



# CAPPELLO II at VENETIAN GOLF & RIVER CLUB CONDOMINIUM ASSOCIATION

c/o Sunstate Association Management, Inc.  
P.O. Box 18809, Sarasota, FL 34276  
Office (941) 870-4920 Fax (941) 870-9652  
ALLAPPLICATIONS@sunstatemanagement.com

## Leasing and Sales Application

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a **copy of Driver's License** for all residents over 18 years of age and a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

Lease \_\_\_ Dates \_\_\_ to \_\_\_ Sale \_\_\_ Mortgage Type \_\_\_\_\_ Closing Date \_\_\_\_\_

Present Owner: \_\_\_\_\_

Title Co: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Full-Time Residence? YES  NO  Realtor / Lease Manager Name, Phone & Email: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Previous Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Other Occupants: \_\_\_\_\_

Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)  
Pet(s): \_\_\_\_\_  
*Breed Weight*

Vehicle 1: \_\_\_\_\_  
*Make Model State License Plate #*

Vehicle 2: \_\_\_\_\_  
*Make Model State License Plate #*

List any additional vehicles on a separate sheet.



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## References

Please list references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord /  
Mortgager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations Capello II at Venetian Golf and River Club Property Owners, Inc. and agree to abide by them.

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

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

## Action By Board of Directors

Application Approved    YES    NO  
                                     

Board

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