

Board of Governors  
The Greathouse Condominium Association, Inc.  
11072 Turtle Beach Rd  
North Palm Beach, FL 33408

Dear Governors:

In compliance with the Rules and Regulations for The Greathouse Condominium Association, Inc., I (We) hereby notify you of my (our) intention to sell Apartment # \_\_\_\_\_ to

\_\_\_\_\_ as purchaser(s).

The following required enclosures are attached herewith:

- 1) Executed Copy of Sales Contract
- 2) Confidential Application for membership
- 3) Emergency Data Sheet
- 4) Executed Rules and Regulation form
- 5) Two Letters of Reference
- 6) Pet Registration form, if applicable

Your action in regard to this application is requested in accordance with the requirements of the Rules and Regulations referred to above.

I (we) understand that, in case of refusal by the Board of Governors of prospective purchaser(s), who may be occupying the unit as guest(s), I (we) will be fully responsible for all legal and other expenses caused by the non-acceptance of these purchaser(s).

Very truly yours,

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**GREATHOUSE CONDOMINIUM ASSOCIATION, INC.**  
**APPLICATION FOR MEMBERSHIP**

To the Members of the Greathouse Condominium Association Inc., North Palm Beach, Florida.

Request is hereby made by the undersigned for membership in the Association for Unit # \_\_\_\_\_. The undersigned agrees to accept membership in accordance with the terms and provisions of the Association as contained in the Declaration of Condominium, its attachments and exhibits thereto, as they may be amended from time to time.

(Please Print)

Name of Applicant \_\_\_\_\_  
Name of Spouse, if applicable \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Florida Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Nature of Business \_\_\_\_\_  
Company Name \_\_\_\_\_ Position \_\_\_\_\_  
Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Name and Ages of Children \_\_\_\_\_  
List Permanent Occupants of Apartment \_\_\_\_\_

Bank Reference (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Contact Person) \_\_\_\_\_  
(Telephone Number) \_\_\_\_\_

No. of Pets \_\_\_\_\_ Species \_\_\_\_\_ Weight \_\_\_\_\_  
Pictures Enclosed \_\_\_\_\_ (Recent picture of pet required)  
Make of Cars \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_

Country, Golf and Yacht club Affiliations:

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

Three Additional Personal References;

Name \_\_\_\_\_ Address Name \_\_\_\_\_ Ph# \_\_\_\_\_  
Name \_\_\_\_\_ Address Name \_\_\_\_\_ Ph# \_\_\_\_\_  
Name \_\_\_\_\_ Address Name \_\_\_\_\_ Ph# \_\_\_\_\_

It is understood by me that simultaneously with making application for membership in the Association, I have likewise made application to purchase property in The Lost Tree Village Property Owners Association. If I am accepted for membership in the Association, my membership in the Association shall be completed when and if the property is purchased.

I agree to abide by each and every regulation of the Association, and I understand that in the event my membership is approved and I become the owner of property in the Greathouse Condominium Association, I (we) agree that I will not sell nor rent to any person who has not been approved by the Association.

WITNESS:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Joint Applicant Signature (if applies)

DATE: \_\_\_\_\_

**THE GREATHOUSE CONDOMINIUM ASSOCIATION, INC.**

**OWNER/LESSEE EMERGENCY DATA SHEET  
CONFIDENTIAL INFORMATION - NOT FOR PUBLICATION**

<b>NAME(S)</b>		<b>UNIT #</b>
<b>LOCAL ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>AWAY ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PRIMARY MAILING ADDRESS (CIRCLE ONE): LOCAL // AWAY</b>		
<i>PLEASE INFORM MANAGEMENT, TEL. # 561/727-3900, OF ANY CHANGE</i>		
<b>LOCAL PHONE #</b>	<b>AWAY PHONE #</b>	
<b>LOCAL CELL #</b>	<b>AWAY CELL #</b>	
<b>LOCAL FAX #</b>	<b>AWAY FAX #</b>	
<b>E-MAIL ADDRESS:</b>		
<b>ARE YOU A FULL-TIME RESIDENT? YES / NO</b>		
<b>IF PART-TIME RESIDENT SPECIFY OCCUPANCY PERIOD(S)</b>		
<b>NEAREST RELATIVE'S NAME</b>	<b>PHONE #</b>	
<b>RELATIVE'S ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>OTHER OCCUPANTS IN HOUSE? YES / NO</b>		
<b>NAME(S)</b>	<b>RELATIONSHIP TO LESSEES(S)</b>	
<b>ADDITIONAL INFORMATION (LOCAL EMERGENCY CONTACT, ETC.)</b>		

**THE GREATHOUSE CONDOMINIUM**

Dear Admissions Committee:

I have been given a copy of The Greathouse Documents and the Rules and Regulations due to my application as Purchaser or Lessee for Unit \_\_\_\_\_.  
I have read and understand these rules and agree to abide by them.

\_\_\_\_\_  
Applicant Signature/Lessee Signature

\_\_\_\_\_  
Joint Applicant Signature/Lessee (If Applicable)

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

**THIS FORM IS TO BE EXECUTED AND RETURNED**

**GREATHOUSE CONDOMINIUM ASSOCIATION, INC**  
**PET REGISTRATION**

Unit # \_\_\_\_\_

Owner Name \_\_\_\_\_

**The Association currently limits each unit to one (1) cat or one (1) dog not to exceed 40 lbs.**

1. Species \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Pet Name \_\_\_\_\_

Coloring \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

License No. \_\_\_\_\_

Provide Recent Photograph(s) \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Association Approved by \_\_\_\_\_

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