

DUNEDIN PALMS HOMEOWNERS' ASSOCIATION, INC.
130 Patricia Avenue
Dunedin, FL 34698
(727)733-2393

APPLICATION FOR SHARE PURCHASE

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Current Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal: _____

Email: _____

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ACKNOWLEDGEMENT

Please note, in the referenced rules below, that the unit is not to be rented for a period of two years from the date of purchase.

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: _____

Unit #: _____ Approved ____ Disapproved: ____ Date: _____

Approval or disapproval requires a minimum of four (4) board members
signatures:

Name	Title	Yes/No	Date
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Name	Title	Yes/No	Date
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Name	Title	Yes/No	Date
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Name	Title	Yes/No	Date
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/lvb/11-03-2022

DATE _____

CUSTOMER NUMBER 4667**TENANT INFORMATION FORM**

I / We _____, prospective
tenant(s) / buyer(s) for the property located at **130 Patricia Ave., Lot#** **Dunedin, FL, 34698**,
Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK LLC and or the property owner, manager to inquire into my / our criminal and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY**TENANT INFORMATION:**

SINGLE _____ MARRIED _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____
Circle if Not Applicable N/A

OCCUPATION: _____ N/A

LENGTH OF EMPLOYMENT: _____ N/A

WORK PHONE NUMBER: _____ N/A

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NOHAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____
Circle if Not Applicable N/A

OCCUPATION: _____ N/A

LENGTH OF EMPLOYMENT: _____ N/A

WORK PHONE NUMBER: _____ N/A

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NOHAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

Application Fee: \$100.00**Make Checks Payable To:**
Dunedin Palms Home Owners Assoc. Inc.**Application Fee Must Accompany This Form.****Mail To: Ameri-Tech Community Management,**
ATTN: Tim Hendrix
24701 US Highway 19 North, Suite 102
Clearwater, FL, 33763Email: thendrix@ameritechmail.com
Tel. Number: (727) 726-8000 Ext. 102
FAX Number: (727) 723-1101

DUNEDIN PALMS HOMEOWNERS ASSOCIATION, INC.
130 PATRICIA AVE.
DUNEDIN, FL, 34698
727-733-2393
Office Lot No. 19

AGE VERIFICATION FORM

PROSPECTIVE
HOMEOWNER(s): _____

LOT: _____ SUBDIVISION: DUNEDIN PALMS

ADDRESS: 130 PATRICIA AVE., DUNEDIN, FL, 34698

Pursuant to the Fair Housing Act of 1988, the regulations strictly limit the number of homes occupied by persons under the age of 55; therefore, the following information is required. The undersigned hereby certifies that the following information is accurate and agrees to notify Dunedin Palms Homeowners Association, Inc. in the event of any change in occupancy, agrees that, in the absence of the Association's consent the undersigned will not lease or sell the above property unless at least one (1) of the occupants after the lease or sale will be fifty-five (55) years of age or older, and agrees to otherwise comply with the age policies set forth in the Association's covenants, conditions, and restrictions.

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>DATE OF OCCUPANCY</u>	<u>*TYPE OF VERIFICATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*** Please attach copy of verification: Driver's License, Birth Certificate, Passport, or similar proof of age for each Homeowner/Tenant.**

"AS IS" PURCHASE AND SALE AGREEMENT TO SELL PROPERTY

THIS PURCHASE AND SALE AGREEMENT is hereby made by and between

Seller(s)

and

Address: _____

Buyer(s)

Address: _____

WHEREAS, for good consideration the parties mutually agree that:

1. Seller(s) agree(s) to sell, and Buyer(s) agree to buy, the following described property:

2. Buyer(s) agree(s) to pay to seller(s) and Seller(s) agree(s) to accept

_____ Dollars (\$ _____)

as total purchase price payable as follows:

_____ Dollars (\$ _____) Deposit herewith paid, and

_____ Dollars (\$ _____) payable on delivery by cash or
certified/bank check.

3. Seller warrants it has good and marketable title to said property, full authority to sell said property, and that said property shall be sold by warranty Bill Of Sale free and clear of all liens, encumbrances, liabilities and adverse claims of every nature and description.

4. Buyer(s) and Seller(s) agree(s) closing cost to be:

Typical for the area _____ OR Other _____

5. Said property is sold in **"AS IS"** condition, Seller disclaiming any warranty of merchantability, fitness or working order or condition of the property except that it shall be sold in its present condition, reasonable wear and tear excepted.

