

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)



NEW OWNER APPLICATION AND REGISTRATION (FORM-#1-OW)

(Each owner to be listed on the Deed MUST fill out a separate application)

1. FOR THE VILLA ADDRESS OF: _____

2. APPLICANT FULL LEGAL NAME: _____ 3. List any other middle, married, aliases, or any different name that you have used or are using: _____

4. CURRENT **RESIDENCE** ADDRESS (NO P.O. Boxes allowed) : _____

5. CURRENT Phone # _____

6. CURRENT **MAILING** ADDRESS (If different from above): _____

7. EMAIL ADDRESS: _____

8. List any other different or previous addresses you've used over the past 7 years: _____

9. Drivers Lic. or State ID#: _____ 10. STATE where issued: _____

11. Social Security or Tax ID#: _____ 12. Date of Birth : _____

13. Applicant's Employer or Source of income: _____

14. Employer Address + Ph.# : _____

15. Have you ever been charged with a Misdemeanor or Felony within the past 7 years? _____ 16. If yes, provide relevant details: _____

17. Do you have any outstanding judgments or claims or against you (whether or not you believe it may affect title to the unit?) _____ 18. If yes, please provide relevant details: _____

19. Are you currently involved in any ongoing or pending or upcoming litigation or legal matters? _____ 20. If yes, provide relevant details: _____

21. LIST ANY AND ALL OTHER INDIVIDUALS OR ENTITY WHO MAY BE INVOLVED IN THE TITLE, OCCUPANCY (if known), AND/OR POSSIBLE MAINTENANCE OR MANAGEMENT OF THE UNIT AND THEIR ADDRESS(ES): _____

22. Have YOU or ANY of the above named parties ever owned a unit in this community, or, in ANY Association or Deed-Restricted Community before? _____ 23. If Yes, give address(es): _____

24. Have YOU or ANY of the afore-named parties ever been served with fines and/or violations, or any type of legal action from an Association or private community? _____ 25. If yes, give details and how they were resolved: _____

26. Are you related to, or even personally know or have known any other owners or occupants in VWP2? _____

27. If yes, provide name(s) and addresses: _____

28. EMERGENCY CONTACT NAME, ADDRESS, AND PHONE # of nearest **RELATIVE** NOT LIVING WITH YOU: _____

29. EMERGENCY CONTACT NAME, ADDRESS, AND PHONE # of nearest **FRIEND** NOT LIVING WITH YOU : _____

30. YOU ARE REQUIRED TO INSURE YOUR UNIT AGAINST ALL PERILS FOR AT LEAST \$80,000 (eff.1/1/11). PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THE INSURANCE COMPANY and AGENT YOU INTEND TO USE (**A COPY OF THE BINDER MUST BE PROVIDED TO THE POA.**) PROVIDE YOUR AGENT NAME, ADDRESS AND PHONE NUMBER: _____

31. YOU ARE REQUIRED TO PAY QUARTERLY MAINTENANCE ASSESSMENTS OF: 450.00 ON THE FIRST DAY OF EACH FISCAL YEAR'S QUARTER: 1/1, 4/1, 7/1, 10/1 AND FAILURE TO PAY WILL RESULT IN A LIEN AND FORECLOSURE ON YOUR UNIT WHICH WILL REQUIRE NOTIFICATION TO ANY FINANCIAL LENDER AND LIENHOLDER. PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF ANY BANK, LENDER OR PARTY INVOLVED IN THE FINANCING OF THIS UNIT (if any): _____

32. Amount of financing (if any, and, whether or NOT secured by a mortgage) : _____

33. ALL OWNERS AND/OR OCCUPANTS 18 YEARS OF AGE OR OLDER ARE TO BE INTERVIEWED AFTER SUBMITTING A FULLY COMPLETED APPLICATION WITH THE POA AT LEAST FIFTEEN DAYS IN ADVANCE OF A POSSIBLE CLOSING OR OCCUPANCY AT A **NON REFUNDABLE FEE OF \$90.00** PER ADULT APPLICANT, AND OBTAIN A 'CERTIFICATE OF APPROVAL' FROM THE POA.

34. A COPY OF THE INITIAL SALES CONTRACT AND A FULLY - COMPLETED "UNIT OWNER REQUEST" FORM (**FORM #1-B**) MUST BE PROVIDED TO POA PRIOR TO SUBMISSION OF THIS APPLICATION.

35. A COPY OF THE RECORDED DEED AND MORTGAGE, OR CERTIFICATE OF TITLE MUST BE PROVIDED TO THE OFFICE WITHIN 30 DAYS AFTER FULL EXECUTION.

36. **IF YOU PLAN TO OCCUPY THE UNIT YOU ARE BUYING, YOU MUST ALSO COMPLETE A SEPARATE NEW OCCUPANT APPLICATION (FORM #1-OC) FOR EACH APPLICANT.**

37. YOU WILL BE RESPONSIBLE FOR THE ACTIONS OF YOURSELF AND ALL FAMILY, FRIENDS, RELATIVES, GUESTS, VISITORS OR TENANTS AT ALL TIMES, AND OF ADHERING TO THE GOVERNING DOCUMENTS AND BOARD RULES AND REGULATIONS OF THE POA. COPIES OF ANY DOCUMENTS SHOULD BE OBTAINED FROM THE PRIOR OWNER, OR CAN BE OBTAINED FOR A FEE FROM THE POA UPON REQUEST. NOTE: **ALL APPLICANTS MUST SUBMIT A COMPLETED FORM #1-G WITH THIS APPLICATION.**

38. I HAVE THOROUGHLY REVIEWED AND UNDERSTAND ALL POA. GOVERNING DOCUMENTS AND BOARD RULES AND REGULATIONS: YES: _____ NO _____ INITIALS: _____ DATE: _____

39. YOUR SIGNATURE BELOW ACKNOWLEDGES FULL ACCEPTANCE AND AGREEMENT OF ALL TERMS HEREIN, AND THAT THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE UNDER PENALTY OF LAW, AND AN AUTHORIZATION TO RELEASE INFORMATION TO THE POA. ON YOUR BEHALF.

SIGNED: _____ DATED: _____