

DUNEDIN PALMS HOMEOWNERS ASSOCIATION, INC.
130 PATRICIA AVE. #19
DUNEDIN, FL, 34698

NON-SHAREHOLDER RESIDENT AGREEMENT

This agreement applies to any second person who is not named on the Shareholder Certificate, and is residing in the home of a Shareholder in Dunedin Palms Homeowners Association, Inc. The statement above does not apply to a husband and wife living in the same household.

1. The Non-Shareholder Resident must be at least 50 years of age.
2. The Non-Shareholder Resident must authorize and pay for a Criminal Background check and be approved by the Board of Directors.
3. The Non-Shareholder Resident must agree to abide by all of the Rules and Regulations imposed on Shareholders. The Shareholder is responsible for seeing that the Non-Shareholder Resident adheres to all of the Rules of the Association.
4. The Non-Shareholder Resident has no legal status in the Association and cannot participate in any Shareholder vote or run for any elected Board position.
5. The Non-Shareholder Resident cannot park their vehicle for extended periods of time, in the guest parking areas by the laundry or clubhouse. They are allowed to park in the guest parking area by the Beltrees entrance or get written approval from another Shareholder to park in their private driveway.
6. In the event the Shareholder becomes unable to occupy the home, the Non-Shareholder Resident must vacate the home within 30 days.

The Non-Shareholder Resident is entitled to use the Common Facilities of the park i.e. swimming pool, clubhouse, shuffleboard courts, and laundry.

Agreed: _____ Date: _____
Non-Shareholder Resident Signature

Print Name

Agreed: _____ Date: _____
Shareholder Signature

Print Name

Lot # _____

President, Board of Directors Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 201__ by _____ as President of Dunedin Palms, and _____, the Non-Shareholder Resident, and _____ the Shareholder. They are personally known to me or have produced _____ as identification.

WITNESS my hand and official seal, this _____ day of _____, 201__.

My Commission Expires:

(seal)

Notary Public, State of Florida