Pet Approval form (if applicable)
- Clubhouse reservation form and rules
- Rules and Regulations

1. Read and complete each form as indicated.
2. Return all completed forms to:

Ameri-Tech Community Management, Inc.

24701 US Highway 19 N Suite 102  
Clearwater, FL. 33763

**IMPORTANT NOTE: PLEASE BE CERTAIN TO FILL IN AN ANSWER FOR EACH QUESTION. INCOMPLETE FORMS OR AN APPLICATION SUBMITTED WITHOUT THE PROPER FEE OR WITHOUT A COPY OF THE LEASE AGREEMENT WILL NOT BE PROCESSED UNTIL COMPLETED, WHICH WILL DELAY YOUR OCCUPANCY DATE.**

3. Once Ameri-Tech has reviewed and processed all the forms and done the background check the board will be notified to set up an interview appointment.
4. You will be contacted to set up an appointment for your interview shortly after receipt and processing of your completed application packet, usually within a few days.
5. After your interview the board will determine if you are approved. If approved the board will execute a Certificate of Approval which will be sent to Ameri-Tech. Ameri-Tech will email this document to your title company. You may request a copy to be sent to you or your real estate agent or arrangements can be made to pick it up.
6. Prior to closing, your title company must obtain a current Estoppel Letter from Ameri-Tech Management Company, Inc. All requests should be made directly through Ameri-Tech. If you require assistance, please feel free to call the Property Manager at 727-726-8000 EXT 505

**GULF FRONT LAGOON CONDOMINIUM ASSOCIATION, INC**  
**APPLICATION TO PURCHASE**

Unit #: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Unit Sellers Name/Names: \_\_\_\_\_

Planned Closing date \_\_\_\_\_ Anticipated move in date: \_\_\_\_\_

Purchaser/Purchasers: \_\_\_\_\_

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

Current phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of people to occupy unit: \_\_\_\_\_

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

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

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

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

Approved application to be mailed to:

Name: \_\_\_\_\_

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

Real Estate Agent If applicable: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of automobiles to be parked on property: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

Do you own a pet? \_\_\_\_\_ If so a Pet Agreement and Approval Form must be completed and attached to this form

The purchaser has read and reviewed on the condominium website and agrees to abide by the following:

- Declaration of condominium
- Condominium bylaws
- Rules and Regulations
- Architectural Change Form
- Clubhouse Reservation Form
- Bylaws related to leasing of units

Purchaser: \_\_\_\_\_

Date: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Date: \_\_\_\_\_

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PLEASE INCLUDE A \$150 PER PERSONS FOR 18 YEARS AND OLDER AND/OR MARRIED COUPLES  
APPLICATION FEE PAYABLE TO GULF FRONT LAGOON WITH THIS FORM AND A COPY OF THE SALES  
CONTRACT TO:

AMERI-TECH COMMUNITY MANAGEMENT, INC.

24701 US HIGHWAY 19 N SUITE 102

CLEARWATER, FL. 33763

DATE \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_

### BUYER/TENANT INFORMATION FORM

I / We \_\_\_\_\_, prospective  
tenant(s) / buyer(s) for the property located at \_\_\_\_\_

Managed By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

**PLEASE PRINT CLEARLY**

<u>TENANT INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
SINGLE _____	MARRIED _____	SINGLE _____	MARRIED _____
SOCIAL SECURITY #: _____		SOCIAL SECURITY #: _____	
FULL NAME: _____		FULL NAME: _____	
DATE OF BIRTH: _____		DATE OF BIRTH: _____	
DRIVER LICENSE #: _____		DRIVER LICENSE #: _____	
CURRENT ADDRESS: _____		CURRENT ADDRESS: _____	
_____ HOW LONG? _____		_____ HOW LONG? _____	
LANDLORD & PHONE: _____		LANDLORD & PHONE: _____	
PREVIOUS ADDRESS: _____		PREVIOUS ADDRESS: _____	
_____ HOW LONG? _____		_____ HOW LONG? _____	
EMPLOYER: _____		EMPLOYER: _____	
OCCUPATION: _____		OCCUPATION: _____	
GROSS MONTHLY INCOME: _____		GROSS MONTHLY INCOME: _____	
LENGTH OF EMPLOYMENT: _____		LENGTH OF EMPLOYMENT: _____	
WORK PHONE NUMBER: _____		WORK PHONE NUMBER: _____	
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE)    YES    NO		HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE)    YES    NO	
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE)    YES    NO		HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE)    YES    NO	
SIGNATURE: _____		SIGNATURE: _____	
PHONE NUMBER: _____		PHONE NUMBER: _____	

