

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

Leasing and Sales Application

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a <u>copy of Driver's License</u> for all residents over 18 years of age and a Non-Refundable <u>Application fee of \$150.00</u> made payable to **Sunstate Association Management Group**, Inc.

Unit Addre								
Full-Time F	Street A	YES	NO	Realtor / Lease Manager Name and Phon	e:	Anticipo	ated Closing / Lease Date(s	<i>)</i>
				Applicant	t Information			
ull Name:								
Phone:	Last ————			First	Email	M.I.		
ull Name:								
Phone:	Last			First Email		M.I.		
resent address:								
	State,	Address Zip	City,					
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ther Occu		t Addres.	s city, St	ατε, Ζιρ				
7	•	ne all oth	er occup	ants of home				
Pet(s):								<u> </u>
	Breed							W
ehicle 1:							-	
	Make			Model		State		
/ehicle 2:							License Plate #	
	Make			Model		State		
							License Plate #	

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References Please list references. Full Name: Relationship: Phone: Address: Relationship: Full Name: Address: Disclaimer and Signature The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of Cipriani Homeowners Association, Inc., and agree to abide by them. Signature: Date: Signature: Action By Board of Directors **Application Approved Board** Signature: ______ Date: