LAKES OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.

Potential NEW BUILD / RE-SALE / LEASE Occupants

Please complete the following pages and return to the **LOMD MANAGEMENT OFFICE**

Lakes of Mount Dora POA
8506 Lakes of Mount Dora Blvd.
Mount Dora, FL. 32757
Phone: (352) 357-1019
Fax: (352) 357-2809

On-Site Manager, Cindy Pierson, Community Association Manager (CAM)

Email: cpierson@lelandmanagement.com

Assistant Manager (New Resident Coordinator), Nancy Povlin

nancyatlakes@gmail.com

Please return the entire packet along with proof of age such as a driver's license or birth certificate for the proposed occupants.

Partial or incomplete packets will be returned. Each packet contains 8 pages.

1. Cover page
2. **NEW BUILD / RE-SALE / LEASE** information
3. Information Update
4. Authorization for the Release of Information
5. Certificate of Designated Voting Representative
6. Adult Form and Disclosure
7. Disclosure Summary
8. Vehicle Information (Cars/RV's/Trailer/Motorcycle)

The information below will be used to contact you only if Y**OUR PACKET IS DISAPPROVED OR IF INFORMATION IS MISSING.** Please provide the information where you can be reached **BEFORE CLOSING IF NEEDED.**

Name: _____

Phone number: _____

Email: _____

LAKES OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.

NEW BUILD / RE-SALE / LEASE INFORMATION

Lot # _____ Lakes of Mount Dora Address_____

Proposed Owner / Occupant Information (**X ONE**)

New owner of a New Build ____ New tenant ____ New Re-Sale Owner _____

Closing Date: _____ (New Build/Re-Sale Only)

Realtor/Builder Name: _____ Phone#: _____

Sales Person Name: _____ Phone #: _____

Your Name _____ Age _____

Present Address _____

_____

Phone Number: _____

Pets: Yes ____ No ____ if YES, please list each pet: _____

_____ (**ONLY 3 PETS IN TOTAL ALLOWED**)

Please include the name, relationship to the proposed owner/occupant above and age for all persons to occupy residence.

Name	Relationship	Age
Name	Relationship	Age

Please include the current owner's contact information. If applicable the terms of lease.

Name: _____Terms of Lease _____

Present Address _____

Street City State Zip

Phone Number: _____

LAKES OF MOUNT DORA PROPERTY OWNERS' ASSOCIATION, INC.

INFORMATION UPDATE

Please complete and return this form to ensure that the Association and Management Company have the most up op date information on file.

Lot # _____ Date _____

New Owner Name(s)_____

_____

New Property Address _____

Mailing Address _____
(If different)

_____

Telephones #'s:
Home _____ Cell _____

Business _____

Email _____

Will this home be Owner Occupied? Yes No

Owner must supply proof of ownership to Lakes of Mount Dora such as certificate of occupancy, warranty deed, or closing statement before Access Card/Bar Code items can be provided.

Will home leased? Yes No

Tenant Name(s) _____

_____

Tenant must supply lease agreement to Lakes of Mount Dora before access items can be provided.

Tenants Phone #: _____ Term of Lease: _____

LAKES OF MOUNT DORA PROPERTY OWNERS' ASSOCIATION, INC.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

This authorization is given by (Occupants Name) _____

on this _____ day of _____, 20_____ in favor of Lakes of Mount Dora Property Owners Association, Inc. (Association)

1. I understand and acknowledge that under Section 720.303(5)c(5), Florida Statutes, certain personal records and information are not accessible to the members or parcel owners of the Association except where otherwise authorized under Chapter 720, Florida Statutes (such as where an individual provides written consent).

2. I understand that by signing this authorization, I grant the Association permission to release the information defined in section 3 below to members of the association, and to use the information for the publication and distribution of a resident directory. I understand the directories will be distributed to all association members.

3. I hereby waive my statutory and privacy rights to limit access to this information, and authorize the association to release to its members; and thereby the general public, only the following information. **Please check each that apply:**

Electronic mailing (email) addresses _____ Resident #1: _____

Resident #2: _____

Telephone numbers _____ Resident #1: _____

Resident #2: _____

Name and property address _____

4. Until my consent is revoked by written notice to the association, I authorize the release of my personal information defined in section 3 above for the resident directory, and any and all updated or subsequent directory.

5. I hereby release and forever discharge the association and its directors, employees, and agents from any and all claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of information.

The undersigned has read and voluntarily signs this authorization for the release of information and further agrees that no oral representations or statements have been made to or relied on by me.

Name of Owner/Member _____

Lot # _____ Street address _____

Date _____ Signature _____

LAKES OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.

CERTIFICATE OF DESIGNATED VOTING REPRESENTATIVE

To the Secretary of Lakes of Mount Dora Property Owners Association, Inc.

