**BUYER’S ACKNOWLEDGEMENT OF CDD**

Date:

File Number:

BUYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“BUYER”)

WFG National Title Insurance Company (the “Company”)

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

Property:

 (the “Property”)

BUYER has agreed to accept title to the Property knowing that there are Community Development District (“CDD”) covenants, conditions, and restrictions against the property creating assessments that are to be paid on an annual basis or a monthly basis in the future and that all assessments have not been paid in full. BUYER acknowledges that his/her owner’s policy of title insurance with an exception from coverage for said CDD restrictions and assessments and Buyer agrees to pay those CDD assessments as they come due.

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

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: