

CRESTWOOD VILLAS OF SARASOTA MULTI CONDOMINIUM ASSOCIATION, INC.

ACCEPTANCE of ALL GOVERNING DOUCMENTS

NAME OF OWNER _____ DATE _____

ADDRESS _____ TELEPHONE _____

CITY _____

USPS Mailing Address if other:

NAME OF OWNER _____

ADDRESS _____ TELEPHONE _____

CITY _____, STATE _____ ZIP: _____.

PLEASE INITIAL THE FOLLOWING TO INDICATE YOUR AGREEMENT:

_____: I UNDERSTAND AND AGREE TO COMPLY WITH
THE RULES AND REGULATIONS OF CRESTWOOD VILLAS
OF SARASOTA MULTI CONDOMINIUM ASSOCIATION, INC,
(CVSMCA).

_____: I UNDERSTAND AND AGREE TO COMPLY WITH
THE POLICIES AND PROCEDURES OF CRESTWOOD VILLAS
OF SARASOTA MULTI CONDOMINIUM ASSOCIATION, INC,
(CVSMCA).

_____: I UNDERSTAND AND AGREE TO COMPLY WITH
THE BY-LAWS OF CRESTWOOD VILLAS OF SARASOTA
MULTI CONDOMINIUM ASSOCIATION, INC, (CVSMCA).

SIGNATURE _____

PRINT NAME _____

DATE: ___ / ___ / 2022

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Approved by SIGNATURE _____ DATE: ___ / ___ / 2022