

# Roseate Court Association, Inc.

c/o Sunstate Association Management, Inc.  
P.O. Box 18809, Sarasota, FL 34276  
Office (941) 870-4920 Fax (941) 870-9652  
Email: allapplications@sunstatemanagement.com

## **APPLICATION TO BUY/LEASE A UNIT**

A non-refundable fee of \$150.00 and photo ID must accompany this application payable to Sunstate Association Management, Inc. The undersigned proposes to  purchase or  Lease: **Address** \_\_\_\_\_, the undersigned does hereby apply for approval of this Sale / Lease, by the Roseate Court Association, Inc to which the following information is submitted. I understand that any outstanding sums due to Roseate Court Association, Inc must be paid prior to or at closing, for the purchaser to get clear title or lease approval.

### **TO BE FILLED OUT BY PURCHASER(S)/ LEASEE:**

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Proposed Closing Date: \_\_\_\_\_ OR Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Spouse/Co-Occupant: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Members of family who will be in residence: \_\_\_\_\_

All residents (including renters) are restricted to only 2 dogs which cannot exceed 25 pounds each.

(Breed / Weight): \_\_\_\_\_

Real Estate or Leasing Agent:

Name	Company	Telephone No. / Email
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In case of emergency notify:

Name	Address	Telephone No.
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Vehicle(s) on property:

Year	Make/model	STATE/tag #
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Year	Make/model	STATE/tag #
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## AUTHORIZATION OF RELEASE OF INFORMATION

**Applicant(s) represent that all of the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application. A photo ID required for all persons over 18 years of age.**

Applicant

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Personal information will be redacted prior to submitting for approval to the Board).

Co-Applicant

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Personal information will be redacted prior to submitting for approval to the Board).

The undersigned has received a copy of the Association Documents: By-Laws, the Rules and Regulations and the Pool Rules of Roseate Court Association, Inc. and agree to abide by them.

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

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

**IF THIS APPLICATION IS INCOMPLETE IT WILL BE  
RETURNED TO APPROPRIATE PERSON OR AGENT**

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ACTION BY BOARD OF DIRECTORS:

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

Signed: \_\_\_\_\_

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

Officer of Roseate Court Association, Inc

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## Perico Bay Club

Gate Entry Information  
Unit sold or rented  
(circle one)

Association Name \_\_\_\_\_

Unit Address \_\_\_\_\_

Current Owner \_\_\_\_\_

Closing or lease Date(s) \_\_\_\_\_

New Owner(s) or renters

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Vehicle #1 \_\_\_\_\_

Make

Model

Year

Plate

Vehicle #2 \_\_\_\_\_

Make

Model

Year

Plate

Approved By Management Company \_\_\_\_\_

Name

Company

Date \_\_\_\_\_

Sunstate to Email: [pericobayguardone@gmail.com](mailto:pericobayguardone@gmail.com)

Please allow 3 days prior to closing.

Thank you,

Perico Bay Security