



Good Day Realtors/Proposed Buyers,

Thank you for your interest in Sail Harbour at Healthpark Homeowners' Sub-Association, Inc. It will be very important to make sure you review/provide a copy of the following items (some of which are included with this letter as a courtesy) from the community website, [sailharbourfortmyers.com](http://sailharbourfortmyers.com) to give to the proposed buyer.

1. Rules & Regulations (on the Sail Harbour Website).
2. Complete current set of Sail Harbour's Governing Documents. The seller is responsible to supply this to you. You may also download them from [www.LeeClerk.org](http://www.LeeClerk.org) or [www.SailHarbourfortmyers.com](http://www.SailHarbourfortmyers.com) to ensure that you will have the most updated set with amendments.
3. Transfer Application (included with this letter).
4. Pet Registration Form (on the Sail Harbour Website). All pets must be registered with the Association.
5. Lease & Access Control Packet. **(lease terms are no less than 30 day leases and no more than 12 times per year; Dogs are not permitted in Leased Units)**
6. Information on the working capital fund. Most buyers have questions on this and this section will help explain the answer.

I would also like to remind you of the following pertaining to the sale of this home in Sail Harbour:

- Working Capital Contribution Fee: the amount equal to three (3) months of the annual assessment. Please see the attachment. This will be a buyer's expense and a one time fee collected at closing.
- Accounting Firm to obtain Estoppels Certificate: Spires & Associates, P.A. Attn: Karen Hughes PH (239) 936-4336 FAX (239) 936-4941 or email at [KarenH@spiresassociates.com](mailto:KarenH@spiresassociates.com). You will need to order this to make sure ALL past due fees (if any) will be included with the sale.
- Sail Harbour at Healthpark belongs to Healthpark Florida West P.O.A. (Property Owners Association) which is the master association. The master association assessments are included in the Sail Harbour budget and therefore an estoppel will not be needed.
- Please make sure to explain there is a CDD tax on this property. You can research this information on <http://www.leetc.com>

**Budget and Financials:** We do have budget and financials. However, it is not customary for our office to supply the budget or financials to non-owners or listing/buyer agents. All the attachments and information in this email is all a listing agent has to supply the buyer's realtor. Once a real estate transaction is contracted and lenders are getting involved, the title company or lender can order these. If the title company needs the budget, they can purchase a hard copy for \$10.00. If the title company needs a year end financial, they can be purchased at \$15.00. The year end financials are mailed out to the owners so I would suggest obtaining a copy from the

seller at no additional cost. If this is a foreclosed unit, you will need the bank to request this as the owner

The 2020 quarterly dues are \$810. The HOA dues cover:

- Lawn & Irrigation Maintenance. This does not include plant replacement.
- Access Control (Gate System) into community.
- Operation of Gate Attendants and Gate House
- Community Roving Security Patrol Services (2 times per night). They look for parking violations only.
- Mulch (twice per year)
- Interior Pest Control
- Cable and Internet through Summit Broadband
- Pool & Cabana
- Insurance for the pool and all other common areas.
- Website [www.SailHarbourFortMyers.com](http://www.SailHarbourFortMyers.com). After you close, please make sure to request a log-in.
- Exterior Light Maintenance. This does not include any electrical work on the inside of the home.
- Exterior Decorative Shutter Maintenance.
- Pressure Washing the Common areas.
- Holiday Decorations for front gate area.

The unit owner is liable for the exterior and interior of their unit as this is a homeowners association and not a condo-association. The unit owner will need to contact their own insurance agent of choice and obtain a complete homeowners insurance policy, flood certification and elevation certificate as neither the management office nor the association will be able to provide this documentation.

If the proposed buyer decides to purchase, they will need to complete and submit ALL the access forms in order to obtain the proximity cards/fobs and transponder stickers.

**Furthermore, as the selling or buyers agent, it is important for you to instruct the new buyers they must contact Summit Broadband for the internet and cable service at [launch@summit-broadband.com](mailto:launch@summit-broadband.com) or 239 444 0400 to open their account once the unit is purchased.** Neither Tropical Isles Management nor the association has the capability of setting this up for the owner.

