

**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-L) UNIT OWNER REQUEST TO POA. FOR NEW LEASE PACKAGE-( \$50 Processing Fee)**

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 lease, renew, transfer, change the Lessee(s) on the above unit within the next 15 to 30  
days, and request the POA send a New Lease 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, REGARDLESS OF WHETHER EACH LESSEE SIGNING THE  
LEASE OCCUPIES THE UNIT OR NOT, and understand you can not and will not contact them prior to receiving this form.

**3. Name, Address, Phone Number of New Lessee #1**

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. PHONE NUMBER: \_\_\_\_\_  
e. EMAIL: \_\_\_\_\_

**4. Name, Address, Phone Number of New Lessee # 2**

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. PHONE NUMBER: \_\_\_\_\_  
e. EMAIL: \_\_\_\_\_

5. WILL LESSEE # 1 OCCUPY THE UNIT? \_\_\_\_\_ 6. WILL LESSEE # 2 OCCUPY THE UNIT ? \_\_\_\_\_

7. HOW MANY TOTAL ADULTS OVER 18? \_\_\_\_\_ 8.TOT.# OF MINORS: \_\_\_\_\_ 9.# of PETS: \_\_\_\_\_ 10. #VEHICLES: \_\_\_\_\_

11. LEASING/LISTING **BROKER** OFFICE: \_\_\_\_\_

12. ADDRESS: \_\_\_\_\_

13. PHONE: \_\_\_\_\_ 14. EMAIL: \_\_\_\_\_

15. LISTING AGENT: \_\_\_\_\_ 16. PHONE NUMBER: \_\_\_\_\_

17. EMAIL: \_\_\_\_\_ 18. WEBSITE: \_\_\_\_\_

19. R.E. MANAGEMENT **BROKER** OFFICE (if different from above) \_\_\_\_\_

20. ADDRESS: \_\_\_\_\_

21. PHONE: \_\_\_\_\_ 22. EMAIL: \_\_\_\_\_

23. MGMT. AGENT (if different from above) : \_\_\_\_\_ 24. PH: \_\_\_\_\_

25. EMAIL: \_\_\_\_\_ 26. WEBSITE: \_\_\_\_\_

27. MAINTENANCE REPRESENTATIVE (Or Emergency Contact Rep.): \_\_\_\_\_

28. PHONE NUMBER: \_\_\_\_\_ 29. EMAIL: \_\_\_\_\_

30. UNIT OWNER'S INSURANCE CARRIER: \_\_\_\_\_

31. PH #: \_\_\_\_\_ 32.EMAIL: \_\_\_\_\_ 33. POLICY #: \_\_\_\_\_

**34. (OWNER OR AGENT MUST PROVIDE PROOF OF INSURANCE + COPY OF LEASE FOR APPROVAL BEFORE INTERVIEW!)**

35.PERSON MAKING REQUEST: \_\_\_\_\_ 36.PHONE NUMBER: \_\_\_\_\_

(PRINT NAME)

37.(MUST BE OWNER or AGENT)-BY: \_\_\_\_\_ 38. EMAIL: \_\_\_\_\_

(SIGNATURE)

39.SUBMIT FORM WITH A \$50.00 PROCESSING FEE TO:"Villas of Windmill Point II POA.,Inc",273 SW Sterrett Cir.PSL.FL. 34953

40. DATE SUBMITTED: \_\_\_\_\_ 41. PAYMENT BY: \_\_\_\_\_