

**RAINTREE VILLAGE  
CONDOMINIUM, INC.  
2101 SUNSET POINT ROAD  
CLEARWATER, FLORIDA 33765**

**Dear Unit Owner or Prospective Resident:**

**Enclosed are the Forms required to be completed and returned before an interview will be scheduled. Please read all forms carefully and complete fully and accurately. An incomplete form will hold up the scheduling of your Interview. Return completed forms and a check in the amount of \$100.00 payable to RAINTREE VILLAGE, for processing to:**

**Ameritech Management / Raintree Village  
24701 US 19 Highway North Suite #102  
Clearwater, Fl. 33763**

**You will also need to send 2 forms of identification, one of which has your photo.**

**All persons who will occupy the unit need to be present at the interview. A copy of the sales or rental contract will need to be present.**

**Thank you for your cooperation.  
Raintree Village Board of Directors**

**RAINTREE VILLAGE  
CONDOMINIUM, INC.  
2101 SUNSET POINT ROAD  
CLEARWATER, FLORIDA 33765**

**APPLICATION BY PROPOSED PURCHASER/OCCUPANT  
(PLEASE COMPLETE FULLY AND ACCURATELY)**

**TO: Board of Directors:**

**I(We) intend to purchase/occupy Unit No. \_\_\_\_\_. For you to facilitate consideration of my (our) Application for the purchase of the above designated unit in Raintree Village Condominium, I (We) represent that the following information is factual and true. I (we) am (are) aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I (We) consent that you may make further inquiry concerning this Application, particularly of the references given below. I (We) am (are) also aware that I (We) MUST MEET WITH THE INTERVIEW COMMITTEE FOR TO APPROVAL TO PURCHASE A UNIT. INTERVIEW FEE IS \$100.00.**

**I (We) will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Condominium Association.**

**I (We) OR THE TITLE COMPANY will provide the Association a copy of the Recorded Deed within ten days of closing.**

**A COPY OF THE PURCHASE AGREEMENT IS ATTACHED.**

**ATTACH A COPY of DRIVER'S LICENCE FOR ALL OCCUPANTS.**

**FULL NAME OF PURCHASER**

**DATE OF BIRTH**

---

**FULL NAME OF SPOUSE**

**DATE OF BIRTH**

---

Tate

**PRESENT HOME ADDRESS** \_\_\_\_\_

**CITY AND STATE** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PHONE (\_\_\_\_)** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_

**PRIOR HOME ADDRESS** \_\_\_\_\_

**CITY AND STATE** \_\_\_\_\_ **Zip** \_\_\_\_\_

**HOW LONG** \_\_\_\_\_

**The rules and regulations of the ASSOCIATION provide an obligation of Unit Owners that condominium units are for single family residence.**

**NO ONE UNDER THE AGE OF 18 (EIGHTEEN) IS ALLOWED TO RESIDE IN THE VILLAGE.**

**OCCUPATION OF PURCHASER (even if retired)** \_\_\_\_\_

**HOW LONG** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**OCCUPATION OF SPOUSE** \_\_\_\_\_

**HOW LONG** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**NAME AND ADDRESS OF THREE PRIOR EMPLOYERS AND DATES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

APPLICANT'S DRIVER'S LICENSE NO. SPOUSES DRIVERS LICENSE NO.

\_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

**BANK REFERENCES**

1. \_\_\_\_\_

2. \_\_\_\_\_

**PET RESTRICTIONS -Two spayed or neutered domestic cats which are confined indoors. No dogs allowed except seeing eye certified.**

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY;**

\_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

ZIP

**MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;**

**NAME**

**ADDRESS**

**CITY AND STATE**

**ZIP**

**PHONE ( )**

**I (We) understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents of the Association and the Condominium provides cause for available immediate action as therein provided or termination of a leasehold under appropriate circumstances.**

Tate

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents of the Association and the Condominium provides cause for available immediate action as therein provided or termination of a leasehold under appropriate circumstances. I (We) hereby authorize the Association to do a background check, including credit history.

I (We) certify that I (We) have received and are responsible for the following:

Copy of the Raintree Village Condominium Rules and Regulations.

