SOUTHWINDS AT THE MOORINGS ASSOCIATION, INC.

c/o Keystone Property Management Group, Inc. 780 US Highway 1, Suite #300 Vero Beach, FL 32962 (772) 569-7928 – Office (772) 778-9273 - Fax

APPLICATION FOR PURCHASE BY LLC, TRUST OR OTHER LEGAL ENTITY

Name of Applicant:	Current Owner:		Bldg. No Unit No
City:State:Zip Code: State of Incorporation: Business and/or Bank References: Authorized Legal Representative: Address:State:Zip Code: The intended permanent occupant(s) of the unit: Name of Occupant: Address:Phone: City:State:Zip Code: Name of Occupant: Address:Phone: City:State:Zip Code: Address:Phone: City:State:Zip Code: Address:Phone: City:State:Zip Code: Address:Phone: Address:Phone: City:State:Zip Code: Address:Phone: City:State:Zip Code: Name: Address:Phone: Address:Phone: Address:Phone: Address:Phone: Phone: Address:Phone: Phone: Address:Phone: Phone: Phone: Address:Phone: Phone: Address:Phone: Phone: Phone: Address:Phone: Phone: Phone: Phone: Address:Phone: Phone: Phone: Address:Phone: Phone: Phone: Address:Phone: Phone:	Name of Applicant:		
State of Incorporation: Business and/or Bank References: Authorized Legal Representative: Address: Phone: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Name of Occupant: Address: Phone: Zip Code: Name of Occupant: Address: Phone: Zip Code: State: Zip Code: State: Zip Code: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Address: Phone: City: State: Zip Code: City: State: Zip Code: Name: Address: Phone: Phone: Phone: Phone: Phone: Phone: Phone:	Address:		Phone:
Business and/or Bank References:	City:	_ State:	Zip Code:
Authorized Legal Representative:	State of Incorporation:		
Address: Phone: City: State: Zip Code: The intended permanent occupant(s) of the unit: Name of Occupant: Address: Phone: City: State: Zip Code: Name of Occupant: Address: Phone: Zip Code: State: Zip Code: Name of Occupant: Address: Phone: Zip Code: State: Zip Code: City: State: Zip Code: Address: Phone: Zip Code:	Business and/or Bank References:		
City:	Authorized Legal Representative:		
The intended permanent occupant(s) of the unit: Name of Occupant: Address: Phone: City: Mame of Occupant: Name of Occupant: Address: Phone: City: State: Zip Code: All Beneficial Ownership Interests in Applicant: Name: Address: City: State: Zip Code: Other City: State: Zip Code: Name: Address: City: State: Zip Code: Name: Address: Name: Address: Phone: Zip Code: Name: Phone: Zip Code: Name: Phone: Phone: Zip Code: Name: Phone: Phone: Phone:	Address:		Phone:
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Address: Phone: City: State: Zip Code: Name of Occupant: Address: Phone: City: State: Zip Code: All Beneficial Ownership Interests in Applicant: Name: Address: Phone: Zip Code: Zip Code: City: State: Zip Code: City: State: Zip Code: Name: Address: City: State: Zip Code: Name: Address: Phone: Zip Code:	The intended permanent occupant(s) of the unit:		
City:	Name of Occupant:		
Name of Occupant:	Address:	_ Phone:	
Address: Phone: City: State: Zip Code: All Beneficial Ownership Interests in Applicant: Name: Address: Phone: City: State: Zip Code: Name: Address: Phone: Zip Code: Name: Address: Phone: Zip Code: Name: Address: Phone: Zip Code: Phone: Address: Phone: Phone: <td< td=""><td>City:</td><td> State:</td><td> Zip Code:</td></td<>	City:	State:	Zip Code:
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Name:	City:	State:	Zip Code:
Address: Phone: City: State: Zip Code: Name: Phone:	All Beneficial Ownership Interests in Applicant:		
City: State: Zip Code: Name: Phone: City: State: Zip Code: Name: Phone: Address: Phone: Address: Phone:	Name:		
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City: State: Zip Code: Name: Address: Address: Phone:	Name:		
Name:			
Address:	City:	State:	Zip Code:
	Name:		
City: State: Zip Code:	Address:	_ Phone:	
	City:	State:	Zip Code:

If additional space to describe Beneficial Ownership Interests is required, please provide on a separate

sheet of paper.

Describe the respective ownership interests of the beneficial owners:

Attach individual applications for purchase by all named owners and intended occupants.

The Association is authorized to contact any of the above in reference to this application.

If this application is approved, I/We agree to abide by the terms, conditions and provisions of the Declaration of Condominium, the Articles of Incorporation, the Bylaws and the Rules and Regulations of the Southwinds at the Moorings Association, Inc. A complete copy of these documents has been provided to me/us by the Seller or Agent. I/We acknowledge that we have read these documents and accept the covenant it represents. I/We understand that the Board of Directors has the right and may take up to thirty (30) days after receiving a fully complete application to take action on this matter.

All applicants acknowledge that, under the Association's recorded documents, the Association's Board has the right and responsibility to approve all persons who will have an ownership interest, direct or indirect, in the unit, as well as all persons who will reside in the unit, now or in the future. All such owners and intended residents must submit applications to the Association for approval.

Applicant has received and read the attached Rules and Regulations set forth by the Southwinds Board of Directors.

NOTE: No animals are permitted in Buildings 2, 3, 4, 5 and 6.

Signed:	Date:
Applicant	
Signed:	Date:
Seller	
Signed:	Date:
Seller	
Fees c	lue with each application:
	le to Southwinds at the Moorings Association, Inc. de payable to Keystone Property Management

Please include a copy of the Sales Contract