

**Home Sale Conveyance Form/Welcome Package  
Debary Plantation Community Association Inc.**

# DeBary Plantation Community Association

**\*\*\*\*IMPORTANT NOTICE\*\*\*\***

Welcome!

Please see the attached Important Documents that require completion.

The Home Sale Conveyance Form should be completed and returned to [DPCA@bonomgmt.com](mailto:DPCA@bonomgmt.com) for approval prior to estoppel being completed.

Please be sure to include the first page of the executed contract.

The contact sheet can be completed either before or after closing and returned as well.

Thank you!

**DEBARY PLANTATION COMMUNITY ASSOCIATION**  
**Home Sale/Conveyance Information Sheet**

Debary Plantation Community Association

Date: \_\_\_\_\_

UNIT NUMBER ADDRESS \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

THIS HOME SALE/CONVEYANCE INFORMATION SHEET AND FULLY EXECUTED COPY OF RELATED SALES CONTRACT MUST BE returned to the Association Board of Directors, c/o Bono & Associates Inc., Phone: 407-233-  
**EMAIL COMPLETED FORM TO DPCA@BONOMGMT.COM**

**THIS SECTION TO BE COMPLETED BY SELLER**

In compliance with the Declaration of Covenants of the association named above, I (we) hereby serve notice that as Owner(s) or Agent of the above reference units, I (we) intend to offer said unit for sale in accordance with the attached Contract for sale.

Unless I am notified to the contrary **within 5 Business Days** from verified receipt of this completed notice and attachment, I will advise purchaser that the proposed sale has been approved.

OWNERS SIGNATURE \_\_\_\_\_

OWNERS SIGNATURE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PURCHASER**  
**THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS**

I (we) intend to purchase property address \_\_\_\_\_.

I (we) are aware that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application. Initial Here: \_\_\_\_\_

I (we) acknowledge and understand that the property offered for sale is governed by deed restrictions and Rules and Regulations which are applicable to both the Unit and Common property and may be amended from time to time by the Association named above.

I (we) have read these documents and agree to abide by such deed restrictions and rules and regulations. Initial Here: \_\_\_\_\_

I (we) are purchasing this property with the intention to: (Check one)

Reside as owners on a full-time basis       Reside as owners on a part time basis       Lease the property

If you plan to lease the property- Please provide the information on the Property Management Company you will be using to oversee the property in your absence.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I (we) understand that in accordance to the covenants- 3.08 that there is no corporate ownership. Initial Here: \_\_\_\_\_

I (we) understand that in accordance to the covenants- 3.09 that we cannot own more than 4 lots. Initial Here: \_\_\_\_\_

I (we) understand that in accordance to the covenants- ARTICLE XV which outlines and prohibits occupancy or rental of any property to SEXUAL OFFENDERS AND SEXUAL PREDATORS, I (we) confirm that I (we) have verified this information and will held responsible in the event of any discrepancies. Initial Here: \_\_\_\_\_

I (we) consent that you may make further inquiry concerning this application, particularly of the reference given below:

PURCHASER NAME: \_\_\_\_\_

(Must match the information on the Contract for Sale)

CURRENT HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TURN OVER TO COMPLETE →**

**CLOSING INFORMATION:**

ANTICIPATED DATE OF CLOSING: \_\_\_\_\_

NAME OF CLOSING AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF REAL ESTATE AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
PURCHASER SIGNATURE

\_\_\_\_\_  
PURCHASER SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
PLEASE PRINT NAME

**THIS SECTION FOR ASSOCIATION USE ONLY**

Application Received on: \_\_\_\_\_

Sales Contract Attached YES \_\_\_\_\_ NO \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Adopted Rule & Regulation (Adopted 12-20-18):**

No Owner may sell or otherwise transfer or convey a property or any interest thereto without first providing the Association, at least twenty (20) days prior to the closing date of the proposed transaction, with a completed Home Sale/Conveyance Information Form. This Form may require the Owner to provide the name and address of the intended purchaser/transferee, an executed copy of any purchase and sale agreement (with purchase price redacted) including any exhibits, and any other information concerning the intended purchaser/transferee and the transaction as the Board of Directors may reasonably require. Any purported transfer in violation of this Rule may be deemed void *ab initio* and of no force and effect, and may be subject to legal action seeking rescission of the transaction, with the prior Unit Owner being jointly and severally liable for the Association's costs and reasonable attorneys' fees through all appellate levels and whether or not suit is brought.

# CONTACT INFORMATION FORM

----- RETURN FORM WITH COPY OF DEED



Please complete this new owner contact information form. In an effort to ensure receipt of important information regarding your Association, we request all new owners provide contact information upon closing. It is important the Association's management company, Bono and Associates, has accurate and up-to-date records. All information is used for HOA purposes only and kept in the strictest confidence.

## PROPERTY INFORMATION

Name of Association

Property Address

City, State Zip

Closing Date

## HOMEOWNER INFORMATION

Mailing Address (if different from property address) City, State Zip

New Owner

Phone

Email

Additional Owner

Phone

Email

Additional Owner

Phone

Email

\*\*\*\*Attention Closing Agent\*\*\*\* Please have the buyer complete form and return with copy of deed and any funds due to Association to 766 N. Sun Drive, Suite 2000, Lake Mary, FL 32746.

## THANK YOU FOR YOUR INFORMATION



766 N. Sun Drive Suite 2000  
Lake Mary, FL 32746



[www.bonomgmt.com](http://www.bonomgmt.com)  
[information@bonomgmt.com](mailto:information@bonomgmt.com)



PH: 407-233-3560  
FAX: 407-233-3498