

**WINDWARD CAY
CONDOMINIUM ASSOCIATION**

C/O Resort Management
2685 Horseshoe Dr S, #215, Naples, FL 34104
Ph: (239) 649-5526 / Fax: (239) 403-1061

Application for Purchase

Instructions: Please submit application at least 20 days prior to closing date.

SUBMIT WITH APPLICATION

- **Copy of Sales Agreement**
- **\$150 non-refundable application fee – PAYABLE TO WINDWARD CAY CONDOMINIUM ASSN**
- **Please forward all required forms to Resort Management at least twenty (20) days in advance for processing.**

Windward Cay Property Address _____ Unit # _____

Current Owner of Property _____

Closing Date _____ Real Estate Agent _____

Agent Ph # _____ Email _____

Title Co _____ Title Co Phone # _____

Full Name of Buyer _____

Full Name of Spouse/Partner _____

Current Address _____

City _____ St _____ Zip _____ Phone # _____

Alt Ph # _____ Email _____

The condominium documents of Windward Cay provide an obligation of unit owners that all units are for single-family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Person to be notified in case of emergency _____

Address _____ Ph # _____

Employer _____ Emp Ph # _____

Position Occupied (even if retired) _____

VEHICLES (No commercial or oversized vehicles outside):

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

I / WE will: _____ Reside in unit full time _____ Reside on a part-time basis
 _____ Lease out unit

Name on Warranty Deed will be: _____

I am aware of and agree to abide by the Association Documents and Rules & Regulations. I acknowledge receipt of the Association Documents and Rules & Regulations _____ (initial here).

Buyer's Signature

Date

Buyer's Signature

Date

Action taken by Board of Directors

Applicant Approved Applicant Disapproved

Association President / Board Member/Manager

Date

**WINDWARD CAY CONDOMINIUM ASSOCIATION, INC
PET FORM**

YOU ARE ALLOWED, WITH PERMISSION OF THE BOARD, ONE (1) PET, NOT TO EXCEED TWENTY (20) POUNDS.

- I do not have a pet at this time

- I understand that falsification of information or failure to register my pet will result in revocation or the denial of approval by the Board.

- I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding the control of my pet.

- I understand that this Pet Approval is only for this pet and expires when the pet is no longer on the property.

PLEASE SUBMIT A COLORED PHOTO OF YOUR PET

Owner: _____ Bldg/Unit # _____

Address: _____

Home #: _____ Work #: _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Attach a copy of immunization record.

Signature of Buyer Please print name

Association Approval Date