

# REQUEST FOR CERTIFICATE OF APPROVAL

Windjammer Resort & Beach Club  
4244 El Mar Drive, LBTS, FL 33308  
Tel: (954) 776-5733 Fax: (954) 351-9153  
Tollfree: 1-866-776-4256

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

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

Week: \_\_\_\_\_

Sale Price: \_\_\_\_\_

I (we) \_\_\_\_\_ Phone # \_\_\_\_\_ are informing the Association that I (we) am (are) selling the above mentioned unit-week(s) to the following purchaser(s):

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

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

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enclosed is a check in the amount of \$35.00 per unit week made payable to Windjammer Condominium Association for administration fees.

I (we) understand that once the purchasers are approved, a certificate will be provided that must be recorded with deed at Broward County Records Division. I (we) also understand that the official records of the Association will only be changed upon receipt of a **RECORDED** copy of the **Certificate of Approval and Deed**. Add an extra \$35 if you would like Windjammer to record this for you.

Please forward the **CERTIFICATE of APPROVAL** to: (circle one)

BUYER SELLER CLOSING AGENT

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

On this date: \_\_\_\_\_

By: \_\_\_\_\_  
Owner/Seller Signature

\_\_\_\_\_  
Co-Owner Signature