Also, after the proposed buyer has closed on their property, you may want to instruct them to download and print the SAIL HARBOUR NEW OWNER WELCOME PACKET as it will have very helpful information in it.

Should you have any questions, please feel free to contact me via e-mail preferably, at [kayla@tropicalisles.net](mailto:kayla@tropicalisles.net), or by phone at (239) 939-2999, EXT 224.

Sincerely,

Kayla Matias,  
Assistant to Brett Rudland, CAM  
Tropical Isles Management Services, Inc.



# Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

C/O Tropical Isles Management  
12734 Kenwood Lane Suite 49  
Ft Myers, FL 33907  
Phone: 239-939-2999, Fax: 239-939-4034

ADOPTED: February 2009

## APPLICATION FOR APPROVAL OF SALE

The undersigned hereby applies for approval to purchase:

ADDRESS/UNIT#: \_\_\_\_\_

**A copy of the proposed Sales Agreement (contract) and a non-refundable \$50 transfer fee (\$50 made payable to Tropical Isles Management Services, Inc.) must be attached to this application.**

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Full name of 2<sup>nd</sup> applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email address: \_\_\_\_\_
2. Home Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Home Tel. # \_\_\_\_\_ Bus. Tel # \_\_\_\_\_
3. Nature of Business or Profession \_\_\_\_\_
4. Company or Firm Name \_\_\_\_\_ Position Held \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
\_\_\_\_\_

CONTINUE ON NEXT PAGE...

***The Community Association documents of Sail Harbour at HealthPark provide an obligation to unit owners that all units are for single family residences only.***

6. Number of individuals that will be residing in the unit \_\_\_\_\_  
Names/Relationships of individuals who will be residing in the residence.
1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ / \_\_\_\_\_

THE FOLLOWING QUESTIONS CONCERN THE APPLICANT OR PROPOSED PRIMARY APPLICANT:

7. Person to be notified in case of emergency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_
8. Do you have any pets? \_\_\_\_\_ Specify: \_\_\_\_\_  
\*Please check Association documents and rules for pet policy
9. Vehicle Information  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_
10. Mailing address for notices connected with this application  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Tel # \_\_\_\_\_
11. Please check the one that applies to you:  
☐ reside here on a full time basis  
☐ reside here part time  
☐ lease the unit
12. If you plan to lease your unit, please provide the contact information for the leasing agency overseeing your residence:  
  
Leasing Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_
13. As an owner and if I were to lease my unit, I completely understand that I am FULLY responsible for my tenants, guests and their behavior. Also, I understand that it is my responsibility to inform my tenants of ALL rules & regulations such as but not limited to the PARKING/TOWING policy and GARBAGE rules. \_\_\_\_\_ **(Please Initial Here)**

**CONTINUE ON NEXT PAGE...**

14. The applicant is aware of and agrees to abide by the Declaration of Covenants of **Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.**, the Articles of Incorporation, By Laws and any and all properly promulgated rules and regulations in effect within the terms of the occupancy (ownership). Receipt of a copy of the Association documents is acknowledged. \_\_\_\_\_ **(Please Initial Here)**

15. Purchaser(s) agree to assume any unpaid maintenance charges or assessments.

DATED: \_\_\_\_\_  
\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Applicant

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

BY: \_\_\_\_\_  
Officer or Director

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

**NOTE: A Resale Capital Contribution Fee in the amount equal to three (3) months of the annual assessment will be collected at Closing, payable to Sail Harbour at HealthPark Homeowners Association.**

**Please identify below the party responsible for receiving this document upon approval from the association:**

Name/Title Company: \_\_\_\_\_

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

Phone: (       ) \_\_\_\_\_ Fax : (       ) \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

**NOTE: A copy of the proposed Sales Agreement and a non-refundable \$50 transfer fee (\$50 made payable to Tropical Isles Management Services, Inc.) must be attached to this application.**