

**DISCLOSURE SUMMARY
FOR
FRANKLIN FARMS HOMEOWNERS ASSOCIATION, INC.**

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY YOU WILL BE OBLIGATED TO BE A **MEMBER OF A HOMEOWNERS' ASSOCIATION.**
2. THERE HAVE BEEN RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO **PAY ASSESSMENTS** TO THE ASSOCIATION. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. IF APPLICABLE, THE **CURRENT AMOUNT IS \$210.00 PER YEAR.** YOU WILL BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE ASSOCIATION. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL TAXING DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY AND A FORECLOSURE ACTION.
6. THE RESTRICTIVE COVENANTS CANNOT BE AMENDED WITHOUT THE APPROVAL OF THE PARCEL OWNERS.
7. THERE ARE ADDITIONAL **RULES AND REGULATIONS** REGARDING USE AND MAINTENANCE OF YOUR PROPERTY THAT MUST BE FOLLOWED. **ANY MODIFICATIONS TO THE EXTERIOR OF YOUR PROPERTY MUST BE APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS.**
8. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS AND THE ASSOCIATION GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
9. THESE DOCUMENTS ARE EITHER MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN BROWARD COUNTY FLORIDA WHERE THE PROPERTY IS LOCATED, OR ARE NOT RECORDED AND CAN BE OBTAINED FROM THE ASSOCIATION OR FROM THEIR WEBSITE www.ffhoa.com.

I acknowledge that I have read and understand the above statements and agree to abide by the governing documents of Franklin Farms Homeowners Association, Inc.

Property address: _____

Date: _____ Purchaser: _____

Date: _____ Purchaser: _____

Purchaser contact information:

Home telephone number: _____ Cell phone or other number: _____

Email: _____ By providing your email address you are agreeing to paperless billing and notifications and are entitled to a \$10.00 discount of your annual fees.

