

**LEGACY OF LEESBURG P.O. A. INC.**

This is an aged restricted community for person or persons 55 or older. Age verification must be provided to the Association prior to purchase of property. See attached forms Please provide a copy of the deed with all checks and forward to the address listed above.

**Please complete and return this form, which will enable management to contact owners and residents in the event of emergency or other issues.**

**Mail to: Leland Management, 5400 Legacy Blvd. Leesburg, FL 34748 or Fax to: (352) 323-0919**

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

Name(s) \_\_\_\_\_

Property Address \_\_\_\_\_, FL

Mailing Address (if different) \_\_\_\_\_

Telephone(s) Home \_\_\_\_\_ Business \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Local Agent (if applicable) \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Owner Occupied? Yes ( ) No ( ) Is Home Leased Yes ( ) No ( )

( ) Enclosed is copy of a deed or court judgment to change name(s) for my records.

***IF LEASED, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EMERGENCY USE ONLY***

Name of Occupants \_\_\_\_\_

Occupant Phone(s) Home \_\_\_\_\_ Business \_\_\_\_\_

Term of Lease from \_\_\_\_\_ to \_\_\_\_\_ (PLEASE PROVIDE TENANTS W/ RULES)

Home for Sale? Yes\* ( ) No ( ) Realtor & Telephone \_\_\_\_\_

**\*Please notify Realtor we need a photocopy of the warranty deed to change records.**

Other Information, comments or suggestions: \_\_\_\_\_

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## Legacy of Leesburg P.O.A.

### Adult Form & Disclosure Summary

I/We the undersigned purchaser(s) understand and agree that Legacy of Leesburg is an all-adult community with facilities and programs designed for residents age 55 and older. I/We agree, along with the seller, that I/We will not do anything that would operate to nullify or adversely affect the community's all-adult status. We agree to impose this same condition and agreement on any and all successors, transferees or assignees in title.

Legacy of Leesburg was developed and sold as an all-adult community under the Fair Housing Act (H.R. 1158) which went into effect on March 12, 1989. This Federal law makes it illegal for a community to discriminate against families with children unless some very specific guidelines are followed.

In order that the guidelines may be followed to establish and maintain the development as an all-adult community in which all permanent residents must be 18 years of age or older(which requirement is the intent and plan of the Developer and of all of the purchasers to-date), the following information and agreement must be completed by each prospective purchaser.

Lot Number: \_\_\_\_\_

Names and birthdays of proposed occupants of the dwelling when purchased.

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

**Legacy of Leesburg P.O. A. Inc.**  
**c/o Leland Management Inc.**  
**5400 Legacy Blvd. Leesburg, FL 34748**  
**(352) 365-9800 | Fax: (352) 323-0919**

Further, I/We understand and agree:

1. As purchaser of property in this community, I/We will be obligated to be a member of a Homeowners' Association.
2. There are recorded restrictive covenants governing the use and occupancy of properties in this community, which runs with the land.
3. I/We will be obligated to pay assessments to the Association, which assessments are subject to periodic change.
4. Failure to pay these assessments could result in a lien on my/our property.
5. There is no obligation to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the Homeowners' Association. The restrictive covenants cannot be amended without the approval of the Association membership, as defined in the documents.
6. The statements contained in this disclosure form are only summary in nature, and, as a prospective purchaser, I/we should refer to the covenants and the Associations governing documents. These are:
  - a) Original documents of incorporation
  - b) Deed Restrictions/Restrictive Covenants
  - c) Legacy of Leesburg By-Laws
  - d) Legacy of Leesburg Rules & Regulations
  - e) Legacy of Leesburg Policies

Signature(s) of the Purchaser(s):

\_\_\_\_\_

\_\_\_\_\_

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

Witness: \_\_\_\_\_

For the Association: \_\_\_\_\_ ( Agent)

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**SALE/LEASE INFORMATION QUESTIONNAIRE**

Lot # \_\_\_\_\_ Legacy of Leesburg address of lot:

\_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ If Lease Duration: \_\_\_\_\_

Pets: (Yes/No) \_\_\_\_\_ if so, please list: \_\_\_\_\_

Purchaser/Tenant Info: (include persons to occupy residence)

Name: \_\_\_\_\_ Relationship: \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_

Auto(s)

1. Make: \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State Tagged in \_\_\_\_\_

2. Make: \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State Tagged in \_\_\_\_\_

3. Make: \_\_\_\_\_ Year \_\_\_\_ Tag # \_\_\_\_\_ State Tagged in \_\_\_\_\_

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Applicant represents that all of the above information is true and complete. The execution below acknowledges receipt of a copy of the Rules & Regulations and Deed Restrictions of the Association. The undersigned hereby agrees to abide by said Rules & Regulations and Deed Restrictions, together with any amendments thereto.

DATE: \_\_\_\_\_ PURCHASER/TENANT(S):

DATE::

APPROVED:

DISAPPROVED