

1778 Samurai Point Q-1 Lutz, FL 33558 813-948-6411 www.PLCA.rocks



Copy of Deed to PLCA Office Notification

Date of Orientation:	PLCA Un	it/Lot:
First / Last Name Owner #	1:	
Email:		Phone:
First / Last Name Owner #2	2:	
Email:		Phone:
Mailing Address (if differen	nt from on-site address):	
Street Address:		Street Address Line 2:
City:	State / Province:	Postal / Zip Code:
I will provide a co	- / -	n closing to the PLCA office along with this taccompany the deed.
Signed:		Print Name:
Signed:		Print Name: