THE VILLAGE AT WILTON MANORS HOMEOWNERS ASSOCIATION, INC.
MANAGED BY SUNEMERGE, LLC

UNIT SALES INFORMATION REQUEST

The Village at Wilton Manors Homeowners Association, Inc.
c/o SunEmerge, LLC
2426 East Las Olas Boulevard Fort Lauderdale, FL 33301
Phone: 954-829-7874 Fax: 954-334-2259
jackie@sunemerge.com

Please submit at least 20 days prior to your closing date

I (We) intend to purchase Unit # _____ of The Village at Wilton Manors located at:

(Address)_____

My (Our) closing date is:_____ and the Title Company or Attorney Handling the

closing is:_____

PLEASE PROVIDE A COPY OF THE EXECUTED SALES AGREEMENT

Please fill in all of the following information:

1. Full name of Buyer: _____

2. Full name of Buyer: _____

3. Current Home address:: _____

_____

4. Telephone Numbers: Home:_____ Cell: _____

5. Email Addresses:_____

PLEASE PROVIDE A COPY OF DRIVER'S LICENSE FOR EACH BUYER

Vehicle information: Private vehicles only (No more than 1-ton capacity and no commercial vehicles)

Type/Make of car:_____

Model: _____

Year:_____

License #: _____

State:_____

Vehicle information: Private vehicles only ~ no more than 1 ton capacity. (No commercial vehicles)

Type/Make of car: Model: _____

Year:_____

License #:_____

State:_____

PLEASE PROVIDE A COPY OF PROOF OF INSURANCE FOR EACH VEHICLE.

PETS:

I have_____ pets. Type:_____ Breed:_____

In case of emergency:

Notify:_____ Relationship:_____

Address:_____ City: _____State:_____

Zip:_____ Phone Number:_____ Email:_____

I am purchasing the unit with the intention to: (please check the appropriate box which applies)

( ) RESIDE HERE ON A FULL-TIME BASIS.
( ) RESIDE HERE PART-TIME
( ) LEASE THE UNIT.

We will provide the Association with a copy of our Warranty Deed and HUD-1 within ten days after closing of the purchase of the Unit.

I have been provided a copy of, and agree to abide by, the Declaration, the Articles of Incorporation, ByLaws, and all Rules and Regulations in effect within the terms of my occupancy or ownership.

Initial_____ Initial_____

I understand, agree, and authorize that the Association or its agents, in the event that it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action(s) may be required, including eviction, to prevent violations by lessees and their guests of provisions to the Association's Declaration, By-Laws and the Rules and Regulations of the Association.

Initial_____ Initial_____

Signature of Buyer:_____Date:_____

Signature of Buyer:_____Date:_____