NEW-OWNER ACKNOWLEDGEMENT OF BYLAWS/ ADMINISTRATIVE RULES

DATE: _____

NAME(s)and PHONE NUMBER(s). If you have a POA for property, please include that person's name and contact information in case of need to contact that person on your behalf.

Name: _____ PHONE:_____

Name: _____ PHONE: _____

Name: _____ PHONE: _____

PROPERTY ADDRESS:

_____

_____

NOTICE: It is necessary that, with this completed form, you also provide to the Greenlawn Village Board of Directors proof of your full replacement-cost HO-6 homeowner insurance policy. This proof may be in the form of a certificate provided by your insurer for this purpose, or a copy of the front page(es) of your policy. Either way, it is necessary that you confirm (1) the identity of your insurer, (2) the date the insurance is effective; (3) the renewal date; and that (4) your insurance is an HO-6 full-replacement cost policy.

PREFERRED EMAIL ADDRESS(ES):

_____

_____

_____

STATEMENT: "I (We) acknowledge that I (we) have received and have read the Bylaws and Administrative Rules of the Greenlawn Village Condominium Association. The by-laws are available on-line or at the county courthouse. The Administrative Rules are available on our website at GVCA1.ORG. I (We) understand that my (our) observance of these Bylaws and Administrative Rules is a condition of my (our) occupancy/tenancy. We have also provided the required insurance information."

SIGNATURES:

_____

_____

_____