

# Lakewood Condominium Association II

Homeowners Association, Inc.

c/o Hayden & Associates  
12650 Whitehall Drive  
Fort Myers, Florida 33907  
Ph: 239-489-4890 Fax: 239-489-4980

## \*\*\*Sale Application\*\*\*

This application must be submitted along with a non-refundable processing fee of \$100.00 to the Board of Directors via Hayden & Associates. A minimum of 30 days processing time is required prior to the start of any sale closing. A copy of the sales contract must be included with the application and a copy of each applicant's driver's license. Applicant will be responsible for submitting a national criminal background check on all applicants over the age of 18 yrs. Make checks payable to Hayden & Associates.

Address & Unit # \_\_\_\_\_

Present Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_

**Personal Information:**                      Applicant                      Spouse/Co-Applicant

Buyer(s) Names: \_\_\_\_\_

Phone # \_\_\_\_\_

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

Vehicle (s): \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

Will anyone other than those listed above occupy this unit? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, whom? \_\_\_\_\_

### **Residential History:**

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

How long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency contact:**

Name/Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**References: (2) – Please give names, addresses, and phone numbers:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Please read the following and sign this application:**

I have received and read a copy of the Lakewood Condominium Association II Rules and Regulations and Use Restrictions, along with this application. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside at Lakewood Condominium Association II

Applicant  
Signature \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ DOB: \_\_\_\_\_

Approval:

Board Member/Agent: \_\_\_\_\_ Date \_\_\_\_\_

If application is denied, give reason: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Approval will be based on the Condition that all Outstanding Monetary Obligations Due and Owing to Association are Paid in Full at or Prior to Closing.\*\*\*\*

Lakewood Condominium Association II, INC Pet Form

- I do not have a pet currently.
- I understand that falsification of information or failure to register my pet will result in revocation or the denial of approval by the Board.
- I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding the control of my pet.
- I understand that this Pet Approval is only for this pet and expires when the pet is no longer on the property.

**Max (1) PET PER/ 15LBS weight limit  
Please attach current veterinarian records.**

Owner: \_\_\_\_\_ BLDG./Unit# \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Present Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight at Maturity: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Occupant

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature of Unit Owner

\_\_\_\_\_  
Please Print Name

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Association Approval \_\_\_\_\_ Date \_\_\_\_\_