

**King's Gate Association, Inc.**  
**55+ Condominium Community**  
1500 Kings Way Drive, Nokomis, FL 34275  
Phone: 941-485-8139 FAX: 941-485-9709

**SALES PROCEDURE INSTRUCTIONS**

1. Complete the "Owners Notice to Sell" form to start the sales process and give to the King's Gate Association Office.

Note: The Seller needs to leave the Pictorial Directory at the Unit!

2. Once an offer has been accepted, all prospective Owner(s) and Seller(s) must complete the "Owners Request to Transfer and Buyers Request for Approval" application form, and include:
  - a) \$100.00 application/processing fee.
  - b) A current copy of all Buyer(s) driver's License(s).
  - c) Completed background/Credit check form for each Buyer, (if you have not resided in King's Gate Park in the last 3 years).
3. Exterior Inspection of Unit needs Seller(s) and Buyer(s) signatures prior to closing.
4. A new "White Book", (Interview Package and King's Gate Park Condominium documents), will be given to the Buyer via their Realtor or can be picked up at the King's Gate Park Office during Office hours, (with prior notice).
5. After the background comes back, an Interview by the Board Members will be scheduled. Make sure you have the "White Book" prior to the Interview.
6. As per Declaration of Condominium, section 20, please allow 30 days for this process to closing.
7. Be sure you, Seller(s), have your original deed to your property and title for your unit, as these will be necessary in order for you to sell.
8. The Seller(s) are responsible to turn over the Gate Cards and/or remotes to the new owners at closing.
9. If you lease a Shed you are transferring or selling with the home, there is a Shed Request to Transfer Form and Shed Lease Agreement Form.

Thank You for your cooperation! King's Gate Park Management

**OWNER'S NOTICE TO SELL**

**KING'S GATE ASSOCIATION, INC.  
1500 Kings Way Drive  
Nokomis, FL 34275  
PH: 941-485-8139 FAX: 941-485-9709**

**DATE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**LOT / ADDRESS:** \_\_\_\_\_

**LISTING AGENT:** \_\_\_\_\_

**IS UNIT TEN YEARS OLD OR OLDER?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**DO YOU HAVE A SHED?** Yes \_\_\_\_\_ No \_\_\_\_\_

**OWNER(S) SIGNATURE:** \_\_\_\_\_  
\_\_\_\_\_

**OWNERS REQUEST TO TRANSFER & BUYERS REQUEST FOR APPROVAL**

To: King's Gate Association, Inc, 1500 Kings Way Dr, Nokomis, FL 34275, Date: \_\_\_\_\_

**OWNERS REQUEST TO TRANSFER:** In accordance with the Declaration of Condominium and Bylaws of King's Gate Association, Inc. a condominium, as recorded in OR Book 971, Pages 715-762, and first Amendment thereto, recorded in OR Book 1005, page 147 and Condominium Plat, Book 6 page 41, of the Public Record of Sarasota County, FL, I/WE, \_\_\_\_\_ hereby request that approval of transfer of ownership of Lot#: \_\_\_\_\_,

to **Applicant(s):** \_\_\_\_\_ that have proven they are age 55 or older. (include copy of legal ID(s); Drivers License, Passport, etc).

**BUYERS REQUEST FOR APPROVAL TO PURCHASE PROPERTY within King's Gate Association, Inc, in** accordance with King's Gate Assoc. Rules & Regulations and the recorded Declaration of Condominium,

I, **Applicant(s):** \_\_\_\_\_

hereby request the Board of Directors consent to purchase property described as Lot#: \_\_\_\_\_

Full address: \_\_\_\_\_

Cell/Phone#: \_\_\_\_\_, Email (Opt). \_\_\_\_\_

Realtor: \_\_\_\_\_, Proposed Closing Date: \_\_\_\_\_

**NOTE: The application will not be considered without:**

1. Completed Owners Request to Transfer & Buyers Request for Approval Form
2. \$100.00 processing fee (Fee is waived if current King's Gate Park Owner)
3. Completed Background & Credit Check for each buyer (Background & Credit Check is waived if Purchaser(s) have resided in King's Gate Park during the last 3 years).
4. A copy of your legal ID, (Drivers License, Passport, etc).

