

# MURANO HOMEOWNERS ASSOCIATION, INC.

*C/O Divine Association Management ,LLC  
1680 SW Bayshore Blvd Suite 117  
Port Saint Lucie Fl 34984  
772-261-3136*

## APPLICATION FOR SALE

Date Submitted:\_\_\_\_\_ Date of Closing:\_\_\_\_\_

Murano Address:\_\_\_\_\_

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Please complete each item as requested herein. Return all paperwork to Coastal Community Assoc. Mgt. and be sure to include:

1. Signed copy of the Sales Agreement
2. Check for \$150.00 made payable to Murano HOA
3. Completed Sales Application
4. Animal Registration Form (if applicable)
5. To have read and understood the Rules and Regulation and signed the acknowledgement page

**No application will be accepted for review until complete and all attachments are received. Murano HOA requires 10 business day's notice to process the completed application and issue any approval or denial.**

Please plan sufficient time ahead of any scheduled closing date.

**Please note a Sale requires that you obtain a Certificate of Approval prior to occupancy. Please provide copy of warranty deed upon closing.**

Mail or bring all required paperwork to:

*C/O Divine Association Management ,LLC  
1680 SW Bayshore Blvd Suite 117  
Port Saint Lucie Fl 34984  
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# MURANO HOMEOWNERS ASSOCIATION, INC.

## Sales Application General Data:

Buyers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_

Buyers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Will you occupy the above unit? Yes \_\_\_\_\_ No \_\_\_\_\_ Lease \_\_\_\_\_

Is Murano your primary or secondary residence? Primary / Secondary / Investment

Names of all persons that will occupy the dwelling:

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

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

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

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

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

In case of emergency notify:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**Applicant Vehicle Data:**

Driver #1 Name: \_\_\_\_\_

License # \_\_\_\_\_ State/Exp Date: \_\_\_\_\_

Driver #2 Name: \_\_\_\_\_

License # \_\_\_\_\_ State/Exp Date: \_\_\_\_\_

Vehicle 1: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Plate # \_\_\_\_\_ State: \_\_\_\_\_

Vehicle 2: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Plate # \_\_\_\_\_ State: \_\_\_\_\_

**Acknowledgment & Agreement:**

I/we are aware of the association rules & regulations regarding vehicles on the property and agree to abide by them. Vehicles must be parked in assigned spaces only. All unauthorized vehicles may be towed by the associations at the owner's expense.

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

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

# MURANO HOMEOWNERS ASSOCIATION, INC.

## Acknowledgment of Rules & Regulations

The understated, in consideration for the approval of Murano Homeowners Association, Inc. for the purpose of sale/lease of the unit address:

\_\_\_\_\_

hereby agree to be bound by all the terms and conditions of the Declaration of Covenant's, Articles of Incorporation, By-laws and the Rules and Regulations of Murano Homeowners Association, Inc.

The undersigned owner/tenant further agrees that in the event that they violate any of the terms and conditions of the Declaration of Covenant documents or the Rules and Regulations, they will be subject to eviction or fine.

I have read and understood all the aforementioned documents and rules and regulations and agree to be bound by them as a resident of Murano Homeowners Association.

Purchaser/Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Lessee

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

**ANIMAL REGISTRATION FORM  
MURANO HOMEOWNERS ASSOCIATION, INC.**

**\*Please fill out one form for each animal you have**

Resident's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Animal Information:**

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Bird \_\_\_\_\_ Breed: \_\_\_\_\_  
Weight \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_  
License Number \_\_\_\_\_  
Date license issued: \_\_\_\_\_

**A PICTURE OF YOUR ANIMAL  
MUST BE SUBMITTED WITH THIS FORM**

Veterinarian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

**Inoculations**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Acknowledgment & Agreement:**

I/we are aware of the association rules & regulations regarding animals on the property and agree to abide by them. Each residential unit may be permitted to house no more than three (3) household pets (dogs/cat). Pets must be registered. No pit bull terrier, pit bull terrier mix or other dog of violent or mean temperament permitted. Pets must be on a leash when outside of dwelling.

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

**MURANO HOMEOWNERS ASSOCIATION, INC.**

**E-MAIL AUTHORIZATION FORM**

This is an attempt to reduce the cost of postage. By providing the information requested and signing this form, you are authorizing management to forward MOST correspondences to your e-mail address, including, but not limited to meeting agendas, account notices and/or general information. Please provide the required information below if you authorize the deliverance of correspondence to your e-mail address.

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

Print Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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