

TOWN SHORES OF GULFPORT #204, INC.
A CORPORATION NOT-FOR-PROFIT

THE GROTON HOUSE
5940 30th Avenue South
Gulfport, Florida 33707

APPLICATION FOR SALE, GIFT OR INHERITANCE APPROVAL

PLEASE PRINT OR TYPE

UNIT# _____ Date: ____/____/20____

Purchaser or Inheritor Name: _____

Current Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

TITLE COMPANY or REALTOR NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Other persons who will occupy the Unit with you:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

I hereby agree for myself and on behalf of all persons who may occupy the unit that I/we will abide by all of the restrictions contained in the Declaration of Condominium and By-Laws (Blue Book), Rules and Regulations, and future restrictions imposed by the Board of Membership.

I understand that subleasing or occupancy of this Unit in my absence is prohibited.

I understand that one occupant of this Unit must be 55 years of age or older, and that no resident may be under the age of 18, whether this unit is owner occupied, leased or rented.

I understand that a late fee of \$10.00 will be imposed on any assessment if received past the 10th day of the month.

Signature of Applicant: _____ Date: ____/____/20____

Signature of Applicant: _____ Date: ____/____/20____

TOWN SHORES OF GULFPORT
3210 59th Street South
Gulfport, Florida 33707
Telephone: (727) 345-9491 Fax: (727) 347-2438

NEW UNIT OWNER CLOSING AGREEMENT FORM

BUILDING: **GROTON #204**

UNIT #: _____

Seller's Name: _____

Seller's Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

NOTE: If Seller is currently on auto pay for maintenance assessment, please make certain Seller cancels auto pay via Town Shores Management Office or Premier Community Bank.

Buyer's Name: _____

Buyer's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Closing Date: _____ Title Company: _____

Title Co. Telephone: _____

CLOSING – BREAKDOWN of COSTS:

BUYER PAYING		SELLER PAYING	
Maintenance:	\$	Maintenance:	\$
Month:		Month:	
Special Assessment (if applicable)	\$	Special Assessment (if applicable)	\$

Buyer will assume responsibility for Maintenance Assessment beginning on: ____/____/20____

This Form was completed at time of closing and is a true statement of agreement between Buyer and Seller.

 Title Closing Agent

Date: _____