

Point East One Condominium Corporation One, Inc

Telephone: 305 931 3960 Ext-1 Fax: 305 931 6892 2895 Point East Drive Aventura, FL 33160 A 55 and Over Community E-Mail: pointeastcorp1@gmail.com

NOTICE OF INTENT TO SELL

TO: Board of Directors
Point East ONE Condominium Corporation, Inc

Attn: Management Office

In accordance with the provisions of the Declaration of Condominiums of Point East <u>ONE</u> Condominium Corporation, INC and the policy guidelines adopted pursuant thereto, I/We hereby serve notice that I/We intend to:

SELL			
UNIT No:			
I/We agree to abide by the Rules and Regulati	the Declaration of the Condo	of Condominium, By-La ominium Association.	iws, and
Dated: This	day of		20
(Owner signature)		(Print Name)	
(Owner signature)			
(Owner signature)		(Print Name)	
TELEPHONE NUMBER:			-
E-MAIL ADDRESS:			



POINT EAST ONE CONDOMINIUM CORPORATION, INC.

Telephone: 305 9313960 Fax: 305 9316892 2895 Point East Drive Aventura. FL 33160 A 55 and Older Community E-Mail: pointeastcorp1@gmail.com

REALTOR GATE ACCESS AUTHORIZATION

JNIT: O'	OWNER / RESIDENT:	
THIS IS TO AUTHORIZE AND REQUEST YOU (SECURITY / MANA authorization and request, the <u>undersigned acknowledges and ac</u>	AGEMENT) to grant access to the above describe Unit. In giving this grees:	
Although the purpose(s) of the entry is stated below (for informat Not Management or Security.	tion only), you are responsible to see to such purpose(s) being fulfilled	
You, not <u>Management or Security</u> are responsible for supervising given access to:	ng, observing and controlling the conduct of the person(s) you have	
(including, without limitations, your management and security	ou and all of your Officers, Directors, Members, Employees and Agents companies, and the officers, directors and employees) and from any whether in the Unit, the Common Elements of the Condominium of the costs regardless of whether suit is brought or any appeal is taken.	
NAME OF REAL STATE COMPANY AND AGENTS AUTHORIZED TO HAVE ACCESS	PLEASE CHECK ONE	
AGENT(S):	OPEN LISTING	
COMPANY:	EXCLUSIVE LISTING	
Telephone:		
Alternate Phone:		
NAME (S) OF LICENSED CONTRACTORS AUTHORIZED TO HAVE ACCESS.	REASON FOR GRANTED ACCESS	
1		
2		
3		
START AND END DATES OF THIS AUTHORIZATION MUST APPROVED AND WILL BE VOIDED.	BE FILLED IN OR THE AUTHORIZATION WILL NOT BE	
Start date	Termination date	
Must be filled in	Must be filled in	
Owner's signature	Management's Approval	
Date:	Date of Approval	