

# Windward Condominium Association, Inc.

*c/o Elliott Merrill Community Management*

*835 20<sup>th</sup> Place, Vero Beach FL 32960*

*Ph. (772) 569-9853 | Fax. (772) 569-4300*

[www.ElliottMerrill.com](http://www.ElliottMerrill.com)

## APPLICATION FOR APPROVAL OF SALE

### APPLICATION CHECKLIST:

- \$100 check payable to Windward Condominium Association
- Copy of Sales Contract
- Three (3) References Letters

**CURRENT UNIT OWNER'S NAME(S):** \_\_\_\_\_

**Unit Number:** \_\_\_\_\_

**CLOSING DATE:** \_\_\_\_\_

**APPLICANT'S FULL NAME:** \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

WILL WINDWARD BE YOUR FULL-TIME RESIDENCE? \_\_\_\_ YES \_\_\_\_ NO

**CO-APPLICANT'S FULL NAME:** \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

WILL WINDWARD BE YOUR FULL-TIME RESIDENCE? \_\_\_\_ YES \_\_\_\_ NO

### **OTHER OCCUPANTS (Please list all other persons who will be occupying the condominium):**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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## VEHICLES:

MAKE	MODEL	YEAR	STATE	LICENSE#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL REFERENCES: (Must have three)** - Windward Association is hereby authorized to contact the following (If possible, please give the names of local residents, otherwise those from your hometown...no real estate agents please). **Please attach reference letters from each contact.**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **WINDWARD RULES AND REGULATIONS**

I have received a copy of and agree to abide by the Declaration of Condominium Merging Windward, Phase I, II, III, IV Condominium, By-Laws, Articles of Incorporation, and the Rules and Regulations (Feb 2021) of Windward Condominium Association of Vero Beach, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete application and checks can be dropped off or mailed to our office:**

Elliott Merrill Community Management

835 20<sup>th</sup> Place, Vero Beach, FL 32960

[Paolaa@elliottmerrill.com](mailto:Paolaa@elliottmerrill.com)

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## PET APPLICATION

**OWNERS' NAME:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

Owners of Windward units may keep a household pet in their Windward unit provided authorization of the Association is obtained in advance.

The authorization may be revoked for failure to comply with the requirements of the requirements set forth below.

If the pet will be taken outside the unit, it must be kept on a leash at all times and must not be permitted to run free on any part of Windward land areas. Sanitary disposal of pet excrement being a requisite, the pet's owner or minder is responsible for cleanup, not only on Windward land areas but also on adjacent properties and roads including medians.

Each pet must have a complete and continuing record of all shots and other procedures that are required for licensing. State law prohibits pets inside the pool areas. Compliance is required.

Provide specifics of pet for which authorization is requested:

Type and Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight (**max weight 50 lbs. at maturity**): \_\_\_\_\_

License#: \_\_\_\_\_ State \_\_\_\_\_

Has pet been neutered? (Yes) (No) Is pet in good health? (Yes) (No)

Date: \_\_\_\_\_

\*\*\*\*\*

**BOARD OF DIRECTORS AUTHORIZATION (IS) (IS NOT) GRANTED.**

Date: \_\_\_\_\_

**Complete Pet Registration and a picture of the pet can be emailed or mailed to our office:**

Elliott Merrill Community Management

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