

ABRAMS POINTE HOMEOWNERS' ASSOCIATION, INC.

BUYERS CONFIRMATION OF RECEIPT OF RESALE CERTIFICATE

Name(s) of New Owner(s): _____.

Property Address: _____.

Date of Settlement: _____.

Name, email address, and phone number of settlement official: _____.

_____.

Please advise the Abrams Pointe Homeowners' Association (the "HOA") of any change to the settlement date or a change in the status of the sale of the property.

Please provide the contact information below, which will be used for official records of the HOA only. This information will not be sold, transferred, or published anywhere without the express written permission of the homeowner(s).

Phone Number

Email Address

Phone Number

Email Address

Indicate if your contact information above may be included in the neighborhood directory:

Yes

No

The new owner(s) acknowledge that they have reviewed the HOA's Resale Certificate provided with the purchase of this property and that they are aware that such certificate, along with the HOA's website, contain information as to the assessments, covenants, bylaws, restrictions, and conditions that apply to the property and homeowner(s).

New Owner

Date

New Owner

Date

Please email this completed form to abramspointewinchester@gmail.com.