

The Continental Group, Inc
1904 Clubhouse Drive
Sun City Center, FL 33573
Phone 813-642-8990 Fax 813-642-8790

Board Approval/Notification _____

Sale Price \$ _____

TRANSFER APPLICATION – OXFORD I
MUST BE SUBMITTED 10 DAYS PRIOR TO CLOSING

ASSOCIATION: _____ UNIT # _____

UNIT ADDRESS _____

OWNER'S NAME _____ PROPOSED CLOSING DATE _____

SELLER'S AGENT _____ PHONE _____

BUYER'S AGENT _____ PHONE _____

BUYER/S (all names on deed) _____

PRESENT ADDRESS _____ PHONE _____

CELL _____

NAMES OF ALL OCCUPANTS _____

IN CASE OF EMERGENCY, CONTACT (name, relationship, city, state, phone) _____

Acceptance of transfer application is not to be construed as approval by the Board of Directors or Continental Group. Upon signing this Transfer Application, I/We understand and agree to:

1. **The following items must be attached to the Transfer Application:**
 - a. Transfer Addendum specific to the association.
 - b. Photocopy of driver's license or passport for each occupant.
 - c. Application fee of \$100.00, as required by association documents, payable to Oxford I.
 - d. *Listing agreement when agent signs application on behalf of client.
 - e. Request for Service Animal, when applicable.
2. One of the occupants must be at least fifty-five (55) years of age. **Buyer to initial if under age 55** _____
3. Seller must return resident badge to clubhouse and vehicle sticker to security gate.
4. Each unit owner, tenant and guests are subject to the rules and regulations as posted and/or specified in the Declaration of Condominium of this association and in the amendments thereto.
5. Buyer acknowledges Kings Point West is a Senior Safety Zone, as defined by Hillsborough County Ordinance Number 07-12.
6. The seller is responsible for providing all pertinent condominium association documents to the buyer and buyer acknowledges having received said documents by initialing here _____.
7. I would like my name and phone number published in the directory. ___ NO

SELLER's or *AGENT'S SIGNATURE/S

BUYER'S OR *AGENT'S SIGNATURE/S

_____ Dated _____

_____ Dated _____

_____ Dated _____

_____ Dated _____

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The Following is for completion by The Continental Group Inc. (Rev 11/1/11)

Received By _____ Date Rec'd _____ Identification Rec'd _____ App Fee & Ck# _____

Pet Agreement/Fee & Ck# _____ Closing Doc Rec'd _____ Assessment Due _____

Reviewed By _____ Send Mail To KP _____ Or Other Address _____

Original to Unit File Copies to; 1.Badge Office 2. President 3. Security 4. Emergency Squad 5. COA