

VILLA ROSA OF SARASOTA

REGISTRATION FOR PURCHASE

LOT NO. _____

PROPERTY ADDRESS: _____ PURCHASE PRICE: \$ _____

CURRENT OWNER'S NAME(S): _____ CLOSING DATE: _____

APPLICANT NAME(S): _____

CURRENT HOME ADDRESS: _____

(Street/Apt. #)

(City) (State) (Zip Code)
EMAIL ADDRESS: _____ HOME PHONE # _____

CELL PHONE #1 _____ CELL PHONE #2 _____

OTHERS RESIDING WITH YOU AT VILLA ROSA:

Name

Relationship

Age if Under 18 years

VEHICLES: TO BE KEPT AT VILLA ROSA OF SARASOTA

Make/Year

Model

Color

State License Plate No.

DO YOU OWN A PET(S) _____ TYPE/SIZE _____ HOW MANY _____

EMERGENCY CONTACT _____

Address

Phone Number

I will be bound by the Declaration of Covenants, Conditions and Restrictions, Bylaws, Articles of Incorporation and the Rules, Regulations and Guidelines of the Villa Rosa of Sarasota Homeowners Association, Inc. If not provided by the seller, purchaser agrees to purchase the Declaration of Covenants Conditions and Restrictions for Villa Rosa of Sarasota and By-Laws for \$50.00 from AMI Management. Copies of same may also be printed from our web site, Villa Rosa of Sarasota.com. I represent that the information provided is factual and true. I will, upon closing, provide the Association a copy of the recorded deed within thirty (30) days. I have read and understand the Rules, Regulations and Guidelines of the Villa Rosa of Sarasota Homeowners Association, Inc. I understand that any violation of the terms, provisions, conditions and covenants of Villa Rosa of Sarasota Homeowners, Inc. documents provides cause of such action as is therein provided.

APPLICANT'S SIGNATURE: _____ DATE _____

BUYER – REAL ESTATE OFFICE & AGENT _____

PHONE NO _____ FAX NO _____