

**NOTIFICATION OF OWNERSHIP TRANSFER
OAK LAKE PARK 1 CONDOMINIUM ASSOC. INC.**

SPECIAL NOTE: This Notification of Ownership Transfer must be in the possession of the Management Company ten (10) days prior to the closing date. **A COPY OF THE SALES AGREEMENT MUST ALSO ACCOMPANY THIS REQUEST.** Applicant must read Rules & Regulations and Condominium/Homeowner Documents before closing. The seller should supply them to the buyer at the time of contract acceptance. If the seller does not have a copy, they may be purchased through the Management Company. Please send all information to the office of Ameritech Property Management within the 10-day time period.

FROM: _____ TO: _____
SELLER PURCHASER

RE: _____ ASSOCIATION, INC.

UNIT: _____

CLOSING DATE: _____

Purchaser(s) represent that the following information is true and correct, and consent to further inquiry and investigation concerning this information or any information that comes from that inquiry, should it become necessary to process this request.

(A) Is unit to be leased? YES _____ NO _____ If unit is to be leased; purchaser agrees to supply the Board of Directors with Notification of Lease and a copy of lease prior to rental occupancy.

(B) Persons who will occupy the above unit are as follows:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

(IF ADDITIONAL PEOPLE WILL OCCUPY UNIT, ATTACH A SEPARATE SHEET AS AN ADDENDUM.)

(C) PRESENT ADDRESS _____
PRESENT PHONE _____

(D) PERMANENT ADDRESS AFTER CLOSING _____
PHONE _____

(E) TITLE COMPANY

NAME: _____

ADDRESS _____

TELEPHONE

(F) REAL ESTATE AGENT _____
 ADDRESS _____
 TELEPHONE _____

Purchaser(s) states a copy of Condominium/Homeowner Documents, including Declaration of Condominium/Homeowner Articles of Incorporation, By Laws, and Rules & Regulations have been received, read, and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

This approval is subject to all financial obligations to the Association, including, but not limited to (if applicable): maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full or will be paid by seller at the time of closing of this sale.

Copy of Sales Agreement is attached. _____

_____	_____
Seller	Purchaser
_____	_____
Seller	Purchaser

ATTENTION BUYER & SELLER: PLEASE HAVE THE CLOSING AGENT REMIT AN ESTOPPEL LETTER TO THE MANAGEMENT COMPANY AT LEAST 15 DAYS PRIOR TO CLOSING TO ENSURE THAT YOUR ASSOCIATION FEES ARE PAID IN FULL. NON-PAYMENT OF MAINTENANCE FEES CREATES A LIEN ON THE PROPERTY AND THE LIEN MUST BE SATISFIED BEFORE CLOSING.

IN ORDER TO UPDATE ASSOCIATION ROSTERS, PLEASE HAVE CLOSING AGENT SEND COPY OF WARRANTY DEED TO:

Ameritech Property Management
 24701 Us Highway 19 North
 Clearwater, FL 33763
 Suite 102
 727-726-8000

OAK LAKE PARK 1 CONDOMINIUM ASSOCIATION, INC. VOLUNTEER SURVEY

The Board of Directors of Oak Lake Park 1 Condominium Association, Inc. is looking for "a few good people" to assist the board in serving the best interests of the Association. No experience is necessary; only a desire to serve your community. Our Management Company, FCAM, will advise and assist the board and the committees in carrying out their duties. The time commitment is minimal. Please be generous with your time—we need owners who care about their property, their investment and their Association to get involved.

Please complete the following questionnaire and return it to First Choice Association Management (FCAM) by mail, fax, or e-mail within the next ten (10) days.

1. Name: _____ Address: _____
2. Phone: _____ Fax: _____ E-Mail: _____
3. Best contact time: _____
4. Profession/Area of Expertise: _____
5. I am willing to serve the Association as follows:

_____ As a Board of Director; or on one of following committees:

_____ Building/Landscaping

_____ Documents/By-laws

_____ Architectural Review

_____ Social/Welcome

THANK YOU FOR YOUR INTEREST AND EFFORTS ON BEHALF OF
OAK LAKE PARK 1 CONDOMINIUM ASSOCIATION, INC. WE
LOOK FORWARD TO WORKING WITH YOU.

(K) Landlord's Emergency Local Contact

(Name/Address/Telephone: _____

Landlord attests that he/she has provided a copy of the Rules & Regulations to the tenant(s). Tenant(s) attest that he/she has received, read, and understood them and does hereby agree to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association. Landlord further agrees to cooperate with the Association to ensure that the tenant(s) adhere to all rules and regulations, by-laws, etc.

This approval is subject to all Landlord's financial obligations to the Association, including, but not limited to: maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full or will be paid by the landlord prior to commencement of the lease.

Copy of lease is attached. _____

Landlord

Tenant

Landlord

Tenant

MAIL COMPLETED APPLICATION AND COPY OF LEASE TO:

24701 US HIGHWAY 19 N
STE # 102,
CLEARWATER FL 33763

DATE _____ BUYER'S CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective
tenant(s) buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

<u>BUYER</u>	<u>TENANT INFORMATION:</u>	<u>SPOUSE / ROOMMATE:</u>
	SINGLE _____ MARRIED _____	SINGLE _____ MARRIED _____
	SOCIAL SECURITY #:	SOCIAL SECURITY #:
	FULL NAME:	FULL NAME:
	DATE OF BIRTH:	DATE OF BIRTH:
	DRIVER LICENSE #:	DRIVER LICENSE #:
	CURRENT ADDRESS:	CURRENT ADDRESS:
	_____ HOW LONG?	_____ HOW LONG?
	LANDLORD & PHONE:	LANDLORD & PHONE:
	_____	_____
	PREVIOUS ADDRESS:	PREVIOUS ADDRESS:
	_____ HOW LONG?	_____ HOW LONG?
	EMPLOYER:	EMPLOYER:
	OCCUPATION:	OCCUPATION:
	GROSS MONTHLY INCOME:	GROSS MONTHLY INCOME:
	LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:
	WORK PHONE NUMBER:	WORK PHONE NUMBER:
	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO
	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO
	SIGNATURE:	SIGNATURE:
	_____	_____
	PHONE NUMBER:	PHONE NUMBER:
	_____	_____

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00 p.m.
ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat) WILL BE PROCESSED THE
NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORMI / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY**TENANT INFORMATION:**

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

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