

**Double Tree Property Owners Association Inc.
D/B/A Lost Lake Golf Club Property Owners Association**

c/o Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994
Office: (772) 600-8900 Fax: (772) 266-9801

Sales Application Check List

All items must be submitted or your application.

This form must be submitted along with all other necessary paperwork.

Please allow up to 15 days for processing.

General submission requirements

- ☐ Completed executed application
- ☐ Fully executed sales contract
- ☐ Clear copy of each applicant's photo ID
- ☐ \$100.00 Application fee (non-refundable) – Please make check payable to DOUBLE TREE

PROPERTY OWNERS ASSOCIATION

- ☐ Buyer Realtor Info

Company Name:_____

Company Address:_____

Company Phone:_____

Company Email:_____

- ☐ Seller Realtor Info

Company Name:_____

Company Address:_____

Company Phone:_____

Company Email:_____

- ☐ Title Company Info

Company Name:_____

Company Address:_____

Company Phone:_____

Company Email:_____

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SALES APPLICATION

APPLICATION INSTRUCTIONS

APPLICANT must submit:

- ☐ Completed Application (Application will not be processed without all signatures)
- ☐ Signed copy of Sales Contract
- ☐ \$100.00 Application Fee (non-refundable) made payable to: **DOUBLE TREE PROPERTY OWNERS ASSOCIATION**
- ☐ Clear copy of each applicant's photo ID
- ☐ A Capital Contribution fee of \$1,000.00 payable to: Double Tree POA is required from the buyer at closing.

All items must be submitted as an entire packet to:

Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994

Thank you in advance for your cooperation in following this process.

If you have any questions, please call: Coastal Property Management – (772) 600-8900

Every effort will be made to expedite the notification process

SALES APPLICATION

Date of Application _____ Unit Address: _____

Name of Applicant: _____ Email: _____

Current Address: _____ Years at This Location _____

Cell phone: () _____ Home phone () _____ Business Phone () _____

Co-Applicant: _____ Email: _____

Current Address: _____ Years at This Location _____

Cell phone: () _____ Home phone () _____ Business Phone () _____

Vehicle Information:

Make _____ Model _____ Year _____ Tag # _____

Make _____ Model _____ Year _____ Tag # _____

Employer _____ Position _____ RETIRED YES NO

Employer _____ Position _____ RETIRED YES NO

Pets (Limit 4)

Cat _____ Dog _____ Breed _____ Color _____ Weight _____

Cat _____ Dog _____ Breed _____ Color _____ Weight _____

Cat _____ Dog _____ Breed _____ Color _____ Weight _____

Cat _____ Dog _____ Breed _____ Color _____ Weight _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE # _____

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Three Personal References (Not Related):

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Entry Gate Info:

Each home may have 1 name, 1 phone number listed at gate entry callboxes. Please provide your info below that you would like to appear on the callboxes. Names are limited to 15 characters.

Name: _____ Phone: _____

The undersigned, in the event that such approval is granted by the Board of Directors of the Lost Lake Golf Club Property Owners Association, hereby agrees to abide by the Articles of Incorporation, Declaration of Covenants and Restriction and By-Laws, all covenants, conditions, rules and regulations as set forth, as now or hereafter amended, and any additional covenants, conditions, rules and regulations as may be imposed from time to time by the Board of Directors or the members of the Lost Lake Golf Club Property Owners Association. Should we have a guest, we will ensure that they too are familiar with the Rules and Regulations.

The undersigned, in the event that such approval is granted by the Board of Directors hereby agrees to abide with the above stated.

Applicant Signature

Co-Applciant Signature

Print Name

Print Name