

Del Webb Naples Community Association, Inc. and Mayflower Section I Condominium Assn., Inc.
6010 Del Webb Way
Ave Maria, FL 34142-9727
(239) 455-2001 Fax# (239) 455-2014

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 DEL WEBB NAPLES COMMUNITY ASSOCIATION, INC. AND/OR MAYFLOWER SECTION I CONDOMINIUM 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 _____
Name _____ DOB _____
E-mail: _____

Other occupants related to above lessor(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 requested)

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 _____

ONLY 2 VEHICLES PERMITTED TO BE PARKED ONSITE ON PERMANENT BASES. AGREE _____ Purchaser Initials

PETS: Pit Bulls, "wolf hybrids" or other dogs prone to or exhibiting aggressive behavior may not be kept. See "Use Restrictions", Article XIV Section 4 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 DEL WEBB NAPLES COMMUNITY ASSOCIATION, INC. AND/OR MAYFLOWER SECTION I CONDOMINIUM 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 and 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 Del Webb Naples Community Association, Inc.
 _____ Fully Completed Application
 _____ Copy of Executed Sales Contract
 _____ \$50.00 Non-refundable Application fee Payable to Mayflower Section I Condominium Association, Inc. (When applicable)

Return ALL above items to: Del Webb Naples Community Association Inc.
 6010 Del Webb Way
 Ave Maria, FL 34142-9727

Action of Board of Directors (Mayflower)

APPROVED _____ DISAPPROVED _____ DATE OF DECISION _____
 BY: _____ OR _____
 Association Director Manager for the Association

Action of Board of Directors (Del Webb)

APPROVED _____ DISAPPROVED _____ DATE OF DECISION _____
 BY: _____ OR _____
 Association Director Manager for the Association

DEL WEBB NAPLES OCCUPANT AGE VERIFICATION FORM FOR CENSUS

Name(s) and age(s) of occupant(s) if more than one, referred to herein as "Occupant":

_____ Print Name	_____ Age	_____ Print Name	_____ Age
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_____ Print Name	_____ Age	_____ Print Name	_____ Age
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Lot Address: _____ ("Property")

Attached is a copy of Article XIV, Section 30 of the Declaration of Covenants, Conditions and Restrictions for Del Webb Naples ("CC & R's). A "Grandfathered Person" is one who owned a home as of November 4, 2010. A "Grandfathered Person" and the subsequent buyer of the home is exempt from the "55 and over" requirement set forth below. However, we are obligated by law to conduct this census and obtain age verification from all occupants in Del Webb Naples. As reflected below, the 55 and over requirement only relates to occupancy, not ownership of a home.

DEL WEBB NAPLES IS INTENDED TO BE OPERATED FOR OCCUPANCY BY PERSONS FIFTY-FIVE (55) YEARS OF AGE OR OLDER. DEL WEBB NAPLES COMMUNITY ASSOCIATION, INC. IS OBTAINING THIS OCCUPANT AGE VERIFICATION IN ACCORDANCE WITH THE HOUSING FOR OLDER PERSONS ACT AND THE REQUIREMENTS OF THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR DEL WEBB NAPLES.

At least one (1) Occupant listed above who is fifty-five (55) years of age or older: (i) acknowledges receipt of the CC & R's and (ii) unless such Occupant is a "Grandfathered Person" or the subsequent owner of the home, agrees to abide by the CC & R's; and (iii) Occupant acknowledges that unless the Occupant is a "Grandfathered Person" or the subsequent owner of the home when the Property is occupied, it must be occupied by at least one (1) person fifty-five (55) years of age or older.

Check the applicable box below:

- ☐ At least one (1) Occupant listed above is fifty-five (55) years of age or older and currently occupies the Property.
- ☐ At least one (1) Occupant listed above is fifty-five (55) years of age or older and does not currently occupy the property, but has resided on the property during the past year and intends to return to the property on a periodic basis.

The person(s) who sign(s) below must be fifty-five (55) years of age or older.

Occupant's Signature

Date

Occupant's Signature

Date

Received by Del Webb Community Association, Inc.

Signature

Date



Lifestyle Resident Contact Information
Please Print Clearly

Name(s): _____ Type of Membership: _____

Local Del Webb Address: _____

Local Phone #: _____ Cell Phone #1: _____ Cell Phone #2: _____

Away Address: _____ Away Phone: _____

Primary Email: _____ 2nd Email: _____

Other Occupants Related to above Owner(s):

Name _____ DOB: _____ Relationship _____

Name _____ DOB: _____ Relationship _____

Name _____ DOB: _____ Relationship _____

Pets: Pit Bulls, "wolf hybrids" or other dogs prone to or exhibiting aggressive behavior MAY NOT be kept. See "Use Restrictions", Article XIV Section 4 in governing documents. If no pets, please write "none".

Type: _____ Name: _____ Pet License #: _____ St: _____ Date: _____

Breed: _____ Weight: _____ Rabies Vaccination Date: _____

Type: _____ Name: _____ Pet License #: _____ St: _____ Date: _____

Breed: _____ Weight: _____ Rabies Vaccination Date: _____

Birthdays: _____ Anniversary: _____

Please use this address as my mailing address: (Please choose one) Local _____ Away _____

I / We give permission for the above information to be given to the Del Webb Naples Welcome Committee and for my / our name(s) and hometown to be listed in the newsletter: Yes _____ No _____

I / We approve the use of my email address to receive notices from the Association:
(Please check all that apply)

Primary Email _____ Second Email _____

Signature: _____

Date: _____

Signature: _____