

**HOME SALE APPLICATION: BEACON WOODS EAST VILLAGES 16/17 (Beacon Point)**

Please complete both pages and send, with a \$75 processing fee (payable to Beacon Woods East Villages 16/17 HOA) to Management & Associates, 720 Brooker Creek Blvd, #206, Oldsmar, FL 34677.

**TITLE COMPANY NAME :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SELLER REAL ESTATE AGENT NAME:** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**BUYER REAL ESTATE AGENT NAME:** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

Please indicate if you have received and read a copy of all of the Association's Rules & Regulations including pet restrictions.

Yes \_\_\_ No \_\_\_ **Pet dog? If yes: breed** \_\_\_\_\_

Purchaser(s) states that he/she/they have received a copy of all association documents ( including Articles of Incorporation, Declaration of Covenants, By-Laws, Homeowners Guide, and Master Association By-Laws & Covenants). He/she/they agrees to abide by all of the conditions and terms therein, as well as all rules and regulations enacted thereafter and have read and understand the rules. Documents are available on the HOA website: **www.beacon.point.hudson.com**.

This sale is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, and legal fees having been paid in full or to be paid by closing agent t the time of closing of this sale.

**PLEASE NOTE : IN ORDER TO CHANGE TITLE OF PROPERTY, A COPY OF THE CLOSING STATEMENT OR WARRENTY DEED IS REQUIRED TO BE SENT TO THE PROPERTY MANAGEMENT COMPANY.**

**SIGNATURES:**

**SELLER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BUYER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BOARD OF DIRECTORS** \_\_\_\_\_ **TITLE & DATE** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOME SALE APPLICATION: BEACON WOODS VILLAGES 16/17 (BEACON POINT)**

**PURCHASER: Name** \_\_\_\_\_

**SELLER: Name** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**CLOSING DATE:** \_\_\_\_\_

**The purchaser(s) represent that the following is a true and correct and consents to further inquiry of any information that is necessary for this request.**

a) **Is this unit to be leased?** Yes \_\_\_\_ No \_\_\_\_

b) **Persons who will occupy the above unit are as follows:**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

c) **Purchasers present address :**  
\_\_\_\_\_

d) **Mailing address after closing :**  
\_\_\_\_\_

e) **Employed by:** \_\_\_\_\_

g) **Emergency Contact Name:** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **phone number** \_\_\_\_\_

**\*Purchaser email address** \_\_\_\_\_

**\*Purchaser local phone number** \_\_\_\_\_

- **Used only by management company and HOA.**
- **Initial here** \_\_\_\_\_ **if we can list you in the Beacon Point Resident Booklet**