

NOTICE OF INTENT TO SELL

Date: _____ Unit Number: _____

To: THE MERIDIAN OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

From: _____

Unit Owner(s)

No broker Open Houses are permitted without written notice to the Association and its consent.

If applicable, Broker's Name and Number: _____

By their signatures below, Applicants agree and represent that they have received, read and understand the Rules and Regulations, Pool, and Tennis Court Rules of the Association and they, their family and guests, will abide by them and provide to any offeree.

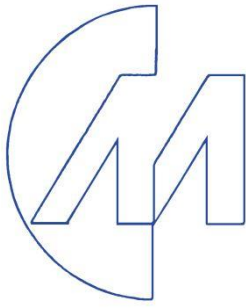
The Agreement of Sale is subject to the written Approval of the Board of Directors. Each purchaser must interview with a Board Member as part of the consideration of an Agreement of Sale.

UNIT OWNER(S)

Signature Required

Signature Required

Date: _____



Instructions for Sale or Transfer Application Form

1. Complete the Application for Sale. The seller and purchaser must sign the form.
2. A fully executed (legible) copy of the sales contract and approved mortgage (if applicable) must accompany your application.
3. A non-refundable application fee of \$150.00 (per person, excluding husband/wife and parent/dependent child, which are considered one applicant), and \$255.00 processing fee.
Acceptance of the \$150.00 application fee does not in any way constitute approval.
4. It is required that each applicant submit a copy of his/her two (2) most recent pay stubs and/or copies of his/her Federal Income Tax returns for the past two (2) years with the package. In the event there is an application for mortgage, please attach said application.
5. After closing (if sale or other transfer of title) a copy of the recorded deed must be provided to the Association.
6. Occupancy prior to final approval is prohibited.
7. The **seller** (current owner) must provide the purchaser with a copy of the Declaration of Condominium, Articles of Incorporation and Bylaws, or the new owner may purchase a copy from the office.
8. The Board of Directors will approve or disapprove an Application for Sale within (10) days after the interview with a board Member and the receipt of all information, fees and materials requested by the Association are received by the office of the Association. A sale *is not* effective, nor may the unit be occupied by the respective buyer(s), without the Certificate of Approval by the Board of Directors of the Association.

Submit your entire package to:

The Meridian of Palm Beach Condominium Association, Inc.
c/o The Board of Directors
3300 S. Ocean Boulevard
Palm Beach, FL 33480

Thank you,

Board of Directors
The Meridian of Palm Beach Condominium Association, Inc.



APPLICATION FOR PURCHASE

Date: _____ Closing Date: _____ Unit No. _____

Purchaser(s) Information

Full Name(s): _____

Current Address: _____

Home: _____ Cell: _____ Business: _____

Home: _____ Cell: _____ Business: _____

Applicant's Employer/Business

Name: _____ Phone No.: _____

Position: _____ Supervisor: _____

Address: _____

How long employed: _____ If less than one (1) year, previous employer, and phone no.

Co-Applicant's Employer/Business

Name: _____ Phone No.: _____

Position: _____ Supervisor: _____

Address: _____

How long employed: _____ If less than one (1) year, previous employer, and phone no.

Name of Real Estate Company/Broker representing you _____

Agent's Name: _____ Phone No.: _____

Name of Title Company or Attorney and Phone No.: _____



Financial Information

Monthly gross income: \$ _____

Monthly net income: \$ _____

Have you ever filed for bankruptcy? _____ If yes, where and what is the case no.: _____

Have any liens ever been recorded against any property you own? ____ If yes, where, and why?

Have you ever been named as a defendant in any foreclosure action? ____ If yes, where, and why?

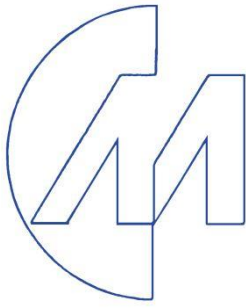
Please provide a copy of your two (2) most recent pay stubs with this application and copies of your Federal Income Tax return (for Applicant and all co-applicants) for the past two (2) years. If there is an application for mortgage, please attach said application.

