

**COBBLESTONE COURT CONDOMINIUM ASSOCIATION, INC.**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201, Naples, Florida 34109  
Phone: (239) 596-7200 Fax: (239) 593-4812

**APPLICATION FOR OWNERSHIP**

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

**Property we wish to purchase in COBBLESTONE COURT CONDOMINIUM ASSOCIATION:**

Name of Current Owner: \_\_\_\_\_

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

Estimated Closing Time: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

Full Name of Buyer: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Auto: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate # \_\_\_\_\_

Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_

In whose name will the DEED be recorded? \_\_\_\_\_

YOUR Billing Address: \_\_\_\_\_

**REFERENCES:**

*We must have complete addresses.*

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cobblestone Court Condominium Association reserves the right to refuse any applicant for just cause. Closing shall **NOT** take place before a Certificate of Approval has been issued by Cobblestone Court, as per the Protective Covenants.

Seller will transfer Covenants and By-Laws to buyer(s). Buyer(s) agree to submit a copy of the **executed sales contract** and to pay a non-refundable \$100.00 fee in connection with the sale to cover administrative expenses in regards to the approval process. I agree to submit the fee payable to: Cobblestone Court Condominium Association with this application.

We understand as buyers (or Agent of buyers) and agree that, prior to any closing by us of the aforementioned property, all violations thereon shall be rectified before sale, and said property shall be in strict compliance with said Covenants, By-Laws and Rules and Regulations.

We further understand that, if ownership is other than husband and wife, the Board is required to condition its approval upon the designation of one approved natural person as the "primary occupant," also that we must furnish a copy of the recorded deed to the Association.

Name of Lawyer or Closing Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CERTIFICATE OF AGREEMENT TO COMPLY**

We, the undersigned, buyers (or Agent of buyers) of the property in Cobblestone Court indicated above do hereby state that we have received and agree to be bound by the Declaration of Condominium, Conditions and Restrictions, By-Laws, Articles of Incorporation and Rules of Cobblestone Court Condominium Association, Inc.

BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

[ ] APPROVED [ ] DISAPPROVED

\_\_\_\_\_

DIRECTOR'S SIGNATURE

\_\_\_\_\_

DATE

\*\*\*\*\*

***NO APPLICATION WILL BE APPROVED UNLESS  
COMPLETLEY FILLED OUT***

***Note: Buyer(s) should contact Royal Wood Master Association (239) 774-2213  
to arrange for the transfer of golf privileges.***

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