DUNEDIN PALMS
HOMEOWNERS ASSOCIATION, Inc.
130 Patricia Ave., Lot 19
Dunedin, FL, 34698
(727) 733-2393

APPLICATION FOR SHARE PURCHASE

NAME:_____ DOB:_____ RELATIONSHIP:_____

NAME:_____ DOB:_____ RELATIONSHIP:_____

CURRENT ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ ZIP/POSTAL CODE: _____

ACKNOWLEDGEMENT

I/We have read the RULES AND REGULATIONS of DUNEDIN PALMS HOMEOWNERS ASSOCIATION Inc. and I/We agree that our residency will be subject to them. I/We hereby certify that all the information on this application is true and correct.

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ APPLICANT SIGNATURE: _____

* Approval or Disapproval requires a minimum of Four (4) Board Signatures

Unit #_____ APPROVED ☐ DISAPPROVED ☐ DATE: _____

Yes☐ No☐ _____ Yes☐ No☐ _____

Yes☐ No☐ _____ Yes☐ No☐ _____

Yes☐ No☐ _____ Yes☐ No☐ _____

Yes☐ No☐ _____

Please See Attached Indemnification Agreement