Terreno Homeowners' Association
1975 Terreno Blvd
Naples, FL 34120
Application for Approval of Resale

NOTE: Please submit this form, at least twenty (20) days prior to closing to allow for processing time.
Approval must be received prior to Closing.

Seller/Owner of Record: _____

Prop Address: _____

Closing Date: _____

Date of New Owner Occupancy: _____

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR OWNERSHIP IN TERRENO HOMEOWNERS' ASSOCIATION, INC. IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS, 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/organization taking title to unit (If Trust/Corp/other, the designated person/officer must also be noted):

Name_____ DOB _____

E-mail:_____

Name_____ DOB _____

E-mail:_____

Other occupants related to above new owner (s):
Name_____ DOB_____ Relationship_____
Name_____ DOB _____ Relationship_____
Name_____ DOB _____ Relationship_____

Note: Occupancy restricted to 1 family, no more than two (2) persons per bedroom, including children.
I/we are purchasing the unit with the intention to:
_____Reside here on a full-time basis
_____Reside here on a part-time basis
_____Lease the unit (Tenant application process required)

Present Phone #:_____ Phone # After Closing: _____

Please complete the following for all correspondence dealing with this Association:

Address: Street_____ City_____ State_____ Zip_____

Phones: Home: _____ Business: _____ Cell: _____

E-mail:_____

Emergency Contact: Name_____ Phone#:_____
Address: Street_____ City_____ State_____ Zip_____

VEHICLES:

#1: Make_____ Model_____ Color_____ Yr_____Tag#_____State_____

#2: Make_____ Model_____ Color_____ Yr_____Tag#_____State_____

PETS: "Wolf Hybrids" or other dogs prone to or exhibiting aggressive behavior **may not** be kept. See "Use Restrictions", Article IX Section 6 in governing documents. If no pets, please write "none".

#1. Type_____Name_____ Pet License#_____St_____Date_____
Breed_____Weight_____ Rabies Vaccination Date_____

#2. Type_____Name_____ Pet License#_____St_____Date_____
Breed_____Weight_____ Rabies Vaccination Date_____

I/WE AM/ARE AWARE AND AGREE TO ABIDE BY THE AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS OF TERRENO HOMOWNERS' ASSOCIATION, INC., THE AMENDED AND RESTATED ARTICLES OF INCORPORATION, THE AMENDED AND RESTATED BYLAWS, AND ANY RULES AND REGULATIONS. YOUR SIGNATURE WILL ACKNOWLEDGE YOUR AGREEMENT TO COMPLY WITH ALL GOVERNING DOCUMENTS INCLUDING THE RULES AND REGULATIONS AS WRITTEN.

SIGNATURE OF APPLICANT(S)_____DATE_____

SIGNATURE OF APPLICANT(S)_____DATE_____

Name of Real Estate Agent & Agency_____
Phone_____ Email: _____

Closing Attorney/Title Company_____Phone_____
Address_____City_____St_____Zip_____Fax#_____
Email: _____

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present members of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure an ideal private and community life.

The following items MUST be included at the time the application is submitted. Items not submitted will cause delays in processing.

_____ $100 Non-refundable Application fee Payable to: Terreno Homeowners' Association, Inc.
_____ Fully Completed Application
_____ Copy of Fully Executed Sales Contract

Return ALL above items to: Terreno Homeowners' Association
1975 Terreno Blvd
Naples, FL 34120

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Action of Board of Directors, Terreno HOA

APPROVED_____ DISAPPROVED_____ DATE OF DECISION_____

BY:_____ OR _____
Association Director Manager for the Association