**Regatta Landing Condominium Assn, Inc** 

RETURN SALES/LEASE PACKAGE TO: Resort Management Real Estate Dept 2685 Horseshoe Dr S, Ste 215, Naples, FL 34104 Ph: (239)649-5526/ E-mail: <u>lwinebrenner@resortgroupinc.com</u>

### Application for Approval to PURCHASE or LEASE

The Regatta Landing Condominium Assn, Inc. Board of Directors requires a financial, criminal and sexual predator background check to be acquired for each prospective owner, tenant or occupant taking residence within the community for more than one month who is over 18 years old and older. A separate application is required for each applicant.

Property Address: \_\_\_\_\_

Property Owner Name:

**\_\_\_\_\_PURCHASE:** I / WE hereby apply for approval to PURCHASE at Regatta Landing Condominium Assn and for membership in the Association. (Please attach a copy of the SALES CONTRACT). Closing Date: \_\_\_\_\_

**\_\_\_\_\_LEASE or \_\_\_\_\_LEASE RENEWAL:** I / WE hereby apply for approval to LEASE/RENEW MY LEASE at

Regatta Landing Condominium Assn for the period beginning on:\_\_\_\_\_\_and ending on

\_\_\_\_\_\_. (Please attach a copy of the LEASE AGREEMENT). No more than two (2) leases in any twelve (12) month period/30-day rental minimum / 12-month maximum. No more than two (2) Pets, each pet weighing less than sixty (60) pounds- needs approval.

Please return this Application 20 days prior to closing or occupancy/closing. Incomplete applications cannot be processed; therefore, cannot be approved. PLEASE INCLUDE THE FOLLOWING:

Completed & Signed Application	SALES or LEASE Contract Required
Pet Registration Form	Background Form
FOR SALES ONLY: \$75.00 Certificate of Appro	oval Fee Payable to Resort Management
Non-Refundable Application Processing Fees	: \$75.00 to Regatta Landing AND \$75.00 to Resort Management

Full Name of Applicant:				
Spouse/Partner Full Name	e:			
Applicant(s) Current Addr	ess:			
City:		State:	Zip:	
Phone:	Phone:	Email		
Name of Business/Profession (if retired, former business/profession:				
Company of Business Nar	ne:			
Business Address:				

The Association Documents provide an obligation of unit owners that all units are to be used as Single-Family Residences only. Please state name, relationship and age of all other persons occupying the unit on a regular basis. **NOTE: OCCUPANCY IS RESTRICTED TO NO MORE THAN TWO (2) PEOPLE PER BEDROOM AND ONE (1) PER DEN.** 

Name				Relationsh	ip		Age	
Name				Relationsh	ip		Age	
Name				Relationsh	ip		Age	
Person to	be	notified	in	Case	of	an	Emergency:	
							Relations	ship
				Phone				
Name	of	Current	:	or	Most	-Recent	Landlord:	
						Address	City	
		ST		Zip		PhoneR	ented – how	long?
		0\	wnership	– how long?				
Personal Refe	erences:	Name			Re	elationship		
Address					Pł	none		
Personal Refe	erences:	Name			Re	elationship _		
Address					Pł	none		
Vehicle Inforr Make/Model				Yr	Lic Plate	e #	St	
Make/Model				Yr	Lic Plate	e #	St	
BUYERS: I am	N PURCHAS	iING this unit with	the inte	ntion to:	Resi	de here on a	a full-time basis	
		Reside here on a	ı part-tin	ne basis	Lea	se the Unit		
Mailing Addre	ess for Not	ices connected wi	th this A	pplication:				
City					ST	Zip	0	
I / WE have re	eceived a c	opy of the Rules a	nd Regu	lations?	YES	NO		

I / WE am/are aware of, and agree to abide by, the Documents of Regatta Landing Condominium Assn, and the Articles of Incorporation and Bylaws. I / WE am/are understanding and agree that the Association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Association Documents, the Association's Bylaws, the Florida Condominium/Homeowners' Act and the Rules and Regulations.

BUYER/TENANT Signature:		Date:	
BUYER/TENANT Signature:		Date:	
OWNER Signature:		Date:	
OWNER Phone:	OWNER Email:		

Name	of	REALTOR	&	Real	Estate	Co:
					_ Realtor	Phone:
			Email:			
Title Co:						
=======				=======		=====
ACTION TAK	EN BY BOARD (	OF DIRECTORS:	APPROVED	DISAF	PROVED Da	te:
		ent of false statemer			Title:	

# THE DOCK SLIP ASSOCIATION, WILL BE SEPARATE FROM THE CONDOMINIUM ASSOCIATION. OWNERSHIP OF A UNIT WILL NOT GIVE AN OWNER MEMBERSHIP IN THE DOCK SLIP ASSOCIATION.

### FREQUENTLY ASKED QUESTIONS AND ANSWER SHEET

As of January 1, 2023

Regatta Landing Condominium Association, Inc.

### **Q:** What are my voting rights in the Homeowner's Association?

A: One vote appurtenant to each condominium unit

### Q: What restrictions exist on my right to use my unit?

A: May not be used for other than a residence. No more than one family. Occupancy may not exceed two persons per bedroom and one person per den.

### Q: What restrictions exist on the leasing of my unit?

A: No portion of a unit (other than an entire unit) may be rented. No more than two leases in any twelve-month period. No term less than 30 days.

## Q: How much are my assessments to the Homeowner's Association for my unit type and when are they due?

- A: See Budget.
- Q: Do I have to be a member in any other Association? If so, what is the name of the Association and what are my voting rights in this Association? Also, how much are my assessments?
- A: Yes Windstar Master Association. No individual voting rights. Assessments and dues will be collected directly from the Windstar Master Association.
- Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?
- A: No.
- Q: Is the Homeowner Association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.
- A: No.

#### NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS MERETO, ZITHE ASALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.

### **Regatta Landing Pet Registration Form**

TWO (2) Cats or Dogs is permitted, each pet weighing less than sixty (60) pounds.

Pet Owner's Name:			
Property Address:			
Phone #'s:			
Description of Pet(s) (Including	Breed):		
1:			
Weight of Pet:	Age:	Gender:	
License Number:		Name of Pet:	
2:			
Weight of Pet:	Age:	Gender:	
License Number:		Name of Pet:	
Name/Address/Phone Number	r of the Veterina	rian who maintains immunization reco	rds on your pet:

## PLEASE PROVIDE SHOT RECORD FOR PET AND PHOTO

Forward this completed form with your sales/ lease Application to:

Regatta Landing c/o Resort Management 2685 Horseshoe Drive S, Ste 215, Naples, Fl 34104



## INTERNATIONAL CRIMINAL SEARCH REQUEST FORM

Country to search:				
Com <b>e</b> te Legal Name:				
First Name	Middle Name	Last Name		
Date of Birth (MM/00/Y)	YYY): —————	Gender:	Μ	F
Government D (not S	SSN):			
Passport #:	Country of Issue	ance:		
Mother's Maiden N Father's Full Name:	ame:			
Most Recent Address h	Country Being Searched (N	O PO Boxes):		
StreetAddress	City		Postal Co	de
-	y's Language (for example, f se	· ·	e <b>In</b> Chine	ese
My signature below indicat			("th	e Company")

My signature below indicates my authorization for ("the Company") to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring, promotion, assignment, reassignment, retention, discipline, or other employment purposes.

By signing below, lalso acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term or my employment, or to the extent allowed by law.

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

Call Toll Free:BM-389-4023 **", .,1Rental-tislo;iReports.com** 7900W 7f1" St\*eet, Sui:e400 Edina, MN 55439