



## Application for Consent to Transfer

Property Address \_\_\_\_\_ Ft. Myers, FL 33908

Current Owner/Seller \_\_\_\_\_

### **BUYER INFORMATION:**

Buyer's Name (as titled on deed) \_\_\_\_\_

Currently/Recently an owner in Lexington?      YES – Member # \_\_\_\_\_      No

Member #1 \_\_\_\_\_ Member #2 \_\_\_\_\_ Marital Status \_\_\_\_\_

Dependents: Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

### Please note regulations governing family membership:

*Article I Section 1 (j) of the Declaration of Covenants for Lexington Country Club:*

*“Family shall mean and refer to one (1) natural person or not more than two (2) natural persons cohabiting the Unit as a single housekeeping Unit. Further, their child, children or grandchildren (hereinafter called children) shall be considered Family as defined hereby if they meet all of the following conditions: (a) said children are age 23 or less; and (b) such children are not married or cohabiting with any third party; and (c) said children do not have custodial children of their own (i.e., grandchildren of the member); and (d) said children reside with the owner on a permanent basis, or in the case of children enrolled as a college or graduate students or in military service, at such times as the student resides in the Unit while away from the college or university or when the child is on leave from military service. In addition, developmentally disabled children of any age who permanently reside with an owner shall be considered Family as defined herein. Furthermore, a co-owner of the Unit in military service shall be considered Family as defined herein when in residence in the Unit if they have declared the Unit as their domicile while in active military service.”*

*Other relatives who do NOT meet the above conditions are considered guests. They may use all the recreational facilities as your guest.*

Secondary Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Billing Address (check one):      Lexington      Secondary

Email:      #1 \_\_\_\_\_

#2 \_\_\_\_\_

**Lexington Community Association**

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Phone Numbers:    Local \_\_\_\_\_                      North \_\_\_\_\_  
                            Cell #1 \_\_\_\_\_                      Cell #2 \_\_\_\_\_  
                            Business \_\_\_\_\_                      Other \_\_\_\_\_

**In the event of an Emergency, whom may we contact?**

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

Home Watch Service \_\_\_\_\_ Phone \_\_\_\_\_

Pets:    Type \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
          Type \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

**Closing Agent/Attorney/Title Company** \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Anticipated Closing Date** \_\_\_\_\_

Realtor(s) \_\_\_\_\_

**TRANSFER FEE: \$275.00**

Check payable Lexington Community Association enclosed

To be paid at closing

Do you wish to be included in the Lexington Country Club Homeowner Directory?    Yes            No

*(Florida law requires that we have your signature in order to publish your information)*

Signature of Buyer: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email this form to SLandel@lexingtoncountryclub.com or Fax to 239-985-1868