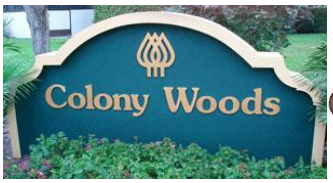

Colony Woods

APPLICATION FOR MEMBERSHIP

(PURCHASE, LEASE, GIFT, DEVISE, INHERITANCE)

Age restriction related to Fair Housing Act
Vehicle restriction related to commercial vehicles
Lease restriction on subletting
Review Colony Woods governing documents prior to completing Application for Membership
$100 Filing Fee

(Please save, fill in, print and mail/email)

Date: _____ Colony Woods Address: _____

Name of Proposed Owner/Lessee: _____

Present Street Address:_____ Tel No: _____

City: _____ State: _____ Zip: _____

Email: _____

Realty Name: _____ Tel No: _____

Realty Address: _____

City: _____ State: _____ Zip: _____

Name of Salesperson: _____ Tel No: _____

Proposed Owner/Lessee: (If lease, a copy of Lease Agreement must be attached).

Names, Relationship, occupation and age of all proposed occupants of the dwelling:

NAME	RELATIONSHIP	OCCUPATION	AGE

Verification of age by Committee: _____

_____

Pets: (Give description): _____

_____

Remarks: _____

_____

1. I/We hereby acknowledge receiving copies of the following documents pertaining to COLONY WOODS HOMEOWNERS' ASSOCIATION , INC.:
   - Articles of Incorporation, dated January 26, 1978 ☐ Yes ☐ No
   - Declaration of Restrictions and Amendments ☐ Yes ☐ No
   - By-Laws and all amendments thereto ☐ Yes ☐ No
   - Rules and Regulations ☐ Yes ☐ No
   - Architectural Standards ☐ Yes ☐ No
2. I/We hereby agree for myself/ourselves and on behalf of all persons who may use this dwelling which I/We seek to purchase/lease:
   a. I/We shall abide by all of the restrictions contained in the above listed documents including any and all future revisions and/or additions to these documents that the COLONY WOODS HOMEOWNERS' ASSOCIATION, INC., may adopt.
   b. As purchaser(s), I/We understand that I/We am/are obligated to pay Maintenance and/or Special Assessment fees to the COLONY WOODS HOMEOWNERS' ASSOCIATION, INC.
   c. I/We shall be responsible when guests, relatives or children who are not permanent residents occupy the home or use the recreational facilities and common grounds.
   d. I/We understand that sub-leasing without the written approval of the Board of Directors is prohibited.
   e. I/We understand that one occupant of the home must be at least 55 years of age.
3. I/We understand that no lease may be approved by the Board of Directors for a period of less than twelve (12) months or more than once per 12-month period.
4. I/We understand that any violation of the items, provisions, conditions, and covenants of COLONY WOODS HOMEOWNERS' ASSOCIATION, Inc., documents provides cause for immediate action as therein provided.
5. I/We understand that the acceptance for purchase or lease is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors.

IN WITNESS WHEREOF I/WE have executed the foregoing application this _____ Day, of

(month) _____, (year) 20_____.

_____ _____

WITNESS APPLICANT

_____ _____

WITNESS APPLICANT

I/WE are interested in serving on the following committees:

☐ Architectural Review Committee ☐ Pool Committee

☐ Irrigation Committed ☐ Social Committee

☐ Lawn Committee ☐ Sunshine Committee

☐ Orientation Committee ☐ Colony Woods Newsletter

☐ Beautification Committee ☐ Website Committee

Colony Woods Homeowners Association	Martha Kostamo
P.O. Box 273614	Orientation Committee Chairperson
Boca Raton, FL 33427	561-445-6689