**Purchaser(s) assumption:** I/We the undersigned hereby declare that I/we have read the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations and all amendments thereto of King's Gate Association, Inc. and do hereby agree to abide by all the conditions contained therein upon completion of my/our purchase and approval of sale by the Board of directors (or designated agent) of King's Gate Association, Inc. I/We also hereby declare I/we understand that King's Gate Association, Inc. is a housing facility of older persons and I/we are 55 years of age or older. I/we also hereby declare I/we understand that as a fee holder of said unit, I/we are responsible for any and all unpaid property taxes or assessments on said unit. We agree to pay the Maintenance/Reserve Fee due on the first of every month of \$ \_\_\_\_\_.

\*Signature on this application indicates prospective owners understand that King's Gate Association, Inc. is a condominium association with deed restrictions as provided by the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations and the Condominium Act of the State of Florida, Section 718, and hereby agree to become familiar with and abide by these regulations.

**Seller(s) signature:** \_\_\_\_\_, \_\_\_\_\_

**Buyer(s) signature\*:** \_\_\_\_\_, \_\_\_\_\_

**Board Consent and Approval:** I, as a duly authorized Officer, of King's Gate Assoc. do hereby give permission to sell and transfer all rights, interest and title to the above Buyers.

**BOD INTERVIEWER(S) signature(s) for consent and approval: (if denied, write "denied")**

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

# King's Gate Association, Inc.

1500 Kings Way Drive Nokomis, FL 34275

Phone: 941-485-8139 Fax: 941-485-9709

## SALE BACKGROUND CHECK

I hereby give permission to Corelogic Background and Credit Screening services, and its clients to receive any criminal records, credit reports, or employment records whether by verbal, email, fax, photocopy or original signature. I agree to hold harmless Corelogic, and all providers of information. In the even that information provided to me is found to me misleading or false; my acceptance for this rental, lease purchase, employment or application may be affected. I am knowingly agreeing to this background and credit check for the purpose of Kings Gate Association Inc. to have the ability to approve/disqualify me/us from residency/ownership of the community Kings Gate Park.

Phone/Cell# \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

.Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous address (es): (If less than 7 years at current address. Use additional paper if necessary.)

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Country: \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_

DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested, convicted or adjudicated of a crime?: \_\_\_\_\_

If you answered yes to the above question please give details, dates and location(s).:

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

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Phone/Cell# \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

.Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous address (es): (If less than 7 years at current address. Use additional paper if necessary.)

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Country: \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_

DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested, convicted or adjudicated of a crime?: \_\_\_\_\_

If you answered yes to the above question please give details, dates and location(s):

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

Revision: 06/28/2018



# Beacon Background Screening Services, LLC

1525 S. Tamiami Trail Suite #603, Venice, FL 34285

Tel (941) 408-1788 Toll free (866) 408-1788

Fax (941) 408-1784

Background check

CANADIAN

## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)		First Name	Second Name
Maiden Name or Other Surnames Used (if applicable):		Place of Birth (If other than Canada, please also note date of entry to Canada):	
Date of Birth (YY-MM-DD)	Sex	Phone #	Driver's Licence Number

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Note: Information is Collected and Disclosed According to Section 27(1) & 32 of the MFPPA

<p><b>SEARCH AUTHORIZATION:</b></p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p>Authorization to Release Clearance Report or Any Police Information</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of a Criminal Record or any Criminal Information to Group CCG and its partners.</p> <p>I hereby release and forever discharge all members and employees of the Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service to Group CCG and its partners.</p>	<p>Signed this _____ day of _____, 20____</p> <p>X _____</p> <p>(Signature of Applicant)</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

<b>ORGANIZATION REQUESTING SEARCH</b>	
X _____	X _____
Signature of Representative Verifying Applicant's ID	Type of ID viewed (Driver's license, SIN, Health Card, etc.)

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## GATE ENTRY FORM

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

Please confirm below the gate card(s) and/or remote(s) you have received from the previous owner:

Gate Card(s) numbers: \_\_\_\_\_

Remote(s) numbers: \_\_\_\_\_

Cell Phone number to be used for #4 digit code: \_\_\_\_\_

(Office Staff: #4 digit personal code given: \_\_\_\_\_)

**Owner Signature:** \_\_\_\_\_

**Unit#:** \_\_\_\_\_

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If applicable:

By my **signature as Owner**; I am giving the Renter of my Unit, permission to receive a Personal Gate Code for gate entry, assigned to my Unit#:

**Owner's signature:** \_\_\_\_\_

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### FEE AMOUNTS:

Remote \$40.00  
Gate Card \$ 8.00  
All Door Key \$10.00  
Personal code no fee

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Any Notes: