



# TOWER POINTE

AT ARBOR TRACE

## TOWER POINTE CONDOMINIUM ASSOCIATION, INC.

### PROOF OF OWNERSHIP

SELLER: \_\_\_\_\_

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

RESIDENCE: \_\_\_\_\_

The undersigned is/are the new Unit Owner/s of this residence.

The address to be used to notify the undersigned of meetings of the TOWER POINTE Condominium Association and related matters is as follows:

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

The telephone number for contact is as follows: \_\_\_\_\_

\_\_\_\_\_  
date

\_\_\_\_\_  
print name: \_\_\_\_\_

\_\_\_\_\_  
date

\_\_\_\_\_  
print name: \_\_\_\_\_