

*Meadows of Astatula HOA, Inc.
 c/o Parent Company
 P. O. Box 492228
 Leesburg, FL 34749-2228
 352-787-2700, Ext. 227
 Fax: 352-787-2712*

RESIDENT INFORMATION FORM

Please complete the information below for all residents or potential residents who will be living in this home.

MEADOWS ADDRESS: _____

Name all residents _____

Permanent Address: _____

Telephone Number: _____

Northern Address: _____

(if appropriate) _____

Northern Telephone: _____

E-mail Address: _____

Pets: Yes () No () Number: _____ Type: _____

(Please see Pet Restrictions and Requirements)

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to you: _____

Telephone Number: _____

I/We have received a copy of the documents for The Meadows of Astatula HOA, Inc. including the Declaration of Easements, Covenants, Conditions and Restrictions; Rules and Regulations, Articles of Incorporation and By-Laws. I/We have read these documents, and hereby agree to abide by terms and conditions of these restrictions. PLEASE NOTE: Renting of your home in the Meadows is not allowed.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please notify Parent Management Company of any changes to the above information. Thank you.