DATED; This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNED; \_\_\_\_\_  
Applicant

SIGNED; \_\_\_\_\_  
Applicant

RAINTREE VILLAGE  
CONDOMINIUM, INC.  
2101 SUNSET POINT ROAD  
CLEARWATER, FLORIDA 33765  
(727) 461-7183

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of  
Raintree Village Condominium, Inc.

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners  
of Unit No. \_\_\_\_\_ in Raintree Village Condominium, Inc., have designated

\_\_\_\_\_  
(NAME (ONE OWNER ONLY))

as their representative to cast all votes and to express all approvals that such owners  
may be entitled to cast or express at all meetings or the membership of the Association  
and for all other purposes provided by the Declaration, the Articles and By-Laws of the  
Association.

The following examples illustrate the proper use of this Certificate:

- (i) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required  
designating either John or Jim as the Voting Representative (NOT A THIRD  
PERSON).
- (ii) Unit owned by John Jones. No voting Certificate required.
- (iii) Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate  
required designating either Bill or Mary as the voting representative. NOT A      THIRD  
PERSON.

This Certificate is made pursuant to the Declaration and the By-Laws and shall  
revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
OWNER

NOTE: This form is not a proxy and should not be used as such. Please be sure to  
designate one of the joint owners of the unit as the Voting Representative, not a third  
person.

## ATTENTION HOMEOWNERS – RAINTREE VILLAGE CONDOMINIUMS

According to Florida Statute (Rule 61B-23.0029), with **homeowner consent**, the Association can electronically transmit to owners a notice of meetings, monthly newsletter, maintenance updates, social event notices, and other time sensitive Association communications.

Eliminating a postal mailing will result in substantial savings as it relates to costs for printing and postage. It will also result in a timelier mail delivery to you. To receive future communications via email, **you must complete this form and return this form** via email, postal, or dropping in the Manager's box in the clubhouse library.

### COMPLETE AND RETURN

Homeowner of record: \_\_\_\_\_

Raintree Village unit #: \_\_\_\_\_

Primary mailing address (if different than Raintree Village address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address(s): \_\_\_\_\_

\_\_\_\_\_

(Check One Only)

- I, \_\_\_\_\_, agree to accept electronic transmission for Raintree Village information as stated above.
- I, \_\_\_\_\_, DO NOT agree to accept electronic transmission for Raintree Village information as stated above.

Owner(s) of Record Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

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

Return to: Raintree Village Condominium Association, ATTN: Secretary

2101 Sunset Point RD, Unit 400

Clearwater, FL 33765

or

Email: [secretary.rtv@gmail.com](mailto:secretary.rtv@gmail.com) , subject line "Email Authorization"

or

Manager's mailbox in clubhouse library.





**RAINTREE VILLAGE CONDOMINIUM, INC.**  
**WAIVER FOR EMOTIONAL SUPPORT/SERVICE ANIMAL**

Owner(s): \_\_\_\_\_

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

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

This waiver is being granted by the Board of Directors in compliance with the existing Federal and State Statutes regarding "Emotional Support Animals."

This waiver is subject to the restrictions listed below:

1. The animal must be licensed and current with all required shots and vaccinations and the Board may require proof of same be provided by owner as verified by a licensed veterinarian.
2. This reasonable accommodation is granted only as to the particular animal currently owned by the owner. A separate application, documentation, and waiver will be required for any replacement animal.
3. The animal must be on a leash no longer than six (6) feet long at all times when outside the owner's unit.
4. The owner must pick up all animal waste immediately and dispose of the waste properly.
5. The animal cannot make unreasonable noise or display unruly or aggressive behavior which disturbs the peace and tranquility of other residents or create a nuisance or danger to other residents.
6. The accommodation is being made to the owner who qualifies for the exemption under Federal and State Fair Housing Laws and to no other owner/occupant of the unit. When the owner entitled to the reasonable accommodation is no longer in residence in the unit, the animals shall be removed.

7. If the Board receives any complaints regarding the Owner's failure to abide by the restrictions listed above, the Owner will be notified in writing of the complaint(s) and directed to correct the problem. If the Owner fails to correct the problem, and the same problem persists, the Board may take action to have the animal removed.

I understand and agree to comply with the above listed restrictions:

---

Owner Signature

Date