

THE ADMIRAL OWNER'S ASSOCIATION, INC.
8750 S. OCEAN DRIVE
JENSEN BEACH, FL 34957
OFFICE: 772-229-3305 FAX: 772-229-3716
EMAIL: ADMIRAL8750@COMCAST.NET

APPLICATION FOR APPROVAL OF SALE/LEASE

All applications are conditioned upon approval by the Admiral Owners Association, Inc. Please allow **THIRTY (30) DAYS, AFTER RECIEPT** (not date of Application) of properly executed documents, for processing. An in-person orientation is required.

Application for Approval of Sale – This application, must be completed in full by each BUYER. Attach a properly executed and signed “Real Estate Sales Agreement”. All buyers must complete orientation before Certificate of Approval will be issued.

Application for Approval to Lease - This application, completed in full by each LESSEE Over 18 years of age, must be accompanied by a properly executed and signed “Lease Agreement”.

PETS- Pets are NOT allowed to reside in or visit the Admiral building or occupy ASSOCIATION property, except to the extent required by law.

Occupancy Limitation- The total number of people allowed to occupy a unit overnight, or to use ASSOCIATION facilities is limited to six (6) persons per two-bedroom unit and eight (8) persons per three-bedroom unit.

SALE OR LEASE APPROVAL – ALSO INCLUDE THE FOLLOWING:

1. SALE & LEASE – Attach a check for One Hundred and Fifty Dollars (\$150.00) made payable to: *Admiral Owners Association, Inc.* for application fee.
2. LEASE – Attach a check for One Thousand Dollars (\$1,000) made payable to: *Admiral Owners Association, Inc.* for Security Deposit to be held against damaging the common areas. All Lessees must complete orientation within seventy-two (72) hours of lease commencement date.

CURRENT UNIT OWNER NAME(S) – PLEASE PRINT _____

LEASE – Date Beginning _____ **Date Ending** _____

*PLEASE NOTE: Three (3) Month Minimum Lease

SALE – Expected Closing Date _____

Name of Closing/ Leasing Agent _____

Phone _____ **Email** _____

Address _____

STREET

CITY

STATE

ZIP

Name of Closing Attorney/ Title Agent _____

Phone _____ **Email** _____

Address _____

STREET

CITY

STATE

ZIP

All forms can be found on our website: WWW.THEADMIRALCONDO.NET

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Other Individuals That Will Be Occupying Premises

Full Name _____ DOB _____ Relationship _____

Are you or any other proposed occupant(s) of this unit designated as a "Sexually Oriented Offender", "Habitual Sex Offender", or "Sexual Predator"?

Yes ___ No ___ State Registered or Convicted _____

I, THE UNDERSIGNED APPLICANT, DO HERBY CERTIFY THAT I HAVE READ, ACCEPTED, AND AGREED TO ABIDE BY THE ADMIRAL OWNERS ASSOCIATION DOCUMENTS, RULES AND REGULATIONS, AND CONTRACTOR'S RULES AND FORM. THE APPLICANT WARRENTS THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

APPLICANT # 1 SIGNATURE _____

APPLICANT # 2 SIGNATURE _____

FOR MANAGEMENT USE ONLY		
APPLICATION FEE PAID: YES ___ NO ___	AMOUNT \$ _____	CHECK # _____ DATE _____
OFFICE USE ONLY: ___ ACCEPTED ___ REJECTED		
SIGNATURE _____	DATE _____	