

SUGAR SANDS CONDOMINIUM ASSOCIATION, INC.

NOTICE OF INTENT TO SELL OR LEASE

Revised 12/11/07

Application to (Check One): _____ Sell _____ Lease

It is understood, when leasing a unit, dock rights, parking rights and amenities go with the lease.

To: The Board Of Directors,

In accordance with the provisions of the Declaration of Condominium for Sugar Sands Condominium No. _____,
Building Address _____ Unit No. _____. I / We hereby serve notice that

I/We desire to accept a bona fide offer made to me / us by _____ to purchase
/ lease said unit. If a lease, the term is for a period starting _____ and ending

_____ which is a period of at least three months, in accordance, with Rule IIC(1) of "The Rules We Live By".

I / We agree to provide to the purchaser a copy of the appropriate Sugar Sands Condominium Association, Inc., Declaration of Condominium, By-laws, Articles of Incorporation, and "Rules We Live By" or to a lessee a copy of the Sugar Sands Condominium Inc., "Rules We Live By", prior to the first occupancy of the unit by the purchaser or lessee. I / We will be bound by the Declaration of Condominium, By-laws, Articles of Incorporation and "Rules We Live By" of Sugar Sands Condominium Association.

THE ASSOCIATION IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND / OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF CONDOMINIUM OF THE APPROPRIATE SUGAR SANDS CONDOMINIUM, ITS SUPPORTIVE EXHIBITS, THE FLORIDA CONDOMINIUM ACT, AND "THE RULES WE LIVE BY" BY THE LESSEE(S) AND / OR THEIR GUESTS, AND UNDER THE APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION, WHETHER OR NOT SUCH ENFORCEMENT RESULTS IN A LAWSUIT BEING FILED.

In order for you to facilitate consideration of my / our application for sale / lease of the above designated unit, I / We have caused the proposed purchaser / lessee to complete the attached pages, #2 and #3, of The Application For Sale / Lease. I / We am / are aware that any falsification or misrepresentation of facts in the attached application will result in the automatic rejection of this Application For Sell / Lease. Acceptance of a processing fee does not constitute approval of this transaction.

Please, also find attached a check to Sugar Sands Condominium Association Inc., in the amount of \$100.00 for lease with background check - \$50.00 for lease with no background check or \$100.00 for a sale to cover the investigative and other costs. (US Funds Only) I am also including two letters of reference for the proposed purchaser or lessee and a fully executed sale contract or lease contract.

I / WE UNDERSTAND THAT SUGAR SANDS IS AN AGE RESTRICTED COMMUNITY. THE PRIMARY OCCUPANT MUST BE A MINIMUM OF 55 YEARS OF AGE.

DATE: This _____ day of _____, 2_____

SIGNED: _____

Seller or Lessor

IT IS MANDATORY FOR THE PURCHASER OR LESSEE TO BE INTERVIEWED BEFORE THE APPLICATION IS PRESENTED TO THE BOARD OF DIRECTORS. ALL INTERVIEWS ARE TO BE SCHEDULED BETWEEN 8:00 A.M. AND 4:00 P.M. MONDAY THRU FRIDAY. APPLICATIONS WILL BE PROCESSED WITHIN 30 DAYS. OFFICE NUMBER (561) 844-5630

IT IS ALSO UNDERSTOOD THAT EVERY OWNER / RENTER BY FLORIDA STATE STATUTE IS REQUIRED TO HAVE INSURANCE TO COVER ANY FUTURE LOSSES. PROOF OF SAID INSURANCE MUST BE PROVIDED TO THE ASSOCIATION WITH THIS APPLICATION. FOR A LESSEE PROOF OF YOUR EXISTING INSURANCE AT YOUR CURRENT RESIDENCE WILL SUFFICE OR PROOF OF RENTERS INSURANCE COVERING THE SUGAR SANDS UNIT MUST BE PROVIDED WITH THIS APPLICATION.

SIGNED: _____

Purchaser or Lessee

THIS SALE / LEASE WAS APPROVED BY THE BOARD ON _____.

SUGAR SANDS CONDOMINIUM ASSOCIATION, INC.

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President

Secretary

DATE: _____

I/We intend to purchase / lease Unit No. _____, Bldg. No. _____, Condominium No. _____.

If a lease, it is for a period starting _____ and ending _____.

Prior to occupancy, ALL sales / leases must be approved by the Sugar Sands Board of Directors.

I/We represent that the following information is factual and true. Falsification or misrepresentation of this information will result in automatic rejection of this application. It is understood that each apartment shall be occupied as a single family private dwelling. Subletting is not allowed. Sugar Sands is an age restricted community. The primary occupant must be a minimum of 55 years of age. Children under 18 years of age may not reside in Sugar Sands apartments except during visits not to exceed 30 days in any calendar year. **A fully executed copy of the sale contract or lease must be returned to the Sugar Sands Office with this application. Proof of age must accompany the completed application (Valid Driver's License is Acceptable).**

DOCK - INCLUDED IN SALE: ___ YES ___ NO DOCK No. _____

PARKING SPACE _____. RECREATION KEY No. _____ & No. _____

PURCHASER / LESSEE _____ Date Of Birth _____

OCCUPATION _____

PURCHASER / LESSEE _____ Date Of Birth _____

OCCUPATION _____

PRESENT HOME ADDRESS: _____ HOW LONG _____

CITY: _____ STATE: ___ ZIP: _____ PHONE _____

NAME LANDLORD _____ ADDRESS _____

CITY: _____ STATE: ___ ZIP: _____ PHONE _____

EMPLOYMENT – LAST THREE YEARS

(1) _____	Business Name	Address	Phone	Position	How Long
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(2) _____	Business Name	Address	Phone	Position	How Long
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(3) _____	Business Name	Address	Phone	Position	How Long
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BANK REFERENCES: _____

APARTMENT OCCUPANTS

PRIMARY OCCUPANT: _____ AGE _____

NAME	RELATIONSHIP	AGE
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TOTAL NUMBER OF CHILDREN IN FAMILY _____ AGE _____, _____, _____, _____, _____.

CLUB AFFILIATIONS: _____

AUTO - MAKE, MODEL _____ YEAR _____ LICENSE NO. _____ ST. _____

PET SPECIES: _____ WEIGHT _____

CHARACTER REFERENCES 3 REQUIRED (LOCAL IF POSSIBLE)

(1) NAME _____ ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ PHONE _____

(2) NAME _____ ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ PHONE _____

(3) NAME _____ ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ PHONE _____

TWO LETTERS OF PERSONAL REFERENCE REQUIRED. (MAY BE FROM ABOVE LIST)

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: _____

ADDRESS: _____ PHONE No. _____

By signature below: (1) Consent is given for Sugar Sands Condominium Association Inc. to make further inquiry concerning information provided in this application and (2) It is understood that I / We will be bound to comply with the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules / Regulations of the Condominium Association ("Rules We Live By"). As a prospective owner I have received copies of these documents or as a prospective lessee I have received a copy of the " Rules We Live By". (3) It is understood that any violation of the terms, provisions, conditions and covenants of Sugar Sands documents provides cause for available immediate action as therein provided or termination of a lease holder under appropriate circumstances.

DATED: THIS _____ DAY OF _____, 20____

APPLICANT'S SIGNATURE : _____

APPLICANT'S SIGNATURE : _____

PROCESSING FEE (MUST ACCOMPANY APPLICATION – US FUNDS ONLY)

Criminal Background Checks Are Required Of All Purchasers / lessees

SALE: \$100.00

LEASE: With Background Check \$100.00 / Without Background Check \$50.00

PLEASE DO NO WRITE BELOW THIS LINE

INTERVIEWED BY: _____ TITLE: _____ DATE: _____

_____ TITLE: _____ DATE: _____

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DATE CONSIDERED BY BOARD OF DIRECTORS: _____.

ACTION: APPROVED _____ DISAPPROVED _____ WITH THE FOLLOWING CONDITIONS: _____
