

TRADEWINDS APARTMENTS OF MARCO ISLAND, INC.

APPLICATION FOR OCCUPANCY

30 DAYS ADVANCE NOTICE REQUIRED

OWNERS, LESSEES, AND RENTAL AGENTS MUST COMPLETE THIS FORM AND SEND BACK TO THE TRADEWINDS APARTMENT OF MARCO ISLAND, 180 SEAVIEW COURT, MARCO ISLAND, FL 34145, ATTN: SUSAN-OFFICE, IN A TIMELY MANNER. A \$75 CHECK COVERING THE APPLICATION FEE (effective November 1, 2008) MUST ACCOMPANY THE APPLICATION.

Date: _____, 200__.

To: Board of Directors of Tradewinds Apartments of Marco Island, Inc.

I/We intend to occupy, pursuant to a lease, Unit No. _____, for a minimum term of 30 continuous days commencing _____ and ending _____.

I represent that the following information is true and correct. I am aware that any falsification or misrepresentation of the facts contained herein will result in the rejection of this application, and/or constitute grounds for voiding and canceling any approval for occupancy that may be granted. I also consent to any and all inquiries, which the Board may authorize to authenticate the facts contained in this application.

I have read and agree to the Rules and Regulations of the Association, copies of which have been furnished to me by the unit owner.

Unit Owner's Name(s) _____

Name of Applicant(s) _____

Names of Applicant's Spouse/Co-Applicant _____

Applicant's Home Address _____

City _____ State _____ Zip _____

Daytime telephone, Nighttime telephone _____

E-Mail Address and/or Fax Number _____

Names and Relationship of all persons who will occupy the unit or visit on a regular basis:

Name _____ Relationship to lessee(s) _____

Name _____ Relationship to lessee(s) _____

Name _____ Relationship to lessee(s) _____

Name _____ Relationship to lessee(s) _____

Person to notify in an emergency:

Name _____

Address _____

Telephone Number _____

Revised 4/3/08

UPON ARRIVAL-OCCUPANTS MUST COMPLETE AND SIGN A REGISTRATION CARD.

PETS NOT ALLOWED AT THE TRADEWINDS APARTMENTS OF MARCO ISLAND.

NO BOATS, TRAILERS, RECREATIONAL VEHICLES OR TRUCKS WITH A CARRYING CAPACITY MORE THAN 3/4 TON MAY BE PARKED ON THE PROPERTY.

YOU MAY NOT SUBLEASE A ROOM OR ROOMS IN THE UNIT TO ANOTHER PERSON.

I understand that upon its receipt of this completed application and the lease, the Association reserves the right to accept or reject the application.

I understand that any violation of the terms, provisions, conditions, covenants and rules of the Condominium Documents could provide cause for the pursuit of any and all remedies provided therein or by applicable Florida law.

Signature of Applicant
Dated this _____ day of _____ 200 ____.

Signature of Co-Applicant/Spouse

OWNER(S) CERTIFICATION

The owner(s) of the unit join in this application and verify to the best of their knowledge and belief that the information contained herein is correct.

Owner
Dated this _____ day of _____ 200 ____.

Co-Owner

Address of owner where acceptance or rejection of this application is to be mailed:

REAL ESTATE BROKERS CERTIFICATION

The Real Estate Agency involved in this transaction verifies to the best of its knowledge and belief that the information contained herein is true and correct.

Real Estate Broker

Real Estate Salesperson

Telephone number of Broker
Dated this _____ day of _____ 200 ____.

Application Received _____

Approved _____

Rejected or Disapproved _____

Authorized Person _____

Dated _____

Date Application Fee \$75 received _____