



VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

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**UNIT OWNER or OCCUPANT WRITTEN REQUEST FOR
POA. GOVERNING DOCUMENTS - (FORM # - 1-G)**

ALL Owners and Residents are required to be familiar with the Deed-Restrictions of the Villas of Windmill Point and are entitled to view the Governing Documents and Board Rules and Regulations prior to buying a unit, or occupying one. With this form you may request a paid copy of your own documents, or request just a free copy of the Board Rules and Regulations which condenses most of the pertinent rules that would affect any and all residents of the community.

I am the (check one or both if applicable) ___ Unit OWNER / BUYER and / or ___ New Tenant or OCCUPANT,

Of the VILLA UNIT ADDRESS OF: # _____

And, I hereby request the POA. provide me with a copy of the following POA Governing Documents within 10 days of receipt of this request pursuant to F.S. 720 et seq.

I realize that I may view them at any time at no charge at the office, and that the current or previous owner was required by law to provide me with the copies they had, but either did not, or I misplaced them and desire to have a current copy of my own on file. I realize there is a legal charge of \$50 per item that I request, except for the local-Board Rules and Regulations Booklet. **Please provide me the following:**

[- Place a check mark next to any desired document below -]

- 1. _____ Local Board Rules and Regulations Booklet - COST: \$ 0 (Included free with \$90 App. Fee)
- 2. _____ Articles of Incorporation COST: **\$50.00**
- 3. _____ Declaration of Covenants and Restrictions: COST **\$ 50.00**
- 4. _____ Bylaws : COST **\$50.00** **** (ALL 4 DOCUMENTS = \$150.00) ****

I am enclosing or providing total payment of: \$ _____ for the above requested documents. (Sign below and return with corresponding payment).

SIGNED: _____ DATED: _____

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(Sign here only AFTER you receive your requested items above, and return to the POA at or before your required personal interview).

I HEREBY **ACKNOWLEDGE RECEIPT** OF THE DOCUMENTS REQUESTED ABOVE:

SIGNED: _____ DATED: _____