

**NOTICE OF INTENT TO SELL  
FOUR SEASONS CONDOMINIUM ASSOCIATION OF WINTER PARK, INC.  
200 St. Andrews Blvd., Winter Park, FL 32792**

**Property Owner:** 200 St. Andrews Blvd, unit#

This notice of Intent to Sell and a fully executed copy of the related sales contract must be accompanied by payment of \$ 100.00 (ONE HUNDRED DOLLARS) for each applicant, resident or married couple on record (over 18 years old), made payable to "Four Seasons Condominium Association" and returned to the Association's Board of Directors or the Community Association Manager. If uncertain, please contact the manager at 407-671-5559.

**THIS SECTION IS TO BE COMPLETED BY THE OWNER/PROPERTY MANAGER**

In compliance with the Declaration of Covenants and Restrictions of the Association named above (copies can be found at [www.fourseasonswinterpark.com](http://www.fourseasonswinterpark.com)). I (we) hereby serve notice that as owner(s) Agent of the above referred unit, I (we) intend to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I am notified to the contrary within **30 (thirty) days from the receipt of this completed notice and attachment**, I will advise Buyer that the proposed sale has been approved.

Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For Response contact: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY ALL PURCHASERS  
THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS**

I (we) intend to purchase unit# \_\_\_\_\_ located at 200 Saint Andrews Blvd., Winter Park, FL 32792. I (we) am aware that any falsification or misrepresentation of the information contained herein will result in automatic rejection of this application. I (We) acknowledge that a background check will be performed as part of the application process.

**I (we) acknowledge and understand that the property offered for sale is governed by deed restrictions and Rules & regulations, which are applicable to both the Unit and Common Property, and which may be amended from time to time by the Association, Four Seasons Condominiums of Winter Park, Inc. I(We) agree to abide by such deed restrictions and rules and regulations (copies can be found at [www.fourseasonswinterpark.com](http://www.fourseasonswinterpark.com)).**

I(we) am purchasing this property with the intent to (check one):

Reside as owners on a full-time basis \_\_\_\_\_ Reside as owners on a part-time basis \_\_\_\_\_ Lease the Property \_\_\_\_\_

Name of Purchaser: (1) \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Purchaser: (2) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Units are for residence use only. The following person (s) in addition to purchaser(s) will occupy the unit:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pets: Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Pets: Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicles: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicles: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

In case of emergency: Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Scheduled Date of Closing: \_\_\_\_\_

Name of Closing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION FOR ASSOCIATION USE ONLY**

Processing fee received \$ \_\_\_\_\_ Check: \_\_\_\_\_ Sales contract attached?

DATE: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Four Seasons Condominium Association of Winter Park, Inc., and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or attachments, exhibits.

I authorize Four Seasons Condominiums of Winter Park, Inc. to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by Four Seasons Condominiums of Winter Park, Inc. to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and or resumes are true and correct and that I have knowingly withheld any fact or circumstances that would be, if disclosed, affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by Four Seasons Condominiums of Winter Park, Inc. at any time during my occupancy with Four Seasons Condominiums of Winter Park, Inc.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of Four Seasons Condominiums of Winter Park, Inc. and within 5 days upon request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by Four Seasons Condominiums of Winter Park, Inc. based on the information contained in the report.

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By signing below, I acknowledge understanding of the purpose of this Authorization form and its intended uses.

**Applicant(s) information:**

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Professional License(s) \_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

**IMPORTANT: the following information will be used by screening agency for identification purposes only to perform a background check. The information WILL NOT be used as part of the decision process of Four Seasons Condominiums of Winter Park, Inc.;**

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Applicant(s) must complete a separate Release form**