Names and addresses of all Principals, Officers, Directors: (up to max. of five ok)

_____

_____

_____

_____

_____

NAME AND NUMBER OF AUTHORIZED EMERGENCY CONTACT INDIVIDUAL:

_____

How many employees or subcontractors will you employ while working in our POA? _____

Please provide each persons, name, address, social security number and drivers license number below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Has this company, any of its officers or directors or workers ever provided services in VWP2 before?____

If yes, give details: _____

_____

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

_____

Is the company involved in any current litigation? _____ If yes, give summary:_____

_____

_____

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:

_____DATED:_____