



1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office (561)637-3407 Fax

**Instructions for Resale Application –  
REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.**

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.
- 2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) FOR **EACH** OWNER.
- 5) A \$100.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED ON ALL REALES. THE \$100.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE: **REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.**

**ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.**

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, FL. 33445

Telephone (561)637-3402 Fax (561)637-3407

## Resale Information Sheet

**ADDRESS:** \_\_\_\_\_

Name of current Owner's: \_\_\_\_\_

Current Owner's Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Current Owner's Phone Number: \_\_\_\_\_ Current Owner's Cell Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Applicant's cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate # \_\_\_\_\_

### PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

<i>Name</i>	<i>Relationship to Purchaser</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

\_\_\_\_\_

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

## Purchaser(s) Agreement

**In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.**

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- PURCHASER(S), acknowledge receipt of a copy of the Homeowner's Documents and understand that the unit may not be sold or leased without the approval of the Board. It is the buyer's responsibility to obtain Homeowner's Documents from current owner. They may be purchased from Wilson Management for \$100.00 if necessary.
- Have enclosed a check in the amount of \$100.00 payable to **REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC. Association** as provided for by Florida Statutes and by the Association Documents.
- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.

---

Applicant's Signature

---

Date

---

Applicant's Signature

---

Date

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, FL. 33445

Telephone (561)637-3402 Fax (561)637-3407

## Applicant(s) Information Sheet

Applicant's Name: \_\_\_\_\_

Association: \_\_\_\_\_ Unit # \_\_\_\_\_

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: \_\_\_\_\_

\_\_\_\_\_

Local Phone: \_\_\_\_\_ Seasonal Phone: \_\_\_\_\_

### PLEASE SPECIFY YOUR MAILING PREFERENCE:

\_\_\_\_\_ Please send all my mail to my local address at all times.

\_\_\_\_\_ Please send all my mail to my seasonal address at all times.

**Please Note:** It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

### EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

# VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION

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

Do hereby designate that \_\_\_\_\_  
(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of the Regent Place at Bear Lakes Homeowner's Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Please Print Name

***Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.***