

**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: _____

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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: _____

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* 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 _____