

**Five Towns of St. Petersburg No. 304, Inc. – Emory Building**

5521 80<sup>th</sup> Street North, St. Petersburg, FL 33709

**APPLICATION FOR APPROVAL OF SALE**

PLEASE MAIL TO: DeSantis Community Management, LLC  
2931 Macalpin Dr S, Palm Harbor, FL 34684  
Phone/Fax 727.440.5225  
Email Info@DeSantisMgmt.com

Note: The following information and fees must accompany this form in order for it to be considered/processed:

- \$50.00 Application Fee payable to Five Towns of St. Petersburg No. 304, Inc.
- \$50.00 Non-refundable Processing Fee (per application), payable to DeSantis Community Management, LLC.
- \$50.00 (per person) Non-refundable Background Check Fee, payable to DeSantis Community Management, LLC.
- Refundable Move-in Deposit (\$100 separate check; refundable if no damages upon move in; separate check made payable to Five Towns of St. Petersburg No. 304)
- Copy of the Sale/Purchase Contract.
- Copy of the Applicant(s) Drivers License(s) and/or Photo ID(s).

Please mail the completed application, fees, and required information to DeSantis Community Management, LLC, 2931 Macalpin Dr S, Palm Harbor, FL 34684. Please submit your application at least fifteen (15) days prior to closing to allow time for processing. Applications will not be processed until all information and fees are received.

Association: Emory                      Unit #: \_\_\_\_\_                      Parking Space #: \_\_\_\_\_

Application is hereby made for approval of the Purchase of the above condominium unit for:

Name of Seller(s): \_\_\_\_\_

I/We represent that the following information is true and consent to your further inquiry concerning the information. Initials \_\_\_\_\_

(Note: blank spaces of lack of complete names and addresses could result in a delay in approval of your application and/or closing)

Applicant Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Five Towns of St. Petersburg No. 304 Sale Application

Spouse/Applicant #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Automobile(s):

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Number of persons to occupy unit: \_\_\_\_\_

Names and ages of all occupants: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Weight: \_\_\_\_\_ Number of pets: \_\_\_\_\_

**This is a 55 and over adult community. A copy of picture ID for each occupant must be attached.**

Proposed date of closing: \_\_\_\_\_

Realtor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone and Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Complete Name, Phone Number and Address of Title Company: \_\_\_\_\_

Address of Owner if different from unit: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Seller is required to provide buyer a current copy of Declaration of Condominium, By-Laws, Articles of Incorporation. **The Board will contact the applicant to schedule the interview.**



**FIVE TOWNS OF ST. PETERSBURG NO. 304, INC.**

IN ORDER TO VOTE AT ANY MEETING OF THE ASSOCIATION, THE FOLLOWING DECLARATION MUST BE ON FILE WITH THE SECRETARY OF THE ASSOCIATION.

I/WE HEREBY SWEAR THAT THE FOLLOWING PERSON OR PERSONS IS/ARE THE LEGAL OWNER OR OWNERS OF THE HEREIN NAMED UNIT IN THE BERSHIRE BUILDING NO. 304.

UNIT #: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(OWNER)

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(OTHER OWNER)

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(OTHER OWNER)

DATE: \_\_\_\_\_

I/WE HEREBY DESIGNATE \_\_\_\_\_ AS THE VOTING MEMBER.  
(ONE OF THE ABOVE LEGAL OWNERS)

IN ORDER FOR ANY PERSON OTHER THAN THE DESIGNATED VOTING MEMBER TO VOTE – HE OR SHE MUST BE A LEGAL VOTER OF THE BERSHIRE ASSOCIATION AND HE OR SHE MUST BE IN POSSESSION OF A PROXY SIGNED BY THE DESIGNATED VOTING MEMBER.

**FIVE TOWNS OF ST. PETERSBURG NO. 304, INC.**

DATE: \_\_\_\_\_

IN CONSIDERATION OF THE APPROVAL OF OUR PURCHASE OF CONDO UNIT # \_\_\_\_\_  
IN FIVE TOWNS OF ST. PETERSBURG NO. 304, INC., WE HEREBY AGREE TO ASSUME AND PAY THE  
MAINTENANCE FEE IN ACCORDANCE WITH THE MAINTENANCE AGREEMENT, COMMENCING  
\_\_\_\_\_. IT IS UNDERSTOOD AND AGREED THAT THERE SHALL BE NO  
INTERRUPTION OF MAINTENANCE FEES DURING THE PERIOD OF NEGOTIATION.

SIGNED: \_\_\_\_\_

\_\_\_\_\_

**NEXT OF KIN**

**FIVE TOWNS OF ST. PETERSBURG NO. 304, INC.**

5521 80<sup>TH</sup> STREET NORTH  
ST. PETERSBURG, FL 33709

OCCUPANT: \_\_\_\_\_ UNIT #: \_\_\_\_\_

**PARTY OR PARTIES TO BE NOTIFIED:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

The purpose of the interview is for you to know the rules and regulations that are set forth in the Declaration of Condominium, Articles of Incorporation, and the By-Laws, which is to be provided to you by the previous owner at the time of purchase.

The Emory Building is a 55 and over adult community. The owner must be 55 years old or older. Occupants less than 18 years old are not permitted.

The Emory Quarterly Association Assessments are based on your percentage of ownership, which is based on the square footage of the unit.

**There is a separate Monthly Five Towns Maintenance Fee paid to Five Towns LLC. Please contact Vesta for the amount 727-546-2485.**

This approval is contingent upon all financial matters with the Condominium Association reference above (including but not limited to maintenance fees, assessments, and late fees being paid in full through the date of closing or the approval date).

Please fill out this application and mail to:

Five Towns of St. Petersburg No. 304  
c/o DeSantis Community Management, LLC  
2931 Macalpin Dr. S.  
Palm Harbor, FL 34684

**The following must accompany the completed application:**

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- Copies of Applicant(s) Drivers Licenses and/or Photo ID(s)

**FIVE TOWNS OF ST. PETERSBURG NO. 304, INC.**

**EMORY**

5521 80<sup>th</sup> Street North  
St. Petersburg, FL 33709

**CERTIFICATE OF APPROVAL**

**For Sale and Transfer**

Pursuant to the Declaration of Condominium, of Five Towns of St. Petersburg No. 304, Inc., EMORY, a Florida corporation not for profit ("Association"), the Board of Directors of the Association have approved the transfer of the Condominium Unit # \_\_\_\_\_

To: \_\_\_\_\_

In accordance with the requirements of the Declaration of Condominium.

In witness whereof, we have hereunder set our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Print Name / Title

\_\_\_\_\_  
Print Name / Title