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of:

_____ have designated
(Lot number or physical address)

_____(Name of Voting Representative) as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the Membership of the Association and for all other purposes provided by the Declaration of Covenants, the Articles of Incorporation and the By-Laws of the Association.

This Certificate is made pursuant to the By-Laws of the Association and shall revoke all prior Certificates and be valid until revoked by subsequent Certificate.

Dated this _____ day of _____, 20___

_____	_____
Lot owner signature	**Lot owner signature**
_____	_____
Print name	**Print name**
_____	_____
Lot owner signature	**Lot owner signature**
_____	_____
Print Name	**Print name**

A Voting Certificate is being provided to determine who the voting representative will be for your Lot if your Lot is owned by more than one person or by a corporation. Please note the following information about VOTING CERTIFICATES.

1) A Voting Certificate is for the purpose of establishing who is authorized to vote for a Lot owned by more than one person (even if husband and wife) or a corporation. A Voting Certificate is not needed if only one person owns the Lot.
2) A Voting Certificate is not a PROXY and may not be used as such. Only an owner or the appropriate corporate officer may be named on a Voting Certificate, not a third party.
3) A Voting Certificate must be signed by all of the owners of the Lot or the appropriate corporate officer.

LAKES OF MOUNT DORA PROPERTY OWNERS' ASSOCIATION, INC.

ADULT COMMUNITY AFFIDAVIT OF COMPLIANCE

Pursuant to Fair Housing Act (H.R. 1158)

Re: HUD Qualification Requirements Occupant Verification

The above referenced community was developed and is intended to remain an **Adult Community** with facilities and programs designed for residents' age 55 and over.

The Federal guidelines established for maintaining the adult community status require certain information be compiled and periodically updated. One of the requirements is that at least 1 (one) occupant be 55 years of age or older and that reliable documentation of the **occupant's** age (i.e. birth certificate, driver's license, passport, immigration card, military ID or any other comparable State, Local, National or International Official Document containing a birth date) be on file. Please complete the following affidavit and attach a copy of the age documentation and sign in the appropriate space. Thank you for your cooperation and prompt compliance to this important survey.

I, *(print name)* _____ , am 18 years of age or older and am an

occupant of a home located at: _____ Lot # _____

(Lakes of Mount Dora address)

Occupant _____ Birth date _____

Occupant _____ Birth date _____

Occupant _____ Birth date _____

I hereby certify that (please check one):

___ at least one occupant residing at the above referenced address is **55 years of age or older.**

___ all occupants are **less than 55 years of age.**

Documentation provided as proof of age: (A copy must be accompanied with this documentation)

___Driver's License ___Birth Certificate ___Other

Signature _____ Date _____

LAKES OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.

DISCLOSURE SUMMARY

Lot # _____ Street Address _____ Date _____

Further, I/We understand and agree:

1. (Homeowner) As a purchaser of property in this community, I/we will be obligated to be a member of a Homeowner's Association.

2. (Homeowner/Occupant) There are recorded restrictive covenants governing the use and occupancy of properties in this community, which runs with the land.

3. (Homeowner) I/we will be obligated to pay assessments to the Association, which assessments are subject to periodic change.

4. (Homeowner) Failure to pay these assessments could result in a lien on my/our property.

5. (Homeowner/Occupant) There is no obligation to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the Homeowner's Association.

6. (Homeowner/Occupant) The statements contained in this disclosure form are only summary in nature and as a prospective purchaser/occupant; I/we should refer to the covenants and the Association governing documents listed below.

7. (Homeowner) As a purchaser a $1,000.00 Capital Contribution is charged to all re-sales and new builds. **If you are already a CURRENT owner in the Lakes of Mt. Dora this does not apply to resales. However, it will apply to a New Build.**

8. (Homeowner) As a purchaser $250 Admin fee is charged.

I have received the Association Governing Documents: Original Articles of Incorporation, Deed Restrictions/Restrictive Covenants, Lakes of Mount Dora Bylaws, Lakes Of Mount Dora Rules and Regulations.

Homeowners Signature(s): _____

_____

Association Board Member Approval: _____

Association Manager Approval: _____

LAKES OF MOUNT DORA PROPERTY OWNERS' ASSOCIATION, INC.

The following information must be accompanied with this documentation:

How many cars will you have on property? (Please provide copy of Registrations) _____

Vehicle #1: Make: _____ Model:_____ Year: _____

Vehicle #2: Make: _____ Model:_____ Year: _____

Vehicle #3: Make: _____ Model:_____ Year: _____

How many vehicles/vessels/trailers will you be storing in the RV Lot?
(Please provide copy of Registrations and Photo of storage item) _____

Type: _____ Make: _____ Model:_____ Year: _____

Type: _____ Make: _____ Model:_____ Year: _____

Type: _____ Make: _____ Model:_____ Year: _____

In case of an emergency, who would you like the Association to Contact?

Name: _____

Relationship: _____

Home Phone #: _____Cell #: _____

Address: _____

_____