

**CAMBRIDGE AT ABACOA
HOMEOWNERS ASSOCIATION**

ACKNOWLEDGEMENT

I agree to abide by the rules and regulations of the CAMBRIDGE AT ABACOA HOMEOWNERS ASSOCIATION and am subject to the Declaration of Covenants of CAMBRIDGE AT ABACOA HOMEOWNERS ASSOCIATION. Failure to comply with terms and conditions thereof shall be a material default and breach of the SALE or LEASE 0agreement.

Owner

For and on behalf of the Board of Directors

Lessee/Purchaser

Lessee/Purchaser

Date: _____

APPLICATION INSTRUCTIONS:

1. Fill out notification completely, and submit to Bristol Management, 1930 Commerce Lane, Suite 1, Jupiter, Florida 33458, or fax to (561)575-5423. Please allow 10 days for review and action to be taken by the Cambridge at Abacoa Homeowners Association.
2. Above signed acceptance of the Rules and Regulations must be submitted along with the application, as well as, a copy of the lease agreement or the purchase contract. Signature also acknowledges receipt of the Associations Architectural Guidelines.
3. There is a \$100.00 non-refundable application fee for purchases and a \$250.00 fee for Leases. Please make check payable to Cambridge at Abacoa.

Pursuant to the Cambridge at Abacoa Homeowners Association, Inc. Declaration of Covenants, Conditions, and Restrictions:

The Cambridge at Abacoa Board of Directors as set forth in Article IX-2-E hereby makes resolution to continue to collect the capital contribution from each lot that is sold from this day forward. This is equal to two months of the Association's annual assessment.

CAMBRIDGE @ ABACOA

Homeowners Association, Inc.

c/o Bristol management Services, Inc.

1930 commerce Lane, Suite 1

Jupiter, Fl. 33458

(561)575-3551 – (561)575-5423 FAX

Purchase / Rental Application – (Please circle one)

Name : _____ Present Phone #: _____

Property Address: _____ Occupancy Date: _____

Present Address: _____ How Long: _____ Rent: _____ Own: _____

EMAIL ADDRESS: _____

Name of Owner, if Renting: _____ Owners Phone #: _____

Name of Agent Handling Purchase or Rental: _____

IN CASE OF EMERGENCY NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____ Telephone # _____

PRESENT EMPLOYER: _____ TELEPHONE #: _____ FROM: _____ TO: _____

ADDRESS: _____

Name of Spouse: _____ # of Children _____

Ages of Children _____

SPOUSE'S EMPLOYER: _____ TELEPHONE # _____ FROM: _____ TO: _____

ADDRESS: _____

WILL ANYONE OTHER THAN SPOUSE AND CHILDREN LISTED ABOVE RESIDE WITH YOU?

NO _____ IF YES _____ NAMES _____

DO YOU HAVE ANY PETS WHO WILL BE RESIDING IN THE UNIT?

IF SO, PLEASE LIST. _____

PERSONAL REFERENCE: _____ ADDRESS: _____ PHONE #: _____

(1) _____

(2) _____

DRIVER'S LICENSE #: _____ STATE: _____ VEHICLE YEAR: _____ MAKE: _____ MODEL: _____

DO YOU HAVE ANY COMMERCIAL OR RECREATIONAL VEHICLES, BOATS, CAMPERS, MOTORCYCLES,

TRUCKS, TRAILERS, OR PANELLED VANS? YES _____ NO _____

THESE VEHICLES ARE NOT ALLOWED TO BE PARKED ON ANY COMMON ELEMENTS AND MUST BE PARKED INSIDE THE GARAGE OVERNIGHT.