

## Tiziano I at Venetian Golf and River Club POA, Inc

c/o Sunstate Association Management, Inc. P.O. Box 18809, Sarasota, FL 34276 Office (941) 870-4920 Fax (941) 870-9652

Email: <a href="mailto:estoppels@sunstatemanagement.com">estoppels@sunstatemanagement.com</a> & <a href="mailto:allapplications@sunstatemanagement.com">allapplications@sunstatemanagement.com</a> & <a href="mailto:allapplications@sunstatemanagement.com">allapplications@sunstatemanagement.com</a> & <a href="mailto:allapplications@sunstatemanagement.com">allapplications@sunstatemanagement.com</a> & <a href="mailto:allapplications@sunstatemanagement.com">allapplications@sunstatemanagement.com</a> <a href="mailto:allapplications">allapplications@sunstatemanagement.com</a> <a href="mailto:allapplications">allapplications@sunstatemanagement.com</a> <a href="mailto:allapplications">allapplications</a> <a href

## Leasing and Sales Application

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a <u>copy of Driver's License</u> for all residents over 18 years of age and a Non-Refundable <u>Application fee of</u> \$100.00 made payable to Sunstate Association Management Group, Inc.

		Lease	_ or Sale				
Present Ow	ner: _						
Title Co:	_						
Unit Addres							
Lot No:	A	nticipated Closing / Lease Date(s)					
Full-Time Re	esidenc	YES NO Realtor / Lease Mare? Name and Phone:					
		Applican	nt Information				
Full Name:				Date	of Birth:		
	Last	First		M.I.			
Phone:			Email				
Driver Licen	ise #: _	SS # / Passport:		Emplo	oyer:		
Full Name:	-				of Birth:		
	Last	First		M.I.			
Phone:			Email				
Pnone: Driver License #:		SS # / Passport:		Emplo	oyer:		
Present Ado	_	21 1 1 1 2 1 2 1 2 1					
Pravious Ad		Street Address City, State, Zip					
Previous Address:		Street Address City, State, Zip					
Other Occup	pants:	oti oct riddi oss orty, otdio, zip					
				a	dditional annliantion \		
Name and Pet(s):	Date	Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)					
	Breed	d Weight					
Vehicle 1:	- A A A			<u> </u>	L' DI I //		
	Make	Model		State	License Plate #		
Vehicle 2:							
	Make	Model		State	License Plate #		

List any additional vehicles on a separate sheet.



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## References

Please list references.	
Full Name	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:
Previous Landlord / Mortgager:	
Address:	Phone:
Autho	rization of Release of Information
will result in immediate rejection of this appli Signature:	
	Date:
Signature:	Date:
The undersigned has received a copy of the A I At Venetian Golf & River Club POA, Inc. and	Disclaimer and Signature ssociation Documents: By-Laws and the Rules and Regulations of Tiziano agree to abide by them.
Signature:	Date:
Signature:	Date:
	Action By Board of Directors
YES NO	
Application Approved	
Signature:	Date: