

Cypress Bend RV Resort Condominium Association
20224 Orange Tree Lane, Estero, FL 33928
Phone: (239)992-7555 Fax: (239)992-7503
Email: cypressbendrvestero@gmail.com

APPLICATION FOR MEMBERSHIP

Consent to Transfer

Please check the box that applies below:

New Membership

Application fee of \$150 payable to Alliant

Background Fee of \$66.00/per occupant

Signed background disclosure

Copies of occupant's ID's

Previous Renter (has rented in past 2 years)

Application Fee of \$150.00 Copies of
Occupants ID's (Background Check is N/A)

Lot # RV Size Unit # CB Street Address

Estimated Closing Date: Title Company

Title Company Phone Title Co Email

Title Company Address

NEW OWNER INFORMATION

New owner's Name(s) Are you over 55? Yes No
New owner's Name(s) Are you over 55? Yes No

Proof of age & Photo ID must be attached to this application (i.e., Driver's License, Birth Certificate, etc)

Do you own any other properties in the park? Yes No If yes, How many?

Mailing Address

City State Zip

Email Phone

Planned Use of Property Seasonal Full-Time Rental Other

If Other Describe

Do you have Pets? Yes No (Pets prohibited except on lots A1-A32, C2, G33-G54, J1-J48)

If YES, age/description/breed/weight Weight Breed

Photo Yes License Yes Pet vaccination record: Yes Include Copy of Photo, License & Pet Vaccination records

Per Cypress Bend RV Resort Declaration Section 15. Leasing – If the applicant acquires a legal title, he/she cannot lease the new unit/lot for one (1) calendar year after the title is acquired. This applies to any applicant that already owns a unit/lot in the Association. Violation of this section can result in Board enforcement of violation policies, up to and including the maximum fine allowed by FL statute.

Initial:

I/We hereby Certify that I/We have been provided a copy of the Cypress Bend RV Resort Association Governing Documents, Bylaws, and Rules and Regulations. I/We agree to immediately familiarize myself with them and will strictly abide by each of them. I/We accept responsibility to ensure my visitors/renters will strictly abide by them also.

Signed New Owners

Date

Date

PREVIOUS OWNER INFORMATION

1. I/we hereby certify that I/we plan to transfer the property to the new owners as indicated and certify I/we have given a copy of the Cypress Bend RV Resort Condominium Documents including the Rules & Regulations.
2. I/We have also provided the buyers with two (2) keys to the clubhouse facilities and keys to the post office box.
3. (Previous Owner) Please list your complete forwarding address and phone numbers

Mailing Address:

Phone:

Email:

Signed Previous Owners

Date:

Date:

Please Complete or answer the following:

1. Return this form to the Cypress Bend Office or Alliant Property Management for the required approval, Allow a minimum of 30 days for processing.

2. Should we send an original to the closing agent for recording purposed? Yes No

Approved By:

Date :

Rejected By: President, Cypress Bend RV Resort Condominium Association, Inc.

Approved By:

Date:

Rejected By: Vice President, Cypress Bend RV Resort Condominium Association, Inc.

Approved By:

Date:

Rejected By: Secretary, Cypress Bend RV Resort Condominium Association, Inc.

Alliant Property Management LLC
13831 Vector Ave Fort Myers Florida
Phone: 239-454-1101 Fax: 239-454-1147
Email: apmsupport@alliantproperty.com

Revised 10/01/2025

DISCLOSURE CONSENT APPLICATION

Please complete this form for each person to occupy the unit of the age 18 and older. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Full Name

Social Security Number

List Other Names Used

Date of Birth

Street Address

City

State

Zip Code

Drivers License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature

Date

Witness

Date

Alliant Property Management LLC
13831 Vector Ave Fort Myers Florida
Phone: 239-454-1101 Fax: 239-454-1147
Email: apmsupport@alliantproperty.com

DISCLOSURE CONSENT APPLICATION

Please complete this form for each person to occupy the unit of the age 18 and older. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Full Name

Social Security Number

List Other Names Used

Date of Birth

Street Address

City

State

Zip Code

Drivers License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature

Date

Witness

Date

Alliant Property Management LLC
13831 Vector Ave Fort Myers Florida
Phone: 239-454-1101 Fax: 239-454-1147
Email: apmsupport@alliantproperty.com