



Winona Lakes, POA
112 Ski Lodge Circle
East Stroudsburg PA 18302
Telephone: (570) 588-9309 · Fax: (570) 588-9348 · Web: www.winonalakes.org
Email: communitymanager@winonalakes.org

REQUEST FOR RESALE CERTIFICATE PACKAGE

In compliance with section 5407 of the Uniform Planned Community Act, Winona Lakes Property Owners Association will provide a Resale Certificate Package within ten days from the authorized receipt of this request provided the following conditions have been met:

- The property owner (seller) or their authorized (in writing) representative submits a properly filled out request for resale form.
- Payment in the amount of \$250.00 via credit card or check made payable to Winona Lakes POA is received with this form.

A Resale Certificate Package will be made available to the requestor indicated on this form within ten days from the receipt of this form. The package must be picked up at the Winona Lakes POA office, and only after it has been released by a member of the Winona Lakes POA administrative staff. Only one package **per request** will be made available.

Property Owner: _____ Lot #: _____

Address: _____ East Stroudsburg, PA 18302

Email: _____ Request Date: _____

Phone #: _____ Fee Paid \$: _____ Payment method: _____

Received By: _____ Date: _____

WLPOA Authorized Signature

Completion Date: _____

Main Point of Contact for sale of property if different from above.

Name: _____ Phone #: _____

Email: _____

Relationship to Property Owner: Agent Buyer Buyer's Agent Friend/Family Member Other
(Please circle best option)



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THE FOLLOWING INFORMATION IS BEING REQUESTED TO ENSURE TIMELY AND ACCURATE
TRANSFER OF PROPERTIES WITHIN WLPOA. PLEASE FILL OUT THIS FORM IN ITS ENTIRETY, WITH
ALL APPLICABLE INFORMATION. RESALE PACKET WILL NOT BE RELEASED UNTIL WE HAVE
RECEIVED THE COMPLETED FORM.

PROPERTY: _____

SELLER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE # (S): _____ **EMAIL ADDRESS:** _____

BUYER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE # (S): _____ **EMAIL ADDRESS:** _____

SELLER'S REAL ESTATE CO. & AGENT: _____

PHONE #: _____ **EMAIL:** _____

BUYER'S REAL ESTATE CO. & AGENT: _____

PHONE #: _____ **EMAIL:** _____

TITLE/CLOSING COMPANY: _____

PHONE #: _____ **EMAIL:** _____