**BUYER’S ACKNOWLEDGEMENT OF VIOLATIONS**

Date:

File Number:

BUYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Buyer)

WFG National Title Insurance Company (the “Company”)

Title Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Title Agent”)

Property:

 (the “Property”)

BUYER acknowledges that the Homeowner’s Association in which the Property is located is subject Violations. Buyer acknowledges and accepts that said Violations have not been corrected and that there may be additional assessments associated with the Violations. BUYER agrees to hold Company and Title Agent harmless for any ASSESSMENTS owed for the Violations.

BUYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida

Name:
My Commission Expires:

My Commission Number is: