

**Calle Minorga Condominium Association, Inc.**

**Purchase Application**

PLEASE ALLOW UP TO 20 DAYS FOR PROCESSING

**DATE :** \_\_\_\_\_

**LOT INFORMATION:**

LOT # \_\_\_\_\_ CURRENT OWNER.: \_\_\_\_\_

I (We) the undersigned intend to purchase the premises located at:

\_\_\_\_\_ (physical Address) in  
Calle Minorga Condominium Association, Inc. Sarasota, Florida

**APPLICANT INFORMATION**

The following information should be filled out for **every adult** named on the warranty deed for the property.

1<sup>st</sup> Name: \_\_\_\_\_ Work # \_\_\_\_\_

Present Address \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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2<sup>nd</sup> Name: \_\_\_\_\_ Work # \_\_\_\_\_

Present Address \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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3<sup>rd</sup> Name: \_\_\_\_\_ Work # \_\_\_\_\_

Present Address \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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I/W e intent to reside: \_\_\_\_\_ full time \_\_\_\_\_ part-time

Calle Minorga Condominium Association is in Sarasota County and all Sarasota County Ordinances are in force including Sarasota County Leash Laws.

PURCHASE: CLOSING DATE \_\_\_\_\_

REALTOR/AGENT connected to Purchase:

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME(S) OF REAL ESTATE FIRM \_\_\_\_\_

- I/WE THE UNDERSIGNED BUYER, IN SUBMITTING AND SIGNING THIS APPLICATION HAVE RECEIVED AND READ THE DECLARATION, THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE ASSOCIATION AND I/WE AGREE TO ABIDE BY THE DOCUMENTS WHERE APPLICABLE AS WELL AS THE RULES AND REGULATIONS ADOPTED BY THE ASSOCIATION.
- I/WE THE UNDERSIGNED BUYER UNDERSTAND THE ARCHITECTURAL REVIEW COMMITTEE MUST APPROVE ALL CHANGES TO THE EXTERIOR OF ANY PROPERTY.

\_\_\_\_\_/\_\_\_\_\_  
PRINT NAME APPLICANT SIGNATURE

\_\_\_\_\_/\_\_\_\_\_  
PRINT NAME APPLICANT SIGNATURE

\_\_\_\_\_/\_\_\_\_\_  
PRINT NAME APPLICANT SIGNATURE

UNIT OWNERS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**SEND COMPLETED APPLICATION (S) TO:**

Communiqué Association Management  
5824 Bee Ridge Road #413  
Sarasota, FL 34233  
Phone: (941) 706-0920 E-mail: Maureen@communiquemgmt.com

**BELOW TO BE COMPLETED BY ASSOCIATION**

DATE: \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_  
BOARD MEMBER / TITLE