Estoppel Application

CAPTAIN'S COVE HOMEOWNERS ASSOCIATION, INC.

A Deed Restricted Community
P.O. Box 23
Bokeelia, Florida 33922
Please complete this form and the Acknowledgement Questionnaire

Title Company or Law Firm Information: Closing Date:_____

Company Name:_____
Address: _____
City: _____ State: _____ Zip: _____

Contact Person: _____ Phone #: _____
Fax Number: _____ Email: _____

SELLER(S) INFORMATION:

Sellers Name:_____

Address: _____ Phone #: _____

City:_____State: _____ Zip:_____

ADDRESS OF PROPERTY BEING SOLD:

Address: _____ Lot #: _____
Bokeelia, Florida 33922

Strap #: _____

BUYER(S) INFORMATION:

Buyer(s) Name: _____

Buyer(s) Home Address: _____

City: _____ State: _____ Zip:_____

Phone Number: _____

ACKNOWLEDGEMENT and QUESTIONAIRE

Captain's Cove Homeowners Association

As a condition of Estoppel: Captain's Cove Homeowners Association requires that the following items be completed and returned to: Captain's Cove HOA, P.O. Box 23, Bokeelia, Florida 33922.

Note: The Estoppel will be issued immediately upon receipt of:

____ 1. The return of Estoppel Application and the Acknowledgement Questionnaire.
____ 2. Estoppel Fee of: $200.00
____3. Sellers boat ramp key (charge of $200.00 for lost keys)

Sale Property Address:_____ Lot#: _____
Bokeelia, Florida 33922

New Owners Name:_____
Mailing Address: _____
Phone #: _____Email address: _____
Emergency Contact:_____ Phone #: _____

IMPORTANT: Official Mail, Annual Dues Bills, Voting Ballots, ect, will only be mailed to the owners' address on file with the Lee County Tax Collector. Please be sure to keep your address up to date.

Official notifications will also be posted at the Boat Ramp and on our website.

---------Sign and Notarize Form----------

I have received a copy of Captain's Cove HOA Bylaws and Deed of Restrictions.
I have read and agree to abide by all of the Captain's Cove HOA Documents

New Owner Signature: _____ Date: _____

I hereby certify that on _____ day of _____, known to me to be the individual(s) described herein and who executed the same freely and voluntarily, for the purpose herein expressed.

NOTARY PUBLIC: _____
Commission Expires: _____ State of: _____