

Duna Vista Resorts

PO Box 585 🌣 Ludington, MI 49431

Date: _		Selling Price:
Seller:	Name:	
	Address:	
	Email:	
	Phone:	
Seller's	Agent:	
	Company:	
	Email:	
RE:	Permission to Sel	II:
		rts property being sold (include Parcel Number/Lot Number):
	Closing Date:	
Buyer:		
	Name:	
	Address:	
	Phone:	
	Email:	
Oceano	ı County Registrar o	by waive the provisions set forth in the Covenants of Restriction as recorded in Liber 300, Pages 343-6 of records, of Deeds, insofar only as they provide for the right of re-purchase by the Association in case of a sale or transfer it, and insofar only as it provides for the proposed sale as described above.
This form	should be returned	d to the above address or to <u>dunavistaresort@gmail.com</u>
For Offic	e Use:	
Paymen Realtor/	t, in full, of the Asso Agency handling th	ciation dues, in the amount of \$, for the year, is due at the time of closing of this sale. The nis closing should make the check payable to Duna Vista Resorts at the above-mentioned address.
Thank yo	DU.	
	/ISTA RESORTS of Directors	