

WILLOWBEND COMMUNITY ASSOCIATION, INC.

A Corporation Not-for-Profit

NOTIFICATION OF SALE, LEASE OR TRANSFER

Section 3.06 of the Declaration of Protective Covenants, Conditions and Restrictions for Willowbend stipulates as follows:

Sale, Transfer, Lease or Occupation of a Lot. *"In the event of a sale, lease, transfer or occupation of a dwelling (except by Declarant), the owner shall notify the Board with the name of the new owner or tenant, along with the closing date of sale or term of lease. A dwelling shall not be leased for less than a three (3) month term, or more often than twice per year, and must be leased in its entirety. All transferees, lessees and occupants of a Lot shall be subject to all use restrictions as herein set forth".*

This form shall be used as official notification of the intent to **sell, lease, transfer** or **occupy** a dwelling. At least thirty (30) days prior to the date of sale, lease, transfer or occupation of a dwelling, this notification form must be submitted through the Property Management Company (indicated below) to the Board of Directors of Willowbend Community Association (WCA), Inc.

Please complete the following information:

Indicate the nature of the proposed transaction (check one) ☐ Sale ☐ Transfer ☐ Lease.

Indicate the address for this proposed transaction: _____

SALE OR TRANSFER

Name of New Owner(s): _____

Phone #: _____ Cell #: _____

EMAIL Address: _____

Closing Date of Sale: _____

NOTE: New owner is subject to existing Restrictive Covenants, Rules and Regulations and is obligated to comply with the requirements of The DISCLOSURE SUMMARY in Part II, Disclosure Prior to Sale of Residential Parcels, of FL Statute 720.401

LEASE

Name of Tenant(s): _____

Phone #: _____ Cell #: _____

EMAIL Address: _____

facilities. A copy of the lease must be submitted with Rent amount _____

NOTE: Lessee/Tenant is subject to existing Restrictive Covenants, Rules and Regulations and is permitted unrestricted use of Community facilities. **this form.**

Term of Lease (From and to dates): _____

A dwelling shall not be leased for less than a three (3) month term, or more often than twice per year, and must be leased in its entirety.

Please list all prior lease periods at this address during the calendar year of this proposed lease.

1. _____ 2. _____

By signing this form you confirm you have received a copy of the Willowbend Association Documents.

Signature(s) of Homeowner(s) _____ Date: _____

Printed Name(s) of Homeowner(s) _____

Please mail or fax to: Willowbend Community Association, Inc c/o Sentry Management 5969 Cattlebridge Blvd, Set 203
Sarasota, Florida 34232.

Office: 941-361-1222 Fax: 941-361-1113

Email to: ltombaugh@sentrymgt.com