MORTGAGE INFORMATION: Check here if there will **not** be a Mortgage: _____

Name, address, phone number and type of entity or company (i.e., bank, savings, and loan association, insurance company, etc.) of approved mortgage:

Amount of Mortgage: _____

Name(s) of person(s) to be mortgagor(s) and/or guarantor(s) of the mortgage:



REFERENCES

*(Do not include anyone related by blood, marriage, or adoption)
Be sure to attach the required references to the application*

Business References:

	NAME	ADDRESS	PHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Personal References:

	NAME	ADDRESS	PHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By your signatures below, Applicants agree and represent that they have received, read, and understand the Rules and Regulations, Pool and Tennis Court Rules of the Association and they, their family, and guests, will abide by them.

Applicants further understand this transaction is subject to the written Approval of the Board of directors and that you they must meet with the Executive Committee of the Association as part of the consideration of this Application. Please contact the Association office via email at meridianofpalmbeach@kwpmc.com to arrange a time for said meeting.

**THIS APPLICATION PACKAGE FOR SALE IS EXECUTED BY THE APPLICANT(S)
ON THE DATE SPECIFIED BELOW.**

I / We declare the above information to be true and correct.

_____	Date: _____
_____	Date: _____



PURCHASER INFORMATION FORM

Please Print Clearly

Unit Number: _____ Date: _____

Owners Name: _____

Co-Owner/Spouse/Partner Name: _____

Unit Phone #: _____

Out of State Address and Contact Information:

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Business Phone: _____

Cell No. _____ Spouse Cell No. _____

E-Mail: _____ Spouse/Partner Email: _____

I give permission to include our email address in the Meridians directory and/or roster:

Please initial: Yes _____ No _____

Contact Preference: Cell # _____ Business # _____ Home# _____

List Names of those who are allowed to stay in your apartment in your absence:

(Per the Meridian's Rules & Regulations this includes parents, grandparents, children, brother, sister).

<i>Name</i>	<i>Relationship</i>	<i>Cell Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEKEEPER NAME & NUMBER: _____

(Remember - per our rules -- housekeepers and caretakers should not be given key unit key)

When absent from my unit, _____ will be checking my unit.



Emergency Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Cell No.: _____

Vehicle Information:

Vehicle #1

Make: _____ Model: _____ Color: _____ Year: _____ Tag/Plate: _____

Vehicle #2

Make: _____ Model: _____ Color: _____ Year: _____ Tag/Plate: _____

Additional Information:



RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to the Accudata Holdings, LLC client below, Accudata Holdings, LLC or any party or agency contacted by the aforementioned to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata Holdings, LLC - Client information only)

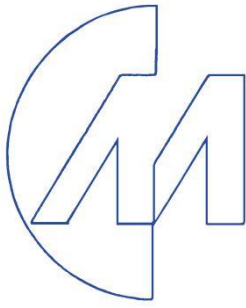
Company Name: The Meridian of Palm Beach Condominium Assoc., Inc.

Contact Name: Property Manager

Tel#: 561-582-9830

E-mail: meridianofpalmbeach@kwpmc.com

Type of Screening Requested: Package 4



RECEIPT AND ACKNOWLEDGEMENT OF THE RULES AND REGULATIONS, BY-LAWS AND DECLARATION

I (we) acknowledge receipt of a copy of the Rules and Regulations of the Meridian of Palm Beach Condominium Association, Inc., and agree for myself/ourselves and on behalf of all persons who may use the apartment we are planning to purchase, that I/we/they will abide by all of the restrictions contained therein.

As the prospective new owner of unit number _____, I (we) agree not only to abide by all of the restrictions contained in the Rules and Regulations as above stated, but also those contained in the By-Laws and Declaration of Condominium of the Meridian of Palm Beach.

Prospective Owner's Signature

Prospective Owner's Signature

Dated: _____