

VILLAS OF WINDMILL POINT II POA., INC.

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

WEBSITE: VWP2.COM

EMAIL: POA@VWP2.COM

**PHONE: (888) - POA-VWP2
(TOLL-FREE) - (888 - 762-8972)**

**FAX: (888) - FXX-VWP2
(888 - 399-8972)**



(NON - FORECLOSURE / NON - LENDER / BANK)

(FORM #1-NB) -NEW (BUSINESS) OWNER APPLICATION AND REGISTRATION

1. FOR THE VILLA ADDRESS OF: _____

2. Company Full Legal Name: _____

3. Company Full legal physical address: _____

4. Company mailing address (if different): _____

5. Email address: _____

6. Phone Number: _____ **7. Fax Number:** _____

8. Type of Organization: _____

9. Date legally established: _____ **10. State or Location Established:** _____

11. If a subsidiary, division, (or Trustee/ Asst. Mgr).- provide parent company name and address here:

12. Does this company own any other residential / rental / investment properties in Florida? _____

13. If Yes, please provide up to three addresses owned:

(1). _____

(2). _____

(3). _____

14. Have any of these or other properties ever been located within a "Deed Restricted Community" or Home-owners Association? _____ **15. If yes, were any of them served with fines and violations?** _____

16. If yes, give details on how they were resolved: _____

17. Has this company ever owned a villa in VWP2 before? _____ **18. If yes, when?:** _____

19. Provide addresses here: _____

20. Is this company or any of its officers, directors or employees related to anyone who currently resides OR owns or has owned a villa in VWP2? _____ 21. If yes, state details: _____

22. Has this company had a property foreclosed on within the past 7 years? _____
Is the company involved in any current litigation? _____ 23. If yes, give summary: _____

24. Company Tax ID Number: _____ 25. Parent Company Tax ID #: _____

26. Name + residential, physical address of top 2 Principals, Officers, or Directors of Business Entity Applicant:

27. NAME OF AUTHORIZED CONTACT INDIVIDUAL: _____

28. PHONE NUMBER: _____ 29. EMAIL: _____

30. Name and address of ANY Management or real estate representative: _____

31. Phone Number: _____ 32. EMAIL: _____

33. Name and Phone # of EMERGENCY CONTACT or MAINTENANCE REP.: _____

34. PH: _____ 35. EMAIL: _____

36. Name of Fire, Casualty and Peril Insurance Company: _____

37. POLICY #: _____ 38. Name of Agent: _____

39. Agent Address: _____

40. Phone Number: _____ 41. Email: _____

42. Will the Company be securing financing on this unit (EITHER AT or AFTER purchase ? _____

43. IF YES, PROVIDE LENDER'S NAME, ADDRESS AND PHONE NUMBER INFO: _____

44. APPROXIMATE / ESTIMATED DATE OF CLOSING OR TRANSFER OF TITLE: _____

I hereby authorize release of any and all information regarding the answers provided herein to the Villas of Windmill Point II POA., Inc., and represent the information herein to be true and correct under penalty of fraud:

SIGNED: _____ PHONE #: _____
(SIGNATURE)

Date: _____ BY: _____ EMAIL: _____
(Print Name)