



***Bermuda Ridge Condominium Association, Inc.***  
***Bonita Springs, FL 34134***

% MAY Management Services

Mailing & Physical address: 11100 BONITA BEACH RD. STE. 101, BONITA SPRINGS, FL 34135  
239-262-1396

**Sales Application**

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This application is for the potential sale of a specific condo unit in the Bermuda Ridge community in the Diamond Ridge development in Bonita Springs Florida. If this application does not have the following documents attached, it will be returned and could delay the approval process:

- ✓ Sales contract between the owner and the buyer
- ✓ \$50 application fee made payable to Bermuda Ridge COA
- ✓ \$50 processing fee made payable to MAY Management
- ✓ \$50 (non-refundable) background check(s) fee(s) per adult occupying the unit, made payable to MAY Management. Please call our office to get the fees for a Canadian or International Background Check.
- ✓ Authorization form for procurement of a background check
- ✓ Two (2) letters of reference – NON Family members

**General Notes for Applicants**

- Each sales application must include all applicable fees.
- Formal approval must be received by applicant PRIOR to sale of requested condo unit.
- By signing and submitting this application, you agree that you have received, reviewed and accept to abide by all Bermuda Ridge Condominium Association rules and regulations.
- All sales applications must be approved by the Bermuda Ridge Condominium Association Board.

***Bermuda Ridge Condominium Association, Inc.***  
***Bonita Springs, FL 34134***  
*c/o MAY Management Services, Inc., NP, FL.*

**Condo Unit Information:**

Building Address: \_\_\_\_\_

Unit Number \_\_\_\_\_

Owners Name: \_\_\_\_\_ PH: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Currently: Own \_\_\_\_\_ Rent \_\_\_\_\_

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

**Co-Applicant Information**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Currently: Own \_\_\_\_\_ Rent \_\_\_\_\_

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

**Occupants**

Number of adults to occupy unit (maximum of four (4) adults +2) \_\_\_\_\_

Number of children under the age of 18 to occupy unit \_\_\_\_\_

Relationship(s) of occupants: \_\_\_\_\_

**Vehicle Information**

Make

Color

Year

License Plate (State/Number)

Vehicle #1: \_\_\_\_\_

Vehicle #2 : \_\_\_\_\_

**\*Employment Information**

**Applicant**

Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

**\*Co-Applicant**

Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Intent of Purchase: (please check one):**

( ) Reside here on a full time basis    ( ) Reside here part time    ( ) Lease the unit  
\*Bermuda Ridge COA has a cap of 10% maximum number of units allowed for annual leases.

**Closing Date** \_\_\_\_\_ **Title Co.** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*All Applicants are Required to List Two (2) Personal References and Attach Two (2) Letters of Reference – Non-Family Members**

**#1) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PH:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**#2) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PH:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Please Read Carefully and Sign Below**

I have received a current copy of the Rules and Regulations of Bermuda Ridge Condominium Association, Inc., and the Diamond Ridge Master Association.

I have read and will abide by all rules, regulations and documents of the Association including Diamond Ridge Master Association. I understand that all information and references on this application will be verified.

**This application must be completed in its entirety, or it will not be accepted.**

By signing below I, the Applicant, also agree to have MAY Management Services, on behalf of the Association run a background check using my personal information provided on this application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail application, payments and attachments to:**

MAY Management Services  
11100 Bonita Beach Rd.  
Bonita Springs, FL 34135  
ATTN: Bermuda Ridge COA

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**Application Must Be Approved By the Bermuda Ridge Condominium Association Board of Directors**

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

**Approved:** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Board Member Signature** \_\_\_\_\_

**Print Name / Title:** \_\_\_\_\_