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[www.VestaPropertyServices.com/sw](http://www.VestaPropertyServices.com/sw)

**AVALON OF NAPLES I CONDOMINIUM ASSOCIATION, INC.  
APPLICATION FOR SALE OR TRANSFER OF UNIT**

Closing date: \_\_\_\_\_

Current unit owner(s) name(s): \_\_\_\_\_

Unit address: \_\_\_\_\_

Name(s) and age(s) of proposed unit owner(s): \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own: \_\_\_ or Rent: \_\_\_ How long: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

List all persons who will be in residence: \_\_\_\_\_

Current landlord or mortgage holder name and phone number (if applicable): \_\_\_\_\_

\_\_\_\_\_

Type and number of pets to be in unit (if applicable): \_\_\_\_\_

**\*Note: Two (2) pet maximum; limited to domestic dogs (no dangerous breeds) or domestic cats, or fish tanks not to exceed fifty-five (55) gallons (or any combination thereof).**

Applicant current occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-applicant current occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vehicle make/model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Vehicle make/model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

**A copy of the purchase contract, two personal reference letters with current phone numbers, a check or money order in the amount of \$100.00 for non-refundable application fee and a check or money order in the amount of \$40.00 per person for credit and background check made payable to "Avalon of Naples I Condominium Association" must all be attached to this application and sent to the Association in care of Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs 34135. Submission of applications will not be accepted unless all information is submitted.**

The information as described above must be submitted at least **twenty (20) days** prior to the intended closing date. By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that my application may be denied by the Association based upon background information obtained.

**I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. (ANY INTENTIONAL MISREPRESENTATIONS SHALL BE A BASIS FOR AUTOMATIC DISAPPROVAL). I/WE UNDERSTAND THE APPLICATION FEE IS NONREFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS, AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THAT NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND THE ASSOCIATION'S DESIGNEES.**

Print Name: \_\_\_\_\_ Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Co-applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Closing agent's name and e-mail address: \_\_\_\_\_

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**APPLICANT DO NOT WRITE BELOW THIS LINE**

Application Approved: \_\_\_\_\_ or Disapproved: \_\_\_\_\_

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

Copy of sales contract attached: Yes \_\_\_\_ No \_\_\_\_

Copy of two personal references attached with telephone number: Yes \_\_\_\_ No \_\_\_\_

Check or money order for \$100.00 non-refundable application fee and \$40.00 per person credit and background check: Yes \_\_\_\_ No \_\_\_\_

Reason for action taken: \_\_\_\_\_

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