VILLAS OF BONNIE BAY **HOMEOWNERS ASSOCIATION**

C/O

AMERI-TECH PROPERTY MANAGEMENT

6415 1st Avenue South
St Petersburg, FL 33707

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(727) 726-8000

Fax – 727-873-7307

SALES APPLICATION

CLOSING DATE:	Unit #	Phase
Seller's name:	Phone #	
Buyer's name:		
Email address for Owner Directory Purposes:		
Complete Name, Contact and Phone num	ber of Title Company	or Attorney Handling the Closing:
Persons who will occupy the above address are as fo	ollows:	
Name:	Age:	Home / Cell:
Name:	Age:	Home / Cell:
Other occupants:	Age:	<u> </u>
#Pet(s)(Aggressiv Regulation		
Vehicle (s) Make/Model 1		Tag#
2		
Real Estate Agent (if applicable)		Phone #:
Purchaser (s) states that he has received a copy of all understood and agrees to abide by all the conditions assessments, legal fees having been paid in full or w	and terms therein. Ma	aintenance Fees, late charges, special
PLEASE NOTE: Buyer must be provided with:		
Copies of Documents provided by seller		
Rules and Regulations provided by seller		
Coupon Maintenance Book (transferred from seller or ordered by Management Company)		
I/We declare without reservation that the above information is true and accurate. I /We have read, understood, and agree to abide by the Association's Rules and Regulations. I/We have also understood and agree to accept the delinquent account collection procedures by the Association.		
Purchaser:	Tenant:	

(Signature)

(Signature)