6. The parties agree to transfer title on or about _____, 20____, at the address of Title Closing Agent. **Time is of the Essence.**

7. This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

8. Other terms:

Signed this _____ day of _____, 20____

Signed:

Seller Signature

Seller Signature

Buyer Signature

Buyer Signature

BROWN & KIMPTON P. A.
29750 us Highway 19 N., Suite 205
Clearwater, Florida 33761

Phone 727-733-7500
Fax 727-733-7511
judyd@brownkimptonlaw.com
Kim@brownkimptonlaw.com

BUYER INFORMATION SHEET

BUYER NAME for TITLE _____
(as it is to appear on the Deed i.e. with Initials, if applicable)

Male___ Female___ Married___ Single___ Husband and Wife___
Buyer Address _____
City_____ State_____ Zip_____ Rent___ Own___
Work#_____ Home#_____ Cell#_____
Email Address _____
Moving In? ___yes ___No Here for closing? ___ or a Mail Away? ___

(Just a thought.....

DO YOU HAVE A TRUST? DO YOU WANT THIS IN YOUR TRUST?
DO YOU WANT THIS IN A COMPANY NAME?)

CO-BUYER NAME for TITLE _____
(as it is to appear on the Deed, i.e. with Initials, if applicable)
Male___ Female___ Married___ Single___
Buyer Address _____
Home#_____ Work#_____ Cell#_____
City_____ State_____ Zip_____ Rent___ Own___
Email Address _____

Address after closing: (to appear on the Deed for County to send tax bill)
Property Address? _____ (will be primary residence ?)
Or Other address for Tax bill to be sent: _____

Buyer's Realtor's Office _____
Your Agent _____
Email _____ Phone _____
Fax _____ Cell _____

Additional Information i.e. Lender?

IF YOU HAVE ANY QUESTIONS ON THIS FORM, PLEASE CALL US.

WILLIAM J. KIMPTON P.A.
29750 US Highway 19 N., Suite 205
Clearwater, Florida 33761

Phone: 727-733-7500
Fax: 727-73-7511
Judy@kimptonlaw.com
Tim@kimptonlaw.com

SELLER INFORMATION SHEET

SELLER NAME _____ Married _____ Single _____
_____ Married _____ Single _____

Husband and Wife? _____

Address after closing _____

City _____ State _____ Zip _____

Work# _____ Home# _____ Cell# _____

Email Address _____

UNITED STATES CITIZEN? _____ yes _____ no

Here for Closing: _____ Or a Mail Away? _____

Mortgage on Property

a. Lender _____

b. Account # _____

c. Social Security # _____ (Only call or Fax)

HOA or Condo Assoc Name _____

Additional HOA Info _____

a. Management Company _____

b. Contact Number _____

c. Dues _____

d. Assessments _____

Sellers Realtor Company _____

a. Seller's Agent _____

b. Phone# _____ Cell# _____ email _____

c. Commission _____

IMPORTANT ITEMS TO HAVE AT CLOSING FOR CO-OP TRANSFERS

1. Original Title(s) to the mobile home. (They are usually blue in color) They will need to be signed in order to give the buyer at closing.
2. Original Share Certificate to turn in so the a new one can be made for the Buyer.

DUNEDIN PALMS HOMEOWNERS ASSOC. Inc.
130 Patricia Ave., Lot 19
Dunedin, FL, 34698
(727) 733-2393

POOL WAIVER

TO: DUNEDIN PALMS HOMEOWNERS ASSOCIATION Inc. (DPHAI)

RE: POOL USE WHEN ALONE IN POOL AREA

DPHAI Rules and Regulations, Pg. 11, states:

"SWIMMING ALONE IS PERMITTED IF A SIGNED WAIVER IS ON
FILE IN THE OFFICE".

By my signature below, I hereby release and hold harmless Dunedin
Palms Homeowners Association Inc. (DPHAI) from ANY AND ALL
LIABILITY should I choose to use the pool and surrounding area in the
absence of any other person.

Signature of Homeowner

Print Name

Lot Number _____

Date: _____

A signed copy of this form is to be maintained in DPHAI files.

