

**Cap Ferrat at Crown Colony  
Condominium Association, Inc.  
6597 Nicholas Boulevard  
Naples, Florida 34108  
239-597-6033 phone  
239-597-3676 fax**

Application for Approval to Purchase or  
Lease a Condominium Unit

To: Board of Directors of Cap Ferrat at Crown Colony:

I hereby apply for approval to:

( ) purchase Unit No. \_\_\_\_\_ and for membership in the Association.

( ) lease Unit No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Instructions:

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the purchase or lease agreement, and a non-refundable fee in the amount of \$100.00, payable to Cap Ferrat at Crown Colony Condominium Association, Inc. The Association charges \$100.00 for all Estoppel Certificates or Estoppel Certificate updates. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (business) \_\_\_\_\_

Nature of business or profession (if retired, former occupation) \_\_\_\_\_

All units of the Association are designated as single family residences only. Please state name, relationship and age of all other persons who may be occupying the unit regularly.

Two personal letters of reference are to be attached to this application:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Two credit references, preferably local, are required:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_

For purchasers only – please identify mortgagees, if any \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

( ) reside her full time ( ) reside here part time ( ) lease unit to others

For lessees only – current or most recent landlord, if applicable:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Duration of rental \_\_\_\_\_

Person to be notified in case of an emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Parking space assignment for this unit is \_\_\_\_\_

Automobiles to be parked on the premises:

Make \_\_\_\_\_ Year \_\_\_\_\_ Registration # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Registration # \_\_\_\_\_ State \_\_\_\_\_

Mailing address for notices regarding this application if different from the home address given above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### Applicant's Affidavit

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association.

Signatures:

Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

For unit purchasers only: Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

This application is approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Cap Ferrat at Crown Colony Condominium Association, Inc.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATE OF APPROVAL

This is to certify that \_\_\_\_\_

Has/have been approved by the Cap Ferrat at Crown Colony Condominium Association, Inc., a non-profit Florida Corporation, as the purchaser(s) of the following property in Collier County, Florida:

6597 Nicholas Blvd., Unit # \_\_\_\_\_  
Naples, Florida 34108

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

(Corporate Seal) BY \_\_\_\_\_ President

\_\_\_\_\_ Secretary

STATE OF FLORIDA,  
COUNTY OF COLLIER

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgment,

\_\_\_\_\_ of

Cap Ferrat at Crown Colony Condominium Association, Inc., a non-profit Florida Corporation, to me will known and who executed the foregoing Certificate of Approval and acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed as such officer duly authorized and affixed thereto the corporate seal.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_