

APPLICATION FOR APPROVAL OF SALE OR TRANSFER OF UNIT

GOLDEN STRAND APARTMENTS, INC., A CONDOMINIUM

c/o Sunstate Management Group. ("Sunstate")
PO Box 18809, Sarasota, FL 34276
Tel: 941-870-4920 Fax: 941-870-9652
Email: Allapplications@sunstatemanagement.com

TO BE FULLY COMPLETED AND RECEIVED BY SUNSTATE AT ABOVE ADDRESS NOT LATER THAN 30 DAYS BEFORE PROPOSED CLOSING. Return this application to All Applications c/o Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a copy of Driver's License for all residents over 18 years of age and a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

The undersigned Owner hereby proposes to Sell and/or Transfer UNIT _____ OF BUILDING _____ and assigned parking space no. _____ of Golden Strand Apartments, Inc., A Condominium, ("Golden Strand") to the proposed Purchaser or Transferee (Owner and proposed Purchaser or Transferee are collectively referred to as "We" or "the Parties"). The Parties request approval of such sale/transfer (circle one) by the Board of Directors of Golden Strand, based first upon the information contained in this Application. Both Owner and proposed Purchaser or Transferee hereby certify that all information in this Application for Approval is true, correct, and complete to the best of our knowledge and belief after due inquiry (all information must be complete and clearly legible). A true copy of the fully executed and delivered Sale and Purchase Agreement, or Agreement of Proposed Transfer, between the Parties is attached hereto. We understand that any outstanding and past due sums owing to Golden Strand which have been assessed against the Unit may result in a lien against such Unit and, if unpaid, becomes a liability of new Owner upon closing the proposed transaction.

The proposed Purchaser or Transferee hereby certifies they have received, read and understand the Articles of Incorporation, Bylaws, Declaration of Condominium and Rules and Regulations for Golden Strand ("the Documents"), which include significant restrictions on the use, lease, sale and transfer of the residential Units and restrictions on use of the common areas. The Golden Strand Owners have adopted such restrictions to preserve the value of the property and to promote an enjoyable lifestyle for all residents. We understand all the responsibilities and restrictions stated in the Documents and agree that we will fully and strictly abide by all of them. We understand and agree we must promptly update this information so that it will continue to be and remain true and correct on the date of Closing of the proposed transaction.

Proposed Purchaser/Transferee Information:

Proposed Purchaser/Transferee Information:

Full Name: _____
Address: _____
Address: _____
City/State/Zip: _____
Tel. _____
Email _____
Business/Profession: _____
Employment Position: _____
Active or Retired: _____ No. of Years _____
Bank & Credit References: (Min. 2) _____

Full Name: _____
Address: _____
Address: _____
City/State/Zip: _____
Tel. _____
Email: _____
Business/Profession: _____
Employment Position: _____
Active or Retired: _____ No. of Years: _____
Bank & Credit References: (Min. 2) _____

Have you been convicted of a felony? _____

Have you been convicted of a felony? _____

If your answer is "yes", please state complete information on the reverse of this page.

Driver Lic. State: _____ No. _____

Driver Lic. State: _____ No. _____

Residency Intentions: Year Round Seasonal Lease

Motor Vehicle (Limited to One(1) ONLY Per Unit Parked on the Premises):

Type (Sedan,SUV,etc.) _____ & Length (Max 19.5 ft) _____ (See applicable Rules and Regulations)

Make & Model: _____ Color: _____ Year: _____ Lic.No. & State: _____

(Golden Strand bicycle ID numbers are issued upon request when you first arrive on the premises. See bulletin boards for more information.)

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Tel. _____ Relationship: _____

Name: _____ Tel. _____ Relationship: _____

Proposed Purchaser/Transferee Signature:

Proposed Purchaser/Transferee Signature:

Date: _____ Tel No. _____

Date: _____ Tel No. _____

Owner Signature:

Owner Signature:

_____ Date: _____

_____ Date: _____

Print Name: _____ Cell Phone: _____

Print Name: _____ Cell Phone: _____

(If Applicable) Print Name and Agent's FL License No.: _____ Tel. No. _____

Real Estate Firm Name _____ Tel No. _____ Email: _____

AUTHORIZATION

I hereby authorize the release of all public records, credit reports, employment verifications and rental or ownership information to Sunstate Management, Group. ("Sunstate") and Golden Strand Apartments, Inc., A Condominium, their respective officers and agents on the undersigned proposed Purchaser or Transferee, more fully identified above. I further covenant and agree to indemnify and hold harmless Sunstate, Golden Strand, their respective officers and agents, and all persons or entities providing information on the undersigned from all claims and damages arising from the release of information authorized herein.

Proposed Purchaser/Transferee Signature:

Proposed Purchaser/Transferee Signature:

Interview Date: _____ Time: _____ Place: _____

Board of Directors Decision/Action:

If approved, this Application is approved subject to all restrictions, terms and provisions of the Documents of Golden Strand, and in reliance on the accuracy of all information stated herein.

Disapproved: _____ Approved: _____ Other: _____ Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____