EQUIPMENT AND GOLF CART RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____, of 130 Patricia Ave., Unit _____, Dunedin, Florida 34698 ("User"), acknowledge that I have and will continue to voluntarily use the following items commonly stored in or around the Dunedin Palms Community Tool Shed, including, but not limited to: golf cart(s), hand tools, electrically-powered tools, gasoline-powered tools, safety equipment, pumps, hoses, storage containers, drills, hammers, cutting devices, nails, screws, ladders, and all necessary and optional supplies appurtenant to the foregoing (collectively, the "Equipment"). The Equipment includes all Equipment now available or made available in the future, which is generally owned and provided by the Dunedin Palms Homeowners Association, Inc. ("DPHAI").

1. **USER SKILL.** User acknowledges that by using the Equipment he/she has the requisite skills, experience, and abilities to properly use, employ, manipulate, make use of, wield, handle, or operate the Equipment and is generally familiar with the proper and safe use of the Equipment.

2. **SAFETY GEAR.** User agrees to use all necessary, recommended, typical, and optional safety gear that a reasonable person would use when operating any of the Equipment. This includes, but is not limited to helmets, eye protection, hearing protection, and hand and skin protection, as needed.

3. **SAFE USE.** User agrees not to use Equipment in a manner for which it was not intended or in any unsafe manner, and to use the Equipment only in accordance with the manufacturer's instructions. DHPAI is not responsible for providing these instructions. Prior to use, User agrees to inspect the Equipment to ensure it is safe for use. By using the Equipment, User agrees that he/she has performed such an inspection and found the Equipment to be in a safe and usable condition. User agrees not to use any Equipment if it is missing any inherent safety features, such as blade guards, guides, brakes, lights, or safety switches/automatic stopping mechanisms, or if it is in any condition that could hinder or limit the safe use of the Equipment. DHPAI has no responsibility to provide this or any safety equipment. User agrees to immediately report to DHPAI if any Equipment is in an unsafe condition.

4. **USER AGE.** User agrees that he/she is 18 years of age or older, and that he/she will not permit any of the Equipment to be used or operated by any individual younger than 18 years of age.

5. **RISKS.** THE USER IS AWARE THAT USE OF THE EQUIPMENT CAN BE HAZARDOUS AND THAT THE USER COULD BE SERIOUSLY INJURED OR EVEN KILLED. PHYSICAL RISKS INCLUDE, BUT ARE NOT LIMITED TO, LOSS OF LIFE; LOSS OF LIMB; BROKEN BONES; FRACTURES; CONCUSSIONS; SKELETAL INJURIES; MUSCULAR INJURIES; DAMAGE TO LIGAMENTS OR CARTILAGE; BRAIN/DAMAGE TRAUMA; INJURY TO INTERNAL ORGANS; DENTAL INJURIES; CERVICAL, THORACIC, OR LUMBAR INJURIES; BURNS AND RESULTING INFECTION OR ORGAN INJURY; LACERATIONS, ABRASIONS, BRUISES, OR PUNCTURE WOUNDS AND RESULTING INFECTION; LOSS OF HEARING; LOSS OF VISION; OLFACTORY INJURIES; NERVE DAMAGE; ARTERIAL INJURY; INTERNAL BLEEDING; THROMBOSIS; CIRCULATORY SYSTEM INJURY; REPRODUCTIVE INJURY; AND RESPIRATORY INJURY. FURTHER, USE OF THE EQUIPMENT CAN CAUSE OR LEAD TO DAMAGE TO THE USER'S OR OTHERS' PROPERTY, INCLUDING RESIDENCES AND PERSONAL PROPERTY. BOTH PHYSICAL AND PROPERTY DAMAGE CAN HAVE LASTING ECONOMIC AND FINANCIAL CONSEQUENCES. The foregoing occurrences shall be collectively referred to as the "Risks" for the remainder of this agreement. The Risks also include any of the above, or the exacerbation thereof, due to individual abilities, medical conditions, and condition of the Equipment and its use.

6. **ASSUMPTION OF THE RISKS.** User is voluntarily using the Equipment with the knowledge of any and all dangers involved, including the Risks, as well as any other potential risks related thereto, whether those additional risks are known or unknown. Further, User acknowledges that over time, the condition of the Equipment can change both with the mere passage of time and with each subsequent use. User assumes all risk,

including the Risks, with using the Equipment more than one time and with the understanding that others may also use the Equipment, regardless of the length of time in between each use. User also acknowledges and assumes the risk for the following: (1) that he/she is responsible for predicting or determining whether the Equipment or attendant safety gear or other relevant appurtenances are safe to use or whether an accident may occur; (2) that the Equipment and its use is generally uncontrolled and uninspected, particularly by DPHAI; (3) that the Equipment is provided as is, without any warranties, including the warranty of fitness for a particular purpose, and User accepts the Equipment with all faults. User is aware of these Risks, and others, including those not expressly listed in this agreement, but associated with the use of the Equipment, and freely accepts and fully assumes all such Risks and the possibility of personal injury, death, property damage, loss, and the economic and financial consequences resulting therefrom, including those resulting from the negligence of DPHAI.

