

ESTOPPEL REQUEST FORM

Date of Request: _____

REQUESTOR: _____
(Company/Firm Name) (Representative)

Address _____

PHONE _____ FAX _____

Email _____

TO: LAKE ARTHUR ESTATES HOMEOWNERS' ASSOCIATION, INC. lakearthurestates.com
PO BOX 243, CRESTVIEW, FL 32536 (ATTN: Sheri Vann)
Email: sheri@dawnpaulcpa.com PHONE: 850-398-8934 FAX: 850-689-4488

RE: REAL ESTATE PROPERTY CLOSING STATEMENT TRANSACTION FOR:

Address _____

Phase I or II (Circle One) • Block ____ (Letter) • Lot # ____ • Expected Closing Date _____

NAME(S) OF PARCEL OWNER(S): _____

Buyer(s): _____

Buyer(s) current address and contact information: _____

ASSOCIATION DUES/FEE: \$400 ANNUALLY, DUE JANUARY 15, PAID THROUGH 12 / 31 / _____

DELINQUENT/ASSESSMENT FEES DUE: TYPE _____, \$ _____, FOR TIME PERIOD _____ TO _____

NO NEW BUYER/TRANSFER FEE, AND NO CAPITAL CONTRIBUTION FEES

OPEN VIOLATION OF RULES/REGULATIONS NOTICED TO PARCEL OWNER ___NO ___YES (Explain on Back if Yes)

THE HOMEOWNERS' ASSOCIATION, INC. DOES NOT NEED TO APPROVE SALE OF PROPERTY

THERE IS NO RIGHT OF FIRST REFUSAL PROVIDED TO THE MEMBERS OR THE ASSOCIATION

THERE ARE NO OTHER ASSOCIATIONS OF WHICH THIS PARCEL IS A MEMBER

ASSOCIATION BLANKET INSURANCE AGENT: DWELLING – Acentria Insurance, 850-682-2519; FLOOD – N/A

ESTOPPEL FEE \$150, PAYABLE to Lake Arthur Estates HOA

Please include Closing Document Copies Required for HOA Records

PLEASE INDICATE PREFERRED RESPONSE METHOD (FAX OR EMAIL)

THANK YOU IN ADVANCE FOR YOUR ASSISTANCE IN COMPLETING ALL NEEDED INFORMATION

Representative completing this Estoppel form: Sheri Vann

Signed this _____ day of _____, 20_____