

THE MEADOWS AT SUGARMILL HOA, INC.

NOTICE OF SALE SECURITY FORM

We need your name(s) as it will appear on the Deed along with your mailing address.

Please mail completed form at least nine (9) days prior to closing.

Date of Closing: _____

UNIT #: _____

Name(s) as appears on deed: _____

Mailing Address: _____

Phone #: _____ Cell #: _____ Work #: _____

Email: _____

Will this be your main home () second home ()

Name of other Occupants and Relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In Case of Emergency Contact:

Name: _____

Phone #: _____

I (we) hereby acknowledge by my (our) signature (s) that I (we) have received a copy of the Associations Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations and will abide by all the restrictions contained in them, and other governing documents that are currently or may in the future be imposed by the Association. I expressly acknowledge receipt of a copy of the current Rules and Regulations, and I expressly agree that I (we) will be bound by such Rules and Regulations, as may be amended from time to time.

Signature

Printed Name

Date: _____

Signature

Printed Name

Date: _____

Please return to:

Atlantic Community Association Management & Accounting, Inc.
507-C Herbert Street, Port Orange, FL 32129
386/760-7365 office - 386/756-3454 fax
www.atlanticcama@gmail.com