

Palmira Golf and Country Club Master Homeowners Association

NEW OWNER APPLICATION

Address of property being purchased: _____

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Applicant #1 _____
2. Applicant #2 _____
3. Current Address _____
4. Applicant #1 Phone _____ Email _____
5. Applicant #2 Phone _____ Email _____
6. Employed by _____ Position _____
7. This is a single-family residence only. Two (2) occupants per bedroom. Please list the names, relationships, and ages of all the people who will occupy your home in addition to the applicants above.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. In case of emergency notify _____ Relationship _____

Address _____ Phone _____

9. I am purchasing this home with the intention to:

_____ Reside here full time _____ Reside here on a part-time basis.

_____ Lease the unit.

10. **I (we) will provide the Association with a copy of our warranty deed within 10 days of closing.**

11. **I am aware of and agree to abide by the Declaration of Palmira Golf and Country Club MHOA, Inc., the Articles of Incorporation, By-Laws and all rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.**
12. I understand and agree that the Association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declarations and the rules and regulations of the Association.
13. **Any changes to the exterior of the home, including lawn decorations, must be approved by the ARC before changes are made.**
14. **All dogs must be leashed when outside and dog waste must be picked up.**

Dated _____

Applicant Signature _____

Applicant Signature _____

A check for \$100.00, PAYABLE to MAY Management Services, must accompany this application, for defraying costs of directory updating and other expenses related to the processing of this application.

Please return all paperwork along with payment to:

Mailing Address: MAY Management Services
6017 Pine Ridge Rd. #262
Naples, FL 34119

Physical Address: MAY Management Services
11100 Bonita Beach Rd. #101
Bonita Springs, FL 34135

Office phone: 239-262-1396

Email: spalmer@maymgt.com