

Application for Consent to Transfer

Property Address			Ft. Myers, FL 33908		
BUYER INF	ORMATION:				
Buyer's Nam	e (as titled on deed)				
Currently/Re	cently an owner in Lexi	ngton? \square YES – Men	nber #	□ No	
Member #1 _		Member #2		Marital Status	
Dependents:	Name		Birtl	n Date	
	Name	me		Birth Date	
	Name		Birtl	n Date	
and (d) said chi or in military se leave from milit considered Fam herein when in	ldren reside with the owner of the owner of the standard	on a permanent basis, or in the udent resides in the Unit while velopmentally disabled childre ermore, a co-owner of the Uni have declared the Unit as their	e case of children enre e away from the colle on of any age who per t in military service s domicile while in ac	(i.e., grandchildren of the mem colled as a college or graduate sege or university or when the chamanently reside with an owner shall be considered Family as destive military service."	students ild is on shall be lefined
Secondary M	ailing Address				
	City		ST	Zip	
Preferred Bil	ling Address (check one	e): Lexington \square	Secondary		
Email:	#1				

Lexington Community Association

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Phone Numbers:	Local	North _	North		
	Cell #1				
	Business				
		_			
	Emergency, whom ma	-			
Name		Phone	Relationship		
Home Watch Servi	ce		Phone		
Pets: Type		Color	License #		
Туре		Color	License #		
Closing Agent/Att	orney/Title Company				
Contact person		Phone			
Email					
Anticipated Closir	ng Date				
Realtor(s)					
TRANSFER FEE:	_				
		To be paid at closing	•		
Do you wish to be i	included in the Lexingt	on Country Club Homeov	vner Directory? Yes \(\square\) No \(\square\)		
(Florida law requires tha	t we have your signature in ord	der to publish your information)			
Signature of Buyer:	•		Date / /		

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