



VILLAS OF WINDMILL POINT II POA., INC.

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

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**(POST - FORECLOSURE / LENDER / BANK) (FORM # 1-F) \$180.00 REG. FEE
NEW (BUSINESS) OWNER APPLICATION AND REGISTRATION FOR**

1. THE VILLA ADDRESS OF: _____

SECTION ONE (1): THIS SECTION REQUIRES THE INFORMATION OF THE ORIGINAL LENDER WHO SECURED THE ORIGINAL LIEN OR MORTGAGE UPON THE VILLA ABOVE, REGARDLESS OF WHETHER IT HAS BEEN ASSIGNED TO ANOTHER PARTY THEREAFTER.

2. ORIGINAL LENDER Full Legal Name: _____

3. ORIGINAL LENDER Full legal physical address (**NO** P.O. BOXES ALLOWED): _____

4. ORIGINAL LENDER mailing address (if different): _____

5. ORIGINAL LENDER **Email address:** _____

6. ORIGINAL LENDER Phone #: _____ 7. Fax #: _____

8. ORIGINAL LENDER TAX (EIN/FIN) ID#: _____ 9. ORIG. LOAN AMT: \$ _____

10. CONTACT NAME : _____ 11. PHONE #: _____

12. **CONTACT PERSON EMAIL ADDRESS:** _____

13. **Date Foreclosure Action Commenced:** _____ 14. **Date of Foreclosure Sale or Delivery of**

Deed-in-Lieu : _____ 15. Has a NEW Certificate of Title (COT) been issued yet? : _____

16. IF YES, WAS IT ISSUED TO THE EXACT SAME LENDER NAME & ADDRESS PROVIDED ABOVE? _____

IF YES, SKIP SECTION TWO (2) AND PROCEED TO SECTION THREE (3). IF NO, and Certificate of Title was Issued to a different entity than the ORIGINAL LENDER, COMPLETE SECTION TWO (2) BELOW:

SECTION TWO (2): THIS SECTION REQUIRES THE INFORMATION OF A DIFFERENT BUSINESS / LENDER / PARTY THAT WAS ISSUED THE CERTIFICATE OF TITLE (C.O.T.) AFTER A FORECLOSURE SALE, OR IS THE FINAL PARTY APPLYING FOR A POA COA. **CHECK ONE:** (a). ____ ORIGINAL COT ENTITY, or (b). ____ DIFFERENT/ SUCCESSOR / ASSIGNEE COT ENTITY.

17. C.O.T. Entity Legal Name: _____

18. C.O.T. Entity Physical Address (NO P.O. Boxes): _____

19. C.O.T. Entity Mailing Address (IF Different from above) : _____

20. C.O.T. Entity Phone #: _____ 21. FAX #: _____

22. C.O.T. Entity Email Address: _____

23. C.O.T. ENTITY (EIN/FIN) TAX ID #: _____ 24. CONTACT PERSON NAME: _____

25. EMAIL ADDRESS: _____

IF THE COT ENTITY ABOVE HAS ASSIGNED OR TRANSFERRED THE PROPERTY TO ANOTHER ENTITY, THEN AN ADDITIONAL/SECOND FORM #1-F MUST BE COMPLETED AND SUBMITTED WITH SEPARATE \$180 FEE.

SECTION THREE (3): THIS SECTION MUST BE COMPLETED IF THERE IS A SEPARATE R.E.O. ASSET MANAGER AND MANAGING COMPANY INVOLVED IN THIS PROPERTY IF NONE WRITE "NONE" (IF THERE IS A **DIFFERENT** LOAN SERVICING COMPANY COMPLETE SECTION FOUR (4) ALSO) - CONTINUED ON PAGE 2 with LINE #26 ---->

