STONEHURST PLANTATION MASTER ASSOCIATION

C/O First Coast Association Management 11555 Central Parkway, Suite 801 Jacksonville, FL 32224 Office: (904) 998-5365 / Fax: (904) 998-5366

POOL PROXIMITY CARD REQUEST FORM

| NAME: | | | | | |
|--|--|--|--|-------------------------------|--|
| | (Print Clearly |) | | | |
| PROPERTY ADD | RESS: | | | | |
| | | | | | |
| MAILING ADDRES | SS: (If different fr | om above) | | | |
| | | | | | |
| PHONE: | | | | | |
| We would like | pool acc | cess cards (Limit of 4 p | bool proximity cards per | property) | |
| If a proximity card the fee for a repla | is not obtained fr cement card is § | om the previous/curres <u> 520.00</u> . Once a replace | ity cards from previous/ nt owner or is lost, stole ement card is issued, the payable to Stone | en or damaged, ne previous | |
| Checks are ma | de payable to | <u>Stonehurst Planta</u> | tion Master Associ | <u>ation</u> . | |
| SIGNATURE | | | DATE | | |
| | F | OR OFFICE USE O | NLY | | |
| Pool Proximity A | ccess Cards Iss | sued: | | | |
| # | # | | # | | |
| Mailed: | | Picked up: | | | |
| Ву: | | Date: | Date: | | |
| Entered into TOF | S and DoorKin | g: | | | |