CALEDON SHORES CONDOMINIUM ASSOCIATION C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 835 20th Place VERO BEACH, FL 32960 772-569-9853

APPLICATION TO PURCHASE

This completed form is submitted for consideration of my application to purchase an apartment at Caledon Shores Condominium. I represent that the following information is complete and true. I consent that you may make inquiry of myself and family about information and references given here. I consent to meet with representatives of Caledon Shores Association at their convenience.

A properly executed Sales Contract and a \$50.00 Application Fee must accompany this Application For Approval of Sale.

Unit Number:	
Applicant's Name:	Age:
Spouse's Name:	
Name as appears on title	
Home Address:	
Home Phone:	
E-Mail(s):	
Do you intend to be a full time resident? Yes	
In case of emergency, please notify:	Phone:
Name of Business: Position:	
Business Address:	
Spouse's Business Name	Position
Address of Business:	
Please list Hobbies, Memberships, Country Clubs, E	tc.,

List names of all other people that will reside with you in this apartment:

(Name)		(Relationship)	(Age)
(Name)		(Relationship)	(Age)
(Name)		(Relationship)	(Age)
	• •	nclude Name, Address, and P nce and indicate same.	hone Number. Also,
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Property.			rk on Caledon Shores
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