(SEC. 3) : 26. REO ASSET MANAGER COMPANY: _____
27. REO. ASSET MGMT. CO. ADDRESS _____
28. REO ASSET MGMT. CO. PH #: _____ 29. FAX # _____
30. REO.ASSET MGMT.CO EMAIL: _____ 31: ASSET MGMT. CO.
TAX (EIN) ID # : _____ 32. ASSET MANAGER/CONTACT NAME: _____
33. ASSET MGR. PH#: _____ 34. ASSET MGR. EMAIL: _____

SECTION FOUR (4): THIS SECTION MUST BE COMPLETED IF THERE IS A SEPARATE ASSET OR LOAN SERVICING CO. OR A LIEN SEARCH OR ASSOCIATION RESEARCH COMPANY ASSISTING AN REO ASSET MANAGER OR LENDER/OWNER:

35. ASSET/LOAN/LIEN SERVICING CO. NAME: _____
36. ASSET/LOAN/LIEN SERVICING CO. ADDRESS: _____
37. PHONE NUMBER: _____
38. SERVICING COMPANY.EMAIL: _____ 39. TAX (EIN) ID #: _____
40. CONTACT NAME: _____ 41. PHONE #: _____
42. ASSET/LOAN/LIEN SERVICING COMPANY CONTACT PERSON EMAIL: _____

SECTION FIVE (5) IF THE LENDER HAS TAKEN TITLE TO THE UNIT, THEY ARE REQUIRED TO IMMEDIATELY ACQUIRE AND PROVIDE THE POA WITH PROOF OF FIRE, CASUALTY AND PERIL INSURANCE ON THE ENTIRE SINGLE FAMILY RESIDENCE / UNIT. **A BINDER OR OTHER PROOF OF INSURANCE MUST ACCOMPANY SUBMISSION OF THIS FORM!**

43. PROVIDE NAME OF PROPERTY CASUALTY INSURANCE COMPANY: _____
44. INSURANCE COMPANY ADDRESS: _____
45. PHONE NUMBER: _____
46. EMAIL ADDRESS: _____ 47. POLICY NUMBER: _____
48. DATE OF ISSUE: _____ 49. AGENT OR CONTACT NAME: _____

SECTION SIX (6) : LIST ANY Property Management Company OR MAINTENANCE PERSON authorized to enter premises:

50. Property Management Company Name ; _____
51. Property Manager or Maintenance Person (NO ONE ELSE will be allowed access): _____
52. Property Mgmt. Co. Address: _____
53. Prop. Mgmt. Co. PH#: _____ 54. Fax #: _____ 55.Email: _____

SECTION SEVEN (7): If the Lender has engaged a Title Company or Lien Search Co. AND/OR Attorney, complete the following:

56. Title Co. Name: _____
57. Title Co. Address: _____
58. Title Co. Ph#: _____ 59. Title Co. Email: _____
60. Law Firm or Attorney Name Involved in ANY stage: _____
61. Law Firm or Atty. Address: _____
62. Law Firm or Atty. PH#: _____ 63. Fax#: _____ 64. Email: _____

SECTION EIGHT (8): If there is an approved/authorized REALTOR involved in the handling of this unit, complete the following:

65. Real Estate **BROKER** Name: _____
66. Real Estate **BROKER** Address; _____
67. R.E. **BROKER** PH#: _____ 68. R.E. **BROKER EMAIL**: _____
69. R.E. **AGENT** NAME: _____ 70. R.E. AGENT PH: _____
71. Real Estate **AGENT** EMAIL ADDRESS: _____

***** THIS FORM MUST BE SIGNED AND DATED BY THE COMPANY OWNER OR AN AUTHORIZED OFFICER OF ANY LENDING INSTITUTION OR CORPORATION AND RETURNED WITH THE \$180 REGISTRATION FEE *****

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND AUTHORIZE THE RELEASE OF ANY/ALL VERIFICATION INFORMATION TO THE POA: 72. _____ DATED: _____
(SIGNATURE)

73. PRINT NAME: _____ 74. TITLE: _____
75. COMPANY NAME: _____ 76. EMAIL: _____