

**SAN MARCO PLAZA CONDOMINIUM ASSOCIATION, INC.**  
**APPLICATION FOR CHANGE OF USE, SALE, TRANSFER OR LEASE**

This application is submitted for consideration by the Board of Directors of San Marco Plaza Land Condominium Association, Inc. of a proposed \_\_\_\_\_ [please identify whether you are seeking approval of a proposed change of use, sale, other transfer, or lease/sublease] of Unit #\_\_\_\_\_, San Marco Plaza, BLDG # \_\_\_\_\_ [please insert mailing address].

Name of Applicant:\_\_\_\_\_

Address of Applicant:\_\_\_\_\_

Telephone for Applicant:\_\_\_\_\_

FEIN for Applicant:\_\_\_\_\_

Name of Principal Contact for Applicant:\_\_\_\_\_

E-mail Address of Principal Contact for Applicant:\_\_\_\_\_

Please describe the type of business, goods or services expected to be furnished out of Bldg \_\_\_\_\_ Unit \_\_\_\_\_, (address) \_\_\_\_\_ at San Marco Plaza:

\_\_\_\_\_  
\_\_\_\_\_

By submitting this application, I acknowledge and agree that the use of Bldg \_\_\_\_\_, Unit \_\_\_\_\_, San Marco Plaza Condominium Association, is subject to the Amended and Restated Declaration of Condominium of San Marco Plaza Condominium, as recorded Book 2517, Pages 4695 through 4737 of the Public Records of Manatee County, Florida on April 22, 2014, as amended, and governed by the Special Warranty Deed and restrictions, as well as all additional amendments recorded by the Lakewood Ranch Master Association, or any other updated amendments before transfer of ownership.

**Please note that there are restrictions in place against operating any business or providing any service(s) or goods for consideration or compensation at San Marco Plaza, that is the same or substantially similar to a business already being operated out of another Unit within San Marco Plaza Condominium Association. \_\_\_\_\_ [Initial]**

**CURRENTLY, "RETAIL USE" IS THE ONLY TYPE OF USE THAT IS PERMISSABLE FOR ANY SALE/LEASE/SUBLEASE OR TRANSFER OF BUSINESS IN SAN MARCO PLAZA. THIS RESTRICTION IS BEING ENFORCED BY THE LAKEWOOD RANCH/DEVELOPER. THE PLAZA IS OVER THE MAXIMUM AMOUNT OF SQUARE FOOTAGE, FOR OFFICE SPACE, BY MORE THAN 4,000 SF. (MEDICAL/PROFESSIONAL OFFICE USE) AS STATED IN THE SPECIAL WARRANTY DEED AND OTHER RELATED DOCUMENTS THAT SUPPORT THIS RESTRICTED USE. THIS WILL REMAIN THE SAME, UNTIL UNITS WITH OFFICE USE CHANGE INTO RETAIL USE, BY OVER 4,000 SF, AS A RESULT OF A SALE, LEASE SUBLEASE OR TRANSFER OF BUSINESS.**

\* Once completed, please return to the property management company for the Association:

CAMS by Stacia (**Community Association Management by Stacia, Inc.**)

San Marco Plaza Condominium Association, Inc.

Mail: 1800 2nd Street Suite 717 Sarasota, FL 34236    **Office (941) 315-8044**    Email: [office@cam-ss.com](mailto:office@cam-ss.com)

**\*\* No change of use to include sale, transfer, lease, sublease, or change of use by the current owner may be executed until a written approval from the Property Management company is obtained.**

**\*\*\* If approved by the Board of Directors, applicant is reminded that this association will forward to PRC for second approval. Please note: There are signage restrictions and requirements, with a process in place. No signage may be displayed until submitted and approved by the Board of Directors and the LWR PRC.**

\_\_\_\_\_ [Sign]

\_\_\_\_\_ [Date]

**BEACON BACKGROUND SCREENING  
SERVICES, LLC  
TENANT SCREENING APPLICATION**

**APPLICANT:** Please print neatly. Information that is not legible will delay the process of this application.

Full Legal Name: Maiden/Alias:
Current Street Address: City: State: Zip:
Phone:
Driver's License Number: State of ID:
Social Security Number: Date of Birth:
Employer: Occupation: Salary:
Address: City: State: Zip:
Supervisor: Phone: Dates of Service:
IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:
Have you ever been evicted?
Have you filed bankruptcy in the last 7 years?
Have you ever been arrested or convicted of a misdemeanor or felony?

<b>CO-APPLICANT:</b>
Full Legal Name: Maiden/Alias:
Driver's License Number: State of ID:
Social Security Number: Date of Birth:
Employer: Occupation: Salary:
Address: City: State: Zip:
Supervisor: Phone: Dates of Service:
IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:
Have you ever been evicted?
Have you filed bankruptcy in the last 7 years?
Have you ever been arrested or convicted of a misdemeanor or felony?

CURRENT LANDLORD:
Name: Phone:
How long have you lived at this address: Current rent: Reason for move:
PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS:
Street: City: State: Zip:
Landlord's Name: Phone: Reason for move:

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information.

Applicant Signature: \_\_\_\_\_

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

Spouse or Co-Signer Signature: \_\_\_\_\_

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