#### Island House Northeast COA, Inc.

c/o Sea Breeze Community Management Services, Inc. 4227 Northlake Boulevard
Palm Beach Gardens, FL. 33410
Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

## <u>APPLICATION – PURCHASE</u> (updated 10/2018)

Information is required on all applicants. This application is to be completed by the proposed purchaser and submitted at least thirty days prior to the proposed CLOSING DATE.

## MAIL OR DROP OFF APPLICATION PACKAGE TO OUR OFFICE AT SEA BREEZE. FAX COPIES WILL NOT BE ACCEPTED AS APPLICATION IS INCOMPLETE

#### If copies are needed a charge of 25 cents per page is required

1.	Fill in the blanks on the Application Form and Acknowledgement section. If you would like to receive Association related emails fill in the blanks under the Email Address section. (pg 2)		
2.	Each applicant must sign the Certificate of Approval. (pg 3)		
3.	Provide a copy of the executed purchase contract.		
4.	Provide a picture ID for each adult to be residing in the unit.		
5.	<b>\$50.00</b> CASH, MONEY ORDER, OR CASHIER'S CHECK ONLY for a non-refundable Application fee made payable to <b>ISLAND HOUSE NORTHEAST COA, INC</b> .		
6.	<b>\$50.00</b> CASH, MONEY ORDER, OR CASHIER'S CHECK ONLY for a non-refundable Processing fee made payable to <b>SEA BREEZE CMS, INC</b> .		

Enclosed for your convenience are the rules and regulations of the Association.

1	Application Form				
1.	Name(s) of Unit Owner(s)				
2.	Property Address				
3.	Name of Proposed Buyer				
4.	Proposed Buyer Phone Number				
5.	Email Address of Proposed Buyer				
6.	List each person to reside in the unit (including children)  NAME AGE RELATIONSHIP				
7.	By signing this application, Buyer(s) agrees that he/they have received and read all of the Condominium documents for the Condominium and further agree to abide by all of the terms, covenants, and conditions of the documents and regulations				
8.	Buyer(s) information:				
	a. Employer or business, if self-employed:  Name Phone  Address Position				
	b. Personal References (other than family members):  (1) Name Phone  Address				
	(2) Name Phone Address				
	ISLAND HOUSE NORTHEAST CONDOMINIUM ASSOCIATION, INC.  ACKNOWLEDGEMENT  ospective owner, we are aware of all information submitted in the Application, and agree to be bound by all the terms,				
	ons, and restrictions contained in all or any of the documents referred to above.				
Date of	Application:				
Signatu	re(s) of Prospective Owner Printed Names(s)				
-	Email Address provide your email address and sign and date if you would like to receive emails related to association business.				
	Yes, please provide your email address:				
1	No				

Signature

Date

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### **CERTIFICATE OF APPROVAL**

The undersigned authorized r hereby certifies that the propo	epresentative of <b>ISLA</b> sed conveyance of th	ND HOUSE NORTHEAST CONDOMINIUM, INC. ne following unit has been approved as written below:
Unit Address:		
Owner(s):		
Applicant(s):		
acknowledge receipt	of the Declaratio Julations and any	by Applicant(s) signature(s) below hereby n of Covenants, Articles of Incorporation, By- Amendments to the Documents for the by said Documents.
Applicant(s) Printed Name		Applicant(s) Printed Name
Applicant(s) Signature		Applicant(s) Signature
Date		Date
This is to certify that the ab thereby obtained the appro	ove-named Applica val of <b>ISLAND HO</b> L	nt(s) have complied with the above statements and JSE NORTHEAST COA, INC.
By: On behalf of the Board of D		
On behalf of the Board of D	oirectors	