Cape Sable Lakes Association, Inc.

A Covenant Restricted, 55 And Older Community

c/o Guardian Property Management, 6704 Lone Oak Blvd., Naples, FL 34109

Phone: (239) 514-7432 Fax: (239) 514-7759 email: steve@guardianpropertymanagement.net

Association Membership & Property Ownership Application (Non Owners places use Pecident or Pental Application)

(Non-Owners p.	lease use Resident	or Rental Application))		
Property Address	Expected Closing Date				
Present Owner(s)	Phone(s)				
Sales Firm and Agent	Phone(s)				
Name(s) to be on Deed					
	M W L O				
*****	Multiple Own				
Without relinquishing responsibility or liability, I hereby appoint					
Owner for Association contact, mailings, payments and voting: Signature			Date		
*The undersigned authorizes the release of relevant background information including a criminal and financial background check and releases CSLA from any liability or damage which may result. *The undersigned understands that Residency approval is included with Ownership approval but is subject to the Association's Governing Documents and certifies that there will always be at least one Resident 55 years of age or older. *Any future change in ownership including Inheritances or Quit Claim Deeding requires the fee and application approval.					
Full Name	SS#		Date of Birth _		
Home Address			·		
Street		ity	State	Zip	
Phone Cell Phone		Email Address			
Previous Address					
Occupation Employer			Phone		
Emergency contact: Name	ergency contact: Name Relationship				
Address		Phone			
Vehicle to be parked on property:					
Make Color	Year	License #	State		
Club, Society or Gang Memberships? If y	es, list				
Have you ever filed for bankruptcy? If yes, explain					
Have you ever been arrested for a criminal violate	tion? If yes, o	explain			
I plan to be a (Check One): Full Time Resident, Seasonal Resident, Non Resident Owner					
Signature	Date	Drivers License	2		
Important Instructions: Each prospective Owner must submit a complete The Fee is \$100 for the first applicant, \$50 for ea payable to Cape Sable Lakes. For approved owners purchasing additional prop	ach additional appl	icant and is non refund	lable. To pay by	check, make it	
Approved: Signature	Date	Signature	D	Pate	
Or referred to the Board of Directors for Action:	Initials	_ Date Init	tials I	Date	

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