

# Florenxia™

AT THE COLONY GOLF & BAY CLUB™

## Leasing Policy

- No lease or rental period of any unit shall be less than 30 consecutive days.
- No more than 3 leases in any 12 month period, per unit, shall be permitted.
- No Unit Owner may lease or rent a unit if delinquent, partially or full, in the payment of any Assessment.
- An owner intending to lease their Unit shall complete an application to the Board of Directors at least twenty (20) days prior to the first day of occupancy.

A check in the amount of \$100.00 made payable to Florenxia at the Colony must accompany the application as a non-refundable Application Fee.

- After the required notice and all requested information have been provided, the Board shall have ten (10) days to approve or disapprove the proposed lease.
- The unit owner is responsible for providing the lessee with a copy of the Association Rules & Regulations.
- Lessees are not permitted to have pets.
- No unit may be sub-leased and must be a natural person as opposed to an entity.
- A lessee of a unit shall have the use rights in the Association Property and Common Elements during the term of the lease and the owner of the leased unit shall not have such rights except as a guest of a unit owner.
- For complete details regarding leasing of units, refer to the Condominium Declaration, Section 19.2 and 19.6.
- An application can be found on the Owner Information page of the Florenxia website [florenxiaatthecolony.com](http://florenxiaatthecolony.com) or the Manager's Office.

***Florencia at the Colony Condominium Association, Inc.***

23850 Via Italia Circle

Bonita Springs, FL 34134

239-949-3114 (ph) 239-949-3117 (fax)

**Application for Approval to Purchase or Lease a Condominium Unit**

***To: Board of Directors of Florencia at the Colony:***

I hereby apply for approval to:

( ) purchase Unit No. \_\_\_\_\_ and for membership in the Association.

( ) lease Unit No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**Instructions:**

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the purchase or lease agreement, and a non-refundable fee in the amount of **\$100.00, payable by check to Florencia at the Colony Condominium Association, Inc.** Two personal letters of reference must also accompany this application. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant \_\_\_\_\_ Age \_\_\_\_ Soc. Sec. # \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_ Age \_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (business) \_\_\_\_\_

Email address \_\_\_\_\_

Nature of business or profession (if retired, former occupation) \_\_\_\_\_

All units of the Association are designated as single family residences only. Please state name, relationship and age of all other persons who may be occupying the unit for more than 7 days during the time of the lease term. If additional space is required for additional names, please attach a separate sheet to this application.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Two personal letters of reference are to be attached to this application:**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Two credit references, preferably local, are required:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Telephone \_\_\_\_\_

***For purchasers only*** – please identify mortgagees, if any:

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

reside here full time     reside here part time     lease unit to others

**List pets if applicable - Two dogs/cats/birds (two being the maximum number of such animals in any combination). *No pets allowed in leased units.***

Type \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Type \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

***For lessees only*** – current or most recent landlord, if applicable:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Duration of rental \_\_\_\_\_

**Parking space assignment for this unit is \_\_\_\_\_**

**Automobiles to be parked on the premises:**

Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**Mailing address for notices regarding this application if *different* from the home address given above:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Realtor Information:**

Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Title or Attorney Information (for purchases only):**

Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

***Applicant's Affidavit***

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event of a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association.

**Signatures:**

Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

***For unit purchasers only:***

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

This application is:      **Approved**       **Not Approved**

Florencia at the Colony Condominium Association, Inc.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**  
\_\_\_\_\_ Application & fee received on \_\_\_\_\_ Ck # \_\_\_\_\_  
\_\_\_\_\_ 2 Letters of Reference  
\_\_\_\_\_ Lease Application (for lease)  
\_\_\_\_\_ Purchase Agreement (for purchase)  
\_\_\_\_\_ Background Check Completed

# CERTIFICATE OF APPROVAL FOR PURCHASE ONLY

This is to certify that \_\_\_\_\_

has/have been approved by the Florencia at the Colony Condominium Association, Inc., a non-profit Florida Corporation, as the purchaser(s) of the following property in Lee County, Florida:

23850 Via Italia Circle Unit # \_\_\_\_\_  
Bonita Springs, FL 34134

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY \_\_\_\_\_ President  
\_\_\_\_\_ Secretary

(Corporate Seal)

STATE OF FLORIDA,  
COUNTY OF LEE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgment,

\_\_\_\_\_ of

Florencia at the Colony Condominium Association, Inc., a non-profit Florida Corporation, who is personally known to me and who executed the foregoing Certificate of Approval and acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed as such officer duly authorized and affixed thereto the corporate seal.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

*Notary Seal*