

Walsingham Condominiums

Sale or Transfer Request for Approval

In accordance with the Declaration of Condominium, the following information must be submitted to the Board of Directors for consideration before approval is granted for the sale or transfer of your unit. Association approval for any sale will not be withheld without good cause.

PLEASE RETURN THIS FORM TO: Ameri-Tech Community Management
24707 US Highway 19 N Suite 102
Clearwater, FL 33763

Seller Name: _____

Unit#: _____ Parking Space #: _____

\$50.00 Association Processing Fee enclosed/ attached.

Purchaser Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Proposed Closing Date: _____

Real Estate Co. _____ Phone: _____ Fax: _____

Title Co. _____ Phone: _____ Fax: _____

Email: _____

I hereby state that the Seller has made available to me all Condominium Association documents, including all rules and regulations as they pertain to the above unit and to the community, and will turn over the maintenance fee coupon booklet to me. As provided for in the documents, I understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time. I further understand that I must send a certified copy of the deed to the Association Management Company immediately after closing in order for the Association to update its records to reflect the change in ownership.

Ameri-Tech Community Management, Inc.

Number of adults to occupy unit: _____

Number of children to occupy unit: _____

I will be a: Permanent resident _____

Part-time resident _____

I plan to rent my unit _____

_____ Pets are not allowed. Walsingham Apartments / Rules and Regulations

Initial

_____ Smoking is not allowed in any common area to include the pool.

Initial

Purchaser Signature

Date

Print Name

Purchaser Signature

Date

Print Name

Ameri-Tech Community Management, Inc.

