

PALM ISLAND PLANTATION COMMUNITY ASSOCIATION, INC.

c/o Elliott Merrill Community Management
Vero Beach, Florida 32960
(772) 569-9853

Application for Approval of Purchase

Date: _____
Month, Day, Year

Present Owner's Name: _____

Street Address of Property to be Purchased: _____

Unit # (for addresses 104 and 110 S. Island Plantation Terrace): _____

The undersigned (hereinafter referred to as the "Applicant") requests the approval of Palm Island Plantation Community Association, Inc. (the "Association") of Applicant's purchase of the above-mentioned residence and submits the following information in support of the application.

Applicant Name: _____

Spouse's (or Partner's) Name (if applicable): _____

Name of individual exercising owner's rights (if Applicant is a corporation, partnership, limited liability company, or fiduciary):

Applicant's Current Address: _____

Applicant's Telephone Number(s): _____

Applicant's Email Address: _____

Number of Years at Current Residence: _____

Current or Previous Business/Work Address: _____

Current or Previous Business Telephone Number: _____

Type of Business: _____

Years at this Business: _____

Names and Ages of Family Members (other than the Applicant and Applicant's Spouse (or Partner))
Expected to Occupy this Residence:

Has the Applicant, Applicant's Spouse (or Partner), or any occupant identified above ever been convicted of, or is the Applicant, Applicant's Spouse (or Partner), or any occupant identified above under charge or indictment for, any felony or crime?

Yes

No

If "Yes," please be prepared to disclose the circumstances to the Association.

Musical instruments expected in residence (type): _____

Pets expected in residence (type): _____

Pet Application attached

Yes

No

Financial References (firm name, contact person, address, telephone number, email address):

1. _____

2. _____

Social/Personal References (name, address, telephone number, email address):

1. _____

2. _____

Title Company or Attorney (name, address, telephone number, email address):

Scheduled Closing Date: _____
Month, Day, Year

Applicant hereby authorizes the above references to respond fully to any inquiries made by, or on behalf of, the Association.

Applicant authorizes the Association to arrange for such investigation of Applicant's background as the Association may deem appropriate or necessary. Applicant agrees to meet with and to be interviewed by, the Association's representatives before a determination of this application is made if so requested by the Association. The Applicant agrees to be bound by the determination of the application as made by the Association's Board of Directors, which determination shall be final and conclusive for all purposes. The Applicant further agrees to hold harmless the Association, its directors, officers, members, and representatives from any claim or action resulting from, or related to, such investigation and determination, and to refrain from bringing any such claim or action.

The Applicant understands and agrees that any approval or authorization given by the Association in response to this application will be personal to the Applicant and may not be assigned or transferred to anyone else.

The Applicant understands that Palm Island Plantation (the "Community") is a "planned community" as described in the Community's Master Declaration. The Applicant further acknowledges receipt of the Community's Master Declaration and Supplemental Declarations, and the Association's Articles of Incorporation and By-Laws. The Applicant acknowledges that upon acceptance of this application and closing on the property to be purchased, the Applicant will be subject to the covenants and other provisions of those documents.

The Applicant represents that the information set forth in this application, and any other information provided by the Applicant to the Association in connection therewith, is true, correct, and complete.

The Applicant includes herewith a non-refundable check in the amount of \$250.00, payable to the order of "Palm Island Plantation Community Association, Inc."

Applicant's Signature: _____

Spouse's (or Partner's) Signature: _____

Witness (Broker or Agent): _____

Date: _____



Determination by the Association's Board of Directors

This application approved.

Yes

No

For the Board of Directors: _____

Date: _____
Month, Day, Year