



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 ____ / ____ / ____