

REQUEST FOR CERTIFICATE OF APPROVAL

Windjammer Resort & Beach Club
4244 El Mar Drive, LBTS, FL 33308
Tel: (954) 776-5733 Fax: (954) 351-9153
Tollfree: 1-866-776-4256

Date: _____

Unit: _____

Week: _____

Sale Price: _____

I (we) _____ Phone # _____ are informing the Association that I (we) am (are) selling the above mentioned unit-week(s) to the following purchaser(s):

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Postal Code: _____

E-Mail: _____

Home Telephone: _____ Work Telephone: _____

Social Security #: _____ Date of Birth: _____

Enclosed is a check in the amount of \$35.00 per unit week made payable to Windjammer Condominium Association for administration fees.

I (we) understand that once the purchasers are approved, a certificate will be provided that must be recorded with deed at Broward County Records Division. I (we) also understand that the official records of the Association will only be changed upon receipt of a **RECORDED** copy of the **Certificate of Approval and Deed**. Add an extra \$35 if you would like Windjammer to record this for you.

Please forward the **CERTIFICATE of APPROVAL** to: (circle one)

BUYER SELLER CLOSING AGENT

Name: _____

Address : _____

City: _____

State: _____ Postal Code: _____

On this date: _____

By: _____
Owner/Seller Signature

Co-Owner Signature