

SHERWOOD FOREST HOMEOWNER'S ASSOCIATION, INC.

705 ARROW LANE KISSIMMEE, FL. 34746

MEMBERSHIP APPLICATION

Address _____

Last Name _____ First Name _____ MI _____

Spouse/Other occupant _____ Phone Number _____

Email Address _____ Mobile Number _____

I (We) the undersigned, being mobile homeowner (s) residing in Sherwood Forest Mobile Home Park, Osceola County, Florida hereby consent to become member (s) of the Sherwood Forest of Kissimmee Homeowners Association Inc., in accordance with Section 723.075 and 723.078 Florida Statutes.

Annual Dues are Per Unit (2024)

- \$12.00 Per year

I (We) further indicate that I (We) waive the right to receive notice of the Annual Meeting by mail, per FS723.078. I (We) understand that the annual notice will be mailed to any member not in residence at the time Sherwood Forest Mobile Home Park.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

If you do not live in Florida all year

Alternate address _____

Additional Phone number _____

Please check the month's mail should be sent to your alternate address.

___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June
___ Jul ___ Aug ___ Sept ___ Oct ___ Nov ___ Dec

