

**COVE TOWERS PRESERVE  
CONDOMINIUM ASSOCIATION, INC.**

465 Cove Tower Drive – Naples, FL 34110

Phone: 239-593-3977/Fax: 239-593-3492 Email: covetowerspreserve@gmail.com

**APPLICATION FOR APPROVAL OF SALE OR TRANSFER**

**NOTE: In accordance with the governing documents of the Association, please submit this form no later than fifteen (15) days prior to closing or transfer to allow for processing time. Approval must be received prior to Closing or Transfer.**

Current Owner of Record \_\_\_\_\_ Montego / Nevis Unit #: \_\_\_\_\_  
(circle one)

Closing/Transfer Date: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

**THE UNDERSIGNED HEREBY MAKES APPLICATION FOR OWNERSHIP AT COVE TOWERS PRESERVE, A MULTICONDOMINIUM IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS, AND THE PURCHASER(S) REPRESENT THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT AND CONSENT TO FURTHER INVESTIGATION CONCERNING THIS INFORMATION OR ANY INFORMATION WHICH COMES FROM THAT INQUIRY WHICH IS NECESSARY FOR APPROVAL OF THIS REQUEST.**

**Persons(s) taking title to unit (If Trust/Other, please so note the Trust's/Other's responsible party):**

Name \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Persons who will occupy unit in addition to title holder(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**NOTE: Occupancy restricted to 1 family, no more than two (2) persons per bedroom, including children. Guests without owners in residence limited to 2 weeks maximum, 2 times per year. Owners must register guests in advance of guest occupancy.**

**I/we are purchasing this unit with the intention to:**

\_\_\_\_\_ Reside here on a full-time basis

\_\_\_\_\_ Reside here on a part-time basis;

\_\_\_\_\_ Lease the unit – **90 days minimum/4 times per year maximum. No pets allowed.**

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**If you indicated part time residence, or leasing the unit, please list your mailing address and phone number for all correspondence dealing with this Association:**

Street/PO: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/Business: \_\_\_\_\_ Position: \_\_\_\_\_

Bus Address: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

**Note: If retired, please enter former business or profession above.**

**Emergency Contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/state \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/state \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/state \_\_\_\_\_ Zip \_\_\_\_\_

**Auto #1:** Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

**Auto #2:** Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

***If vehicle will be a rental or is unknown, please check here:***

**Owners must obtain and display a temporary parking permit on dash-board of vehicle until such time that you can obtain a permanent parking sticker**

Domestic Pets are permitted with Association approval. **(Limited – 1 dog (30-pound limit) 2 cats or 2 birds)**

**Pet:** Type \_\_\_\_\_ Pet Name \_\_\_\_\_ Pet License # \_\_\_\_\_ St. \_\_\_\_\_ Date \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_ Rabies Vaccination date \_\_\_\_\_

***(If no pets, please enter "none" above – use separate page for additional pets)***

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**I/We have read and agree to abide by the Declaration of Covenants, Conditions & Restrictions; the Articles of Incorporation; the Bylaws; and the Rules and Regulations of COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, Inc. Your signature will acknowledge your agreement to comply with all governing documents including the Rules and Regulations as amended from time to time.**

**NOTE: UPON CLOSING, BUYER MUST CONTACT ON-SITE PROPERTY MANAGER FOR PARKING/STORAGE DESIGNATION, Phone: (293) 593-3977.**

➔ SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

➔ SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

REAL ESTATE AGENT & AGENCY \_\_\_\_\_ Phone \_\_\_\_\_

CLOSING ATTY/TITLE CO \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

This application has been designed for the purpose of protecting you and current property owners. The Association is committed to creating an environment where pride in ownership and adherence to Rules and Regulations can enhance both private and community life.

***The following items MUST be included at the time the application is submitted to***

**Cove Towers Preserve Condominium Association, Inc.  
465 Cove Tower Drive  
Naples FL 34110**

**Please include: (An incomplete application package will cause delays in processing.)**

\_\_\_\_\_ Copy of executed sales / purchase contract

\_\_\_\_\_ Fully completed application

\_\_\_\_\_ Initialed "Frequently Asked Questions & Answers" sheet

\_\_\_\_\_ Initialed "Dues/Other Payment and Late Fees/Interest/Legal Fee Policy"

\_\_\_\_\_ Copy of driver's license, vehicle registration, and insurance card

\_\_\_\_\_ Prospective owner was given a copy of the Rules & Regulations

\_\_\_\_\_ \$100.00 application fee made payable to 'Cove Towers Preserve'

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**ACTION OF BOARD OF DIRECTORS**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_

BY: \_\_\_\_\_ and \_\_\_\_\_  
Association Officer Manager for the Association

Reason if disapproved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Declaration 13.1.3. **Multiple Owners** – Consistent with Section 13 above, de facto time sharing of units is not permitted and approval will not be given for the sale of a unit or an interest in a unit to multiple persons such as (e.g. siblings or business associates) who may intend that they and their families would split occupancy of the unit into different time periods during the year;

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## FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

**Q: What are my voting rights in the Condominium Association?**

A: Each unit in the Condominium will have one full indivisible vote in all Condominium Association matters.