7. WAIVER OF LIABILITY. As consideration for being permitted by DPHAI to use the Equipment, the User HEREBY FOREVER WAIVES AND RELEASES ALL CLAIMS AGAINST DPHAI, ITS EMPLOYEES, OFFICERS, DIRECTORS, MEMBERS, ATTORNEYS, SHAREHOLDERS, UNIT OWNERS, SURETIES, INSURERS, AND AGENTS, BOTH PAST AND PRESENT, FOR PERSONAL INJURY OR PROPERTY DAMAGE AND RELATED ECONOMIC CONSEQUENCES ARISING FROM OR RELATED TO THE USE OF THE EQUIPMENT, INCLUDING BUT NOT LIMITED TO DAMAGES FROM OR FOR THE RISKS. USER AGREES THAT DPHAI SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGES TO HIM/HER OR HIS/HER PROPERTY OR ANY OTHER INDIVIDUAL OR PROPERTY, ARISING FROM OR RELATED TO, WHETHER DIRECTLY OR INDIRECTLY, USER'S USE OF THE EQUIPMENT. USER FURTHER AGREES THAT THIS RELEASE INCLUDES ANY AND ALL CLAIMS, DEMANDS, INJURIES, OR DAMAGES RESULTING FROM ACTS OF PASSIVE, ACTIVE, OR GROSS NEGLIGENCE ON THE PART OF DPHAI. The User also agrees that they, and their assignees, heirs, distributees, parents, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of DPHAI in connection with any of the matters covered by the foregoing waiver and release, and that same shall be bound by the terms of this agreement.

8. INDEMNIFICATION. THE USER HEREBY FURTHER AGREES TO INDEMNIFY, DEFEND, AND HOLD DPHAI ITS EMPLOYEES, OFFICERS, DIRECTORS, MEMBERS, ATTORNEYS, SHAREHOLDERS, UNIT OWNERS, SURETIES, INSURERS, AND AGENTS, BOTH PAST AND PRESENT, HARMLESS FROM ANY CLAIMS ANY THIRD PARTY MAY ASSERT AGAINST DPHAI DUE TO HIS/HER ACTIONS, WHETHER THOSE ACTIONS RELATE TO THE EQUIPMENT, THE RISKS, OR OTHERWISE, AND WHETHER THE USER IS THE SOLE OR PARTIAL CAUSE OF ANY CLAIM, INCLUDING THROUGH NEGLIGENCE; THE AFORESAID INDEMNITY TO INCLUDE, BUT NOT BE LIMITED TO, LITIGATION DEFENSE, PAYMENT OF ATTORNEY'S FEES AND COSTS THROUGH LITIGATION AND APPEAL, AND THE PAYMENT OF ANY DAMAGE JUDGMENT, REGARDLESS OF WHO IS THE PREVAILING PARTY.

THE USER HAS CAREFULLY READ AND VOLUNTARILY SIGNED THE FOREGOING, has had the advice of counsel or has declined to seek same, and further agrees that no oral or written representations or statements or inducements apart from the foregoing written agreement have been made. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DPHAI AND I SIGN IT OF MY OWN FREE WILL.

Executed at _____, Florida on _____, of 20____.

USER:

Signature

Printed

DUNEDIN PALMS ASSOCIATION, INC.

Please Return to Ameri-Tech Community Management, Inc.

24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763

E-mail: THENDRIX@ameritechmail.com - 727-726-8000 Ext 262

EMERGENCY CONTACT INFORMATION
FOR OWNER OR TENANT

~~Please submit to~~
~~the office they~~
~~will forward to~~
~~AmeriTech~~

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by PRINTING the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management c/o TIM HENDRIX.

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Number of Pets (and type)

Adults(s) _____ Children _____

Dogs _____ Cats _____ Other _____

Vehicle(s) Make/Yr Model

Color TAG Number

PLEASE SIGN AND DATE BELOW:

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

☐ I give permission to share my personal information (phone numbers, e-mail & address) with other DUNEDIN PALMS ASSOCIATION, INC. owners.