



c/o Advantage Property Management
1111 SE Federal Hwy Suite 100
Stuart, Florida 34994

Summerfield Association Office: 6542 SE Twin Oaks Circle, Stuart, FL 34997

SALE APPLICATION INSTRUCTIONS

Please return the completed package to the Summerfield office for processing.

Complete package includes:

- Sales Application
- Copy of Drivers' License(s) including back
- A non-refundable Application fee of \$200 made payable to Summerfield Community Association
- After closing a copy of the recorded deed must be provided to Advantage Property Management by you, the closing agent, the Title Company or the attorney.
- The application for Sale and Occupancy along with all information and materials requested therein must be completed and mailed or dropped off at the Summerfield Community Office at least fifteen **(15) days prior to the expected closing date**. A sale is NOT effective without prior written approval by the Board (Notarized Certificate of Approval-**COA**).

NOTE: A Capital Contribution in the amount of \$1,500 made payable to Summerfield Community Association, Inc. will be collected at closing.

Applications will be accepted via US Mail or courier, or scanned documents emailed to summerfield@advpropmgt.com. Applications must be completed and signed to be accepted.

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SALE APPLICATION (PLEASE PRINT)

Property Address: _____

Closing Date: _____

General Submission Requirements: A non-refundable Application fee of \$200 made payable to Summerfield Comm Assoc, Inc.

- Completed Resale Application
- Fully Executed Sales/Purchase Contract
- Copy of Driver's License(s)
- **Title Company Information:** Name- _____
Address- _____ Phone# _____

- **Buyer Realtor Information:** Name- _____
Address- _____ Phone# _____
Email address: _____

- **Owner Realtor Information:** Name- _____
Address: _____ Phone # _____
Email Address: _____

- **Owner Name:** _____ Email: _____
- **Certificate of Approval (COA) for delivery options:**
 - [] Email copy to Buyer and Realtor
 - [] Email copy to owner
 - [] Mail original to: _____

I/We certify that the information requested above and contained in this application are attached, true and correct. I understand that any falsification, misrepresentation, or omission is grounds for refusal to approve this sale application.

Applicant Signature

Date

Co-Applicant Signature

Date



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APPLICATION FOR SALE

Buyer:

I/We acknowledge receipt of the following:

Provided by Seller:

- Articles of Incorporation Declaration of Protective Covenants
- Any amendments to the Covenants
- Restated Bylaws
- Architectural Review Board (ARB) Rules and Regulations
- Clubhouse/Pool Keys, gate remotes or transponders

*All documents are available on the summerfieldstuart.com website

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ **Date:** _____

Co-Applicant Printed Name: _____



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RESPONSIBILITIES PASSED ON TO NEW OWNERS

Call the Summerfield office at 772-286-0081 to determine if the owner has any outstanding violations (CCR). This must be verified for BOD signature on COA.

The owner of the property located at:

[] has the following uncured violations: _____
[] no violations

Please indicate your choice of the options below.

1. Assume Responsibility for: _____

2. Have owner remove or correct: _____

Applicant Signature: _____ **Date:** _____

As soon as the owner complies, your application can be finalized.

Property Manager Signature: _____ **Date:** _____

Board of Director Signature: _____ **Date:** _____



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AUTOMOBILE INFORMATION

Vehicle #1

Make: _____

Model: _____

Year: _____

Tag#: _____ State: _____

Vehicle #2

Make: _____

Model: _____

Year: _____

Tag#: _____ State: _____

Vehicle Registered to:

NOTE: Commercial Vans, Commercial Trucks (signage, storage racks) Boats, trailers, Campers, OR RV's may not be stored on property. They are permitted when loading, unloading, or washing, for up to 12 hours. They may not be on property from Midnight to 6am. No cars may be parked on the street overnight from midnight to 6am. No parking on grass or over sidewalks.

\$25 fines may be incurred per incident.

Temporary permits for overnight parking may be obtained from management during office hours.

Pets:

If you will have pets, please list type of pet, and how many: _____



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EMAIL CONSENT FORM

If you would like to receive Summerfield Community Association, Inc. information such as Board Meeting Minutes, property management updates, emergency emails, etc by email, please sign and return this form giving us permission to do so. All assessment mailings, budget meetings and annual meeting notices will continue to be sent via US Mail. All Board meetings will be properly posted at community entrances and clubhouse bulletin boards.

Name: _____

Summerfield Address: _____

Phone Number(s) _____ or _____

Primary Email: _____

Additional email: _____

I/We CONSENT to accept any association related information via email.

Signature

Date

Print Name

Once consent is given, revocation of such consent may be delivered to the Association via electronic transmission, by hand delivery, by US Mail, by Certified US Mail, or by other commercial delivery service. The owner bears the risk of ensuring delivery of revocation of consent.

Return to: Advantage Property Management
1111 SE Federal Hwy- Suite 100
Stuart, FL 34994 email: advantagepm@advpropmgt.com

Summerfield Community Association, Inc.
ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

*I/we hereby authorize Southstate Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on or about the 1st day of the **quarter** in the amount of \$_____. This authority will remain in effect until I/we notify Advantage Property Mgt. otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of the Association. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US. Law.*

Please be sure to enclose a "voided" check when submitting this form.

Please Check One: New Authorization _____ Bank Change Only _____

The account number to be debited: # _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

The name of the account to be credited is: Summerfield Community Association, Inc.

Account Owner's Signature(s): _____

Account Owner's Name(s): _____
(Please print)

(Please print)

Owner's Phone Number: _____

Property Address: _____

Month when first payment is to be debited from account: _____ ***

Date this form was signed: _____

Send To: Advantage Property Management
 1111 SE Federal Highway, Suite 100
 Stuart, FL 34994
 (772) 334-8900 Fax (772) 288-0175

***PLEASE NOTE: Authorization must be received by the 20th of the month for processing to BEGIN for the following month. Authorization must be received by the 20th of the month for processing to be CANCELLED for the following month.