**Q: What restrictions exist in the Condominium documents on my right to use unit?**

A: Unit use is limited to residential purposes. Quiet, inoffensive household pets including 1 dog or 2 cats and no more than 2 birds are permitted. Pets may not weigh more than 30 pounds. (Refer to Section A, Item 6 of Association Rules & Regulations.) Guests must register with the Property Manager. (Refer to Section A, Item 8 of Association Rules and Regulations.)

**Q: What restrictions exist in the Condominium documents on leasing of my unit?**

A: All leases must have prior approval of the Association. Units may be leased for a minimum of (ninety) 90 days and not more than 4 times per year. Tenants are not allowed to have pets. (Please refer to Section A, Item 6e and 8 of Association Rules and Regulations.)

**Q: How much are my assessments to the Condominium Association for my type of unit and when are they due?**

A: Cove Towers Preserve Condominium Association, Inc. is a multicondominium development comprised of Montego, Nevis and the Calypso Club.

See current budgets. The Association has the option to bill monthly or quarterly. Currently assessments are quarterly and include assessments for either Montego or Nevis and the Calypso Club. The annual budget does not include the annual assessment for Wiggins Bay Foundation Inc.

**Q: Do I have to be a member of any other association? If so, what is the name of the Association and what are my voting rights in this Association? Also, how much are my assessments?**

A: Yes, you are automatically a member of the Wiggins Bay Foundation, Inc. with one vote per unit. Assessments are not included with your Cove Towers Preserve Condominium Association fees. Please refer to Wiggins Bay Foundation documents for further information.

**Q: Is the Condominium Association or other mandatory membership association involved in any court cases which it may face liability in excess of \$100,000.00.**

A: No.

**NOTE: THE STATEMENTS CONTAINED ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT AND THE CONDOMINIUM DOCUMENTS FOR COMPLETE DETAILS.**

**Acknowledgment of Receipt of Questions and Answers Sheet**

Initials of Purchaser: \_\_\_\_\_

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

## RETURN WITH SALES APPLICATION

PLEASE KEEP A COPY OF THE FREQUENTLY ASKED QUESTIONS & ANSWERS FOR YOURSELF

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## **DUES/OTHER PAYMENTS AND LATE FEES/INTEREST/LEGAL FEE POLICY**

Payment of dues in a timely manner is an important part of an owner’s responsibility. The Association does not believe that it is appropriate, or fair to other owners, to waste management’s time in chasing delinquent owners. The purpose of these procedures is not to punish delinquent owners, but to minimize delinquencies and management time and expense necessary for follow-up.

It is every owner’s responsibility to ensure that the Management Office has a current mailing address(s) on file with the Association for all correspondence and that owners make their payments on time to the appropriate address as shown on an invoice or coupon. If the owner is on extended travel, or has an alternative northern address, it is the owner’s responsibility to ensure that proper arrangements are made with the Management Office. The assessment of late fees and interest may be appealed to the Board, but will not be waived unless there is an error or extenuating circumstances that require special consideration.

Annual assessments, as approved in the annual budget, are billed in four equal quarterly payments due the first day of January, April, July and October. Arrangements can be made with the Management Office for automatic payment of dues assessments. **Timely payment of assessments is the owner’s responsibility.**

Payments must be received within 10 days after the due date. After that time a reminder invoice including a late fee of 5% of the amount due, or \$25, whichever is greater as set forth in the condominium documents, will be sent by mail. Interest of 1 ½ % per month (18% per year) or the highest rate that is lawful, will be applied from the date due until paid.

Any account unpaid after 60 days will be turned over to the Association’s attorneys for collection. Liens will be filed against the unit if attorney’s collection efforts are not successful. The attorneys have an approved schedule of charges for their efforts. These charges will be billed to the owner.

If accounts remain unpaid after 90 days, the owner will be prohibited from using the Calypso Club, common areas, and other amenities, and the owner’s fob will be de-activated.

All payments received will be applied first to interest, then the late fee, then to any costs and reasonable attorney’s fees and then to the assessment payment first due, as set forth in the Condominium Bylaws.

**Procedure:**

1. Initial invoice will be mailed the month prior to the due date. If coupons are used, the book with coupons for payments for the year will be mailed in December.
2. A late invoice reminder will be sent by mail 15 days after the due date. A late fee will be shown on this invoice.
3. On the first of the following month, an invoice showing past due, late fees, and interest will be sent by mail indicating that the account is now 30 days past due.
4. If payment is not received within 60 days from the due date, the account will be turned over to the Association’s attorney for collection.
5. If unpaid after 90 days, the owner could be prohibited from using the Calypso Club, common areas, and other amenities, and the owner’s fob will be de-activated.

**Acknowledgment of Receipt**

**Initials of Purchaser:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please keep a copy for yourself**

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**Residential Screening Authorization Form**

*(Must be completed and signed by all applicants over 18)*

**Print Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Current Resident Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**I give my authorization to this Association, landlord, AccuData Inc, or any party or agency contacted by this Association or landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Accudata client information only)**

**Company Name: Cove Towers Preserve Condominium Association Inc.**

**Contact Name: Raquel Anton**

**Tel#: 239-989-3058**

**E-mail: [covetowerspreserve@gmail.com](mailto:covetowerspreserve@gmail.com)**

**Type of Screening Requested**

**Package: 2**

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