

NOTICE OF INTENT TO PURCHASE

RE: Gateway Greens Community Association, Inc.
TO: Gateway Greens Community Association Board of Directors
C/o Alliant Property Management, LLC
13831 Vector Avenue, Fort Myers, FL 33907
Phone: 239-454-1101 FAX: 239-454-1147

This shall serve as formal notice of my/our intent to purchase lot ____ located at: _____

Current Owners Name: _____

Purchaser Name(s): _____

Address: _____

Telephone: 1) _____ 2) _____

I/we are purchasing this property with the intention to (please circle whichever applies):

- 1. Reside as owners here on a full-time basis
- 2. Reside as owners here on a part time basis (please provide alternate address & phone number)
- 3. Lease/rent the property

Upon closing of the parcel, I/we will provide a copy of the recorded deed within ten (10) days of closing.

Estimated Closing Date: ____ / ____ / ____

Closing Agent (please provide the information of the Title Company or attorney handling the closing):

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ FAX: _____ E-Mail: _____

I/we are aware of and agree to abide by the Association’s Governing Documents (a copy of which I/we have received prior to closing) and any and all other properly promulgated rules and regulations and amendments in effect within the terms of my/our ownership.

I understand there is a non-refundable \$100 processing fee payable to Alliant Property Management due with this application. A onetime capital contribution fee of \$500 made payable to Gateway Greens Community Association will be collected at closing. This Application must be received in the office of Alliant Property Management at least 15 business days before closing. I/we authorize said fee to be paid at closing and submitted to Alliant Property Management along with a copy of the warranty deed.

Dated this _____ day of _____, 20_____.

Signature of Buyer

Signature of Buyer

GATEWAY GREENS COMMUNITY ASSOCIATION, INC.
Fort Myers, Florida 33913

RECEIPT OF RULES AND REGULATIONS

I/we have received, accepted and agree to abide by the Rules and Regulations for Gateway Greens Community Association, Inc.

Print Name

Print Name

Signature

Signature

Date

Date

Date: _____

GATEWAY GREENS RESIDENT INFORMATION FORM

All residents can manage their guest list and contact information directly from a computer or mobile device instantly. Its fast and easy. Go to www.gatewaygreens.com for more information.

RESIDENT INFORMATION	CONTACT INFORMATION
NAME: _____	PRIMARY PHONE: _____
NAME: _____	SECONDARY PHONE: _____
PROPERTY ADDRESS: _____	ADDITIONAL PHONE: _____
UNIT NUMBER: _____	E-MAIL ADDRESS: _____
OWNER: Y N - SEASONAL: Y N - RENTER: Y N	E-MAIL ADDRESS: _____
SECOND ADDRESS	EMERGENCY CONTACT INFORMATION
STREET NUMBER: _____	NAME: _____
STREET ADDRESS: _____	PRIMARY PHONE: _____
CITY: _____	SECONDARY PHONE: _____
STATE: _____	NAME: _____
ZIP: _____	PRIMARY PHONE: _____
OTHER PERMANENT RESIDENTS	IN-STATE KEY HOLDER CONTACT INFORMATION
NAME: _____	NAME: _____
NAME: _____	PRIMARY PHONE: _____
NAME: _____	SECONDARY PHONE: _____
NAME: _____	NOTES: _____
SPECIAL INSTRUCTIONS:	

RESIDENT VEHICLE INFORMATION

Owner's Name	Plate Tag & State	Year	Make	Model	Color

GUEST LIST INFORMATION

This section is for guests and regular service providers who you wish to allow through the gates WITHOUT being contacted whether or not you are home. Residents are responsible for the conduct of their guests and service providers and may receive a Violation Notice for any Covenant violations. Go to www.gatewaygreens.com for more information.

NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____

I have read the above information and authorize the information contained herein to be added to my gate access account.

Resident's signature _____ Date: _____