

**DUEDIN PALMS HOMEOWNERS ASSOCIATION, INC.**  
**130 PATRICIA AVE.**  
**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 the Rules and Regulations imposed on Shareholders. The Shareholder is responsible for seeing that the Non-Shareholder Resident adheres to all 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. In the event the Shareholder becomes unable to occupy the home, the Non-Shareholder Resident must vacate the home within 30 days unless otherwise stipulated by other legal documentation.

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

\_\_\_\_\_  
Printed Name of Non-Shareholder Resident

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_  
Shareholder Signature

\_\_\_\_\_  
Printed Name of Shareholder

Lot # \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
President, DPHAI Board of Directors

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