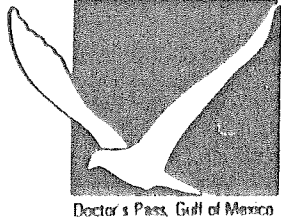


MEMBERSHIP APPLICATION



*Admiralty
Point*

2300 Gulf Shore Boulevard, North
Naples, Florida 34103

Seller: _____

Phone: _____

Buyer: _____

Phone: _____

Realtor: _____

Phone: _____

Application Fee

Date Paid: _____

By Whom: _____

Amount: _____ Ck.# _____

APPLICATION FOR MEMBERSHIP

Date _____

I hereby submit the following information for consideration by the Board of Directors.

Name of Applicant _____

Name of Spouse _____

Residence Address (current address)

_____ Street
_____ City State Zip Phone

Local Address (your new Admiralty Point address) _____
_____ Street Unit #
_____ City State Zip Phone

Present Occupation _____

If Retired, Former Occupation _____

Name of Business or Profession _____

Business Address _____
_____ Street
_____ City State Zip Phone

No. of Children _____ Ages _____

APPLICANT'S CLUB AFFILIATIONS (Past and Present)

1. _____
2. _____
3. _____

Have you ever been convicted of a felony? _____

If yes, please explain _____

Have you ever been rejected, expelled or dropped from any club? _____

If yes, state particulars _____

HOW MUCH OF EACH YEAR DO YOU PLAN TO OCCUPY THE APARTMENT? _____

Do you intend to commercially lease or permit relatives or social guests to occupy the apartment in your absence?

If yes, please explain _____

SOCIAL REFERENCES: (Naples, Residents, if possible)

1. _____	_____	_____	_____
	Name	Street	City, State, Zip
			Phone

2. _____	_____	_____	_____
	Name	Street	City, State, Zip
			Phone

BUSINESS REFERENCES:

1. _____	_____	_____
	Name	Contact Person
		Phone

2. _____	_____	_____
	Name	Contact Person
		Phone

BANK REFERENCES:

1. _____	_____	_____
	Name	Contact Person
		Phone

2. _____	_____	_____
	Name	Contact Person
		Phone

I ACKNOWLEDGE THAT I HAVE RECEIVED AND AM FAMILIAR WITH THE DECLARATION, ARTICLES, BYLAWS AND HOUSE RULES OF ADMIRATLY POINT CONDOMINIUM ASSOCIATION, AND IF ACCEPTED FOR MEMBERSHIP WILL CONDUCT MYSELF ACCORDING TO SUCH GOVERNING DOCUMENTS AS ARE CURRENTLY IN FORCE, OR AS THEY MAY BE AMENDED FROM TIME TO TIME.

NOTE: A ONE HUNDRED DOLLAR PROCESSING FEE MUST ACCOMPANY THIS APPLICATION BEFORE INTERVIEW.

YOU ARE HEREBY AUTHORIZED TO CONTACT ANY OF THE ABOVE FOR THE PURPOSE OF ACTING ON THE APPLICATION.

Applicant's Signature

This application must be complete before returning.