## KENSINGTON PRESERVE OF ST. ANDREWS EAST ASSOCIATION, INC

c/o Sunstate Management Group, Inc. P.O. Box 18809, Sarasota, FL 34276 Tel: 941.870.4920 / Fax: 941.870.9652

## SALE APPLICATION

Return this application to All Applications c/o Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276 or email to <u>allapplications@sunstatemanagement.com</u>. Must include a copy of **Driver's License for all residents over 18 years of age and a Non**-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

DATE				
TO: THE BOARD OF DIRECTO	ORS OF Kensington Pres	erve of St. Andrews East As	ssoc., Inc.	
THE PREMISES LOCATED AT	:			
THE CURRENT OWNERS ARE	·			
CLOSING DATE:	REALTOR:	PHONE/EMAIL:		
I/WE (Buyer) HAVE RECEIVE INCORPORATION AND THE I AN <u>OWNER</u> (S) & I/WE AGRE WHERE APPLICABLE: Y I/WE (Buyer) HAVE RECEIVE ASSOCIATION: Y N	BYLAWS OF THE ASSOC E TO ABIDE BY THE PRO N D AND READ THE EC&R	ATION AND I/WE UNDERST OVISIONS OF SAID DOCUME	TAND MY/OUR RI ENTS	ESPONSIBILITIES AS
FULL NAME OF BUYER				
FULL NAME OF SPOUSE/CO	-BUYER			
PRESENT ADDRESS				
TELEPHONE: HOME	WORK_	CELL_		
E-Mail Address				
(1) PET THAT WILL BE KEPT. All pets must be leashed ar be enforced.	AT THE RESIDENCE: Typed not allowed to run fr	pe of Pet: ree. You must pick up afte	We r your pet and Sa	eight: arasota leash laws wi
MAKE, MODEL AND YEAR O	F VEHICLES:			
MAKE, MODEL AND YEAR O	F VEHICLES:			
BUYER (SIGNATURE)	DATE	BUYER (SIGN.	 ATURE)	 DATE

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#### RESIDENT OCCUPANCY SHEET FOR DIRECTORY AND FMAIL USE PERMISSION

Please provide the information listed below to ensure that we can contact you if there is an emergency and to update our records. Kindly return this form to Sunstate Management, P.O. Box 18809, Sarasota, FL 34276, or email directly to <a href="mailto:databasechanges@sunstatemanagement.com">databasechanges@sunstatemanagement.com</a> for changes throughout the year updating us with your current information.

# PLEASE SPECIFY ONE MAILING ADDRESS OWNER: \_\_\_\_\_ STREET ADDRESS: LOCAL PHONE#: USE AS MAIN MAILING ADDRESS NORTHERN MAILING ADDRESS: \_\_\_\_\_ NORTHERN PHONE #: \_\_\_\_\_ USE AS MAIN MAILING ADDRESS Emergency Contact Name: \_\_\_\_\_\_Tel. #: \_\_\_\_\_\_ July 1, 2010, the Florida Legislation enacted a new law governing the publication of owner personal information such as phone numbers, email addresses and alternate addresses. Please indicate below if you do or do not want this information published in the annual owner roster (check one) and sign. I do want this information published. I do not want my e-mail address published in the annual roster, but I do give authorization to the Board of Directors or their management designee to contact me by e-mail. Signature Date