<p><b>TENANT CHECK HOURS OF OPERATION:</b>  <b>MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.</b>  <b>SATURDAY : 11:00 a.m. - 4:00 p.m.</b>  <small>ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY</small></p> <p><b>TENANT CHECK FAX #: (727) 942-6843</b></p>	<p><b>IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.</b></p> <p><small>A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS</small></p>
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FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 06/2018)

# **CERTIFICATE OF APPROVAL**

**THIS CERTIFICATE OF APPROVAL** is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between **GULF FRONT LAGOON CONDOMINIUM ASSOCIATION, INC.** (the association) and \_\_\_\_\_ & \_\_\_\_\_ (The Buyer).

### **WITNESS THAT:**

**WHEREAS**, Buyer has executed a Contract for sale and Purchase of Condominium Unit/Parcel No. \_\_\_\_\_, in also known as \_\_\_\_\_, of **Gulf Front Lagoon, Inc.**, according to the Declaration of Condominium thereof, recorded in the Public Records of Pinellas County, Florida; and

**WHEREAS**, the Association has approved the transfer of the Unit/Parcel pursuant to the terms of Declaration of Condominium.

**NOW, THEREFORE**, in consideration of the premises, and the sum of one Dollar (\$1.00) and other good and valuable consideration paid by each party hereto, unto each other, the receipt and sufficiency of which is hereby acknowledged, and approved by the Association of the transfer the Unit/Parcel to the Buyer, the Association and the Buyer agrees as follows:

The Association hereby approves the transfer of the Unit/ Parcel to Buyer subject to all of the terms, covenants and conditions of the Declaration, provided that this approval shall not waive, modify or otherwise affect the Associations approval with respect to any subsequent sale of the property.

**IN WITNESS WHEREOF**, the Association has caused these Presents to be executed as required on the day and year first above written.

Date: \_\_\_\_\_

Gulf Front Lagoon, INC.  
A Florida Cooperation

Witnesses:

\_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

**BEFORE ME**, personally appeared \_\_\_\_\_ to me well known, and known to me to be the individual described herein (or who has provided \_\_\_\_\_ identification) and who took the oath and executed the foregoing instrument as **REPRESENTATIVE** of the above Association, a Florida Corporation, and acknowledged to and before me that he/she executed such instrument as a **REPRESENTATIVE** of said corporation, and that said instrument is the free act and deed of said corporation.

**WITNESS** my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**GULF FRONT LAGOON CONDOMINIUM ASSOCIATION, INC.**

**AND**

**TARPON CLUB ASSOCIATION**

**PET AGREEMENT AND APPROVAL FORM**

In accordance with the rules and regulations for Gulf Front Lagoon Condominium Association, Inc. Please be advised:

1. Pets must be approved by the Board.
2. Pet waste must be picked up, placed in a bag and disposed of in the dumpster.
3. All dogs must be on a leash.
4. A limit of two pets is allowed.
5. No pet may exceed 35 pounds.
6. No exotic pets are allowed.
7. All damage and cleanup caused by a pet is the responsibility of the pet owner.
8. No pets are allowed in the pool area or clubhouse.

Resident Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

PLEASE ATTACH THE PETS VACCINATION RECORD AND A PICTURE OF EACH PET WITH THIS FORM

I agree to abide by all pet rules and regulations set forth.

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

Signature of owners/ renters

Board of Directors

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

Signature of Board Member: \_\_\_\_\_ Date: \_\_\_\_\_