

**CIPRIANI HOA at VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS**

c/o Sunstate Association Management, Inc.  
P.O. Box 18809, Sarasota, FL 34276  
Office (941) 870-4920 Fax (941) 870-9652  
[allapplications@sunstatemanagement.com](mailto:allapplications@sunstatemanagement.com)

APPLICATION TO BUY/SELL A UNIT

A non-refundable fee of \$150.00 must accompany this application payable to Sunstate Association Management, Inc. The undersigned proposes to purchase: Street Address: \_\_\_\_\_, identified below, and the undersigned does hereby apply for approval of this sale, by the Cipriani Homeowners Association, Inc. to which the following information is submitted. I understand that any outstanding sums due to Cipriani Homeowners Association, Inc. must be paid prior to or at closing, for the purchaser to get clear title.

TO BE FILLED OUT BY PURCHASER(S):

I hereby make an application to purchase Unit No. \_\_\_\_\_ owned by \_\_\_\_\_

Proposed Closing Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Members of family who will be in residence: \_\_\_\_\_

Real Estate Agent:

\_\_\_\_\_  
Name Company Telephone No. ( ) \_\_\_\_\_

In case of emergency notify:

\_\_\_\_\_  
Name Address Telephone No. ( ) \_\_\_\_\_

Vehicle(s) on property

\_\_\_\_\_  
Year Make/model STATE/tag #  
\_\_\_\_\_  
Year Make/model STATE/tag #

AUTHORIZATION OF RELEASE OF INFORMATION

**Applicant(s) represent that all the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application.**

Applicant: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Personal information will be redacted prior to submitting for approval to the Board).

Co-Applicant: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Personal information will be redacted prior to submitting for approval to the Board).

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The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of Cipriani Homeowners Association, Inc., and agree to abide by them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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ACTION BY BOARD OF DIRECTORS:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Officer of Cipriani Homeowners Association, Inc.

IF THIS APPLICATION IS INCOMPLETE IT WILL BE  
RETURNED TO APPROPRIATE PERSON OR AGENT