

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)



(FORM# 1-B) - UNIT OWNER REQUEST TO POA. FOR NEW BUYER / OWNER / RESALE PACKAGE

I / WE, 1. _____, an existing APPROVED owner(s) of unit #

2. _____, in the Villas of Windmill Point II POA., Inc, hereby notify the POA., that I / WE are intending to renew, transfer, change, or add a NEW OWNER to the title of record on the above unit within the next 15 to 30 days, and request the POA send a New Owner / Buyer / Resale package to the following individual(s) who are 18 years of age or older, and hereby authorize you to contact them for a background check / screening, registration and required interview and orientation required for issuance of a POA Certificate of Approval, and authorize you to communicate with any of the other third parties listed below: **(Use additional forms for more than applicants)*

3. Name and Address of New Owner or Applicant #1 *

a. _____
b. _____
c. _____
d. PHONE NUMBER: _____
e. EMAIL: _____

4. Name and Address of New Owner or Applicant # 2 *

a. _____
b. _____
c. _____
d. PHONE NUMBER: _____
e. EMAIL: _____

f. WILL BUYER # 1 OCCUPY THE UNIT? _____

f. WILL BUYER # 2 OCCUPY THE UNIT ? _____

5. IF YES, HOW MANY TOTAL ADULTS OVER 18? _____

6. TOT.# OF MINORS? _____ 7. PETS? _____ 8. VEHICLES: _____

LIST ANY REAL ESTATE AGENTS, TITLE COMPANY, MORTGAGE COMPANY, OR ATTORNEY INVOLVED BELOW:

9. LISTING **BROKER** OFFICE: _____ 10. ADDRESS: _____

11. PHONE: _____

12. LISTING **AGENT**: _____ 13. EMAIL: _____

14. SELLING **BROKER** OFFICE: _____ 15. ADDRESS: _____

16. PHONE: _____

17. SELLING **AGENT**: _____ 18. EMAIL: _____

19. TITLE COMPANY: _____ 20. ADDRESS: _____

21. PHONE: _____

22. CLOSING AGENT: _____ 23. EMAIL: _____

24. SELLERS (or Closing) ATTORNEY (if any): _____

25. EMAIL: _____ 26. PHONE: _____

27. MORTGAGE COMPANY OR LENDER: _____

28. DATE OF EXECUTED BILATERAL SALES CONTRACT: _____ 29. PURCHASE PRICE: \$ _____

30. (A COPY OF THE SALES CONTRACT MUST ACCOMPANY SUBMISSION OF THIS FORM) REQUESTED CLOSING DATE: _____

REQUESTED BY: 31. OWNER OR AGENT/REP. _____ 32. PH. #: _____
(PRINT NAME)

33. (MUST BE OWNER or AGENT/REPI): BY: _____ 34. EMAIL: _____
(SIGNATURE)

35. RETURN THIS FULLY COMPLETED FORM WITH THE \$50.00 PROCESSING FEE TO "Villas of Windmill Point II POA., Inc." at 273 SW Sterrett Cir. PSL., FL. 34953. PAYMENT MADE BY: (Ck. or M.O.) _____ ON (Date): _____