

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
 Architectural Review

Documents/By-laws
 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
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Landlord	Tenant
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MAIL COMPLETED APPLICATION AND COPY OF LEASE TO:

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

DATE _____ CUSTOMER NUMBER _____

Buyer's

TENANT INFORMATION FORM

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

Herby 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

Buyer

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:

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (12:00 a.m. to 5:00 a.m.) 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 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>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:		

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