

**Dundee at TwinEagles 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. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_
5. E-Mail #1 \_\_\_\_\_  
E-Mail #2 \_\_\_\_\_
6. Employed by \_\_\_\_\_ Position \_\_\_\_\_
7. Please state name, relationship and age of all other persons who will be occupying the unit regularly.

NAME

RELATIONSHIP

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Home Watch Company or Person to be notified in case of emergency with the home/condo:

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

14. Mailing address:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

15. I (we) am purchasing this unit with the intention to: (1) reside here on a full-time basis; (2) reside here part-time; (3) lease the unit. (Please circle the number(s) that apply)  
**I (we) will provide the Association with a copy of our warranty deed within 10 days of closing.**
16. **I am aware of and agree to abide by the Declaration of Dundee at TwinEagles HOA, 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.**
17. 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.
18. **Any changes to the exterior of the home, including lawn decorations, must first be approved by the ARC of TwinEagles HOA before changes are made.**
19. **All dogs must be leashed when on property 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 & Physical Address: MAY Management Services  
11100 Bonita Beach Rd. #101  
Bonita Springs, FL 34135

Office phone: 239-262-1396

Email: [spalmer@maymgt.com](mailto:spalmer@maymgt.com)