

ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.

A CORPORATION Not-for-Profit

#1 ALAMEDA GRANDE, ENGLEWOOD, FL 34223

OFFICE PHONE (941) 474-5079, FAX (941) 474-9631

**AFFIDAVIT\CERTIFICATION OF
AGE COMPLIANCE**

I/We, _____, do swear and affirm
as follows:

1. I/We am the Shareholder\Tenant of Unit _____ of Alameda Isles Homeowners Cooperative, located at _____ (insert street address), Englewood, Sarasota County, Florida (herein, the "unit")
2. I/We am over eighteen (18) years of age and a member of the above-referenced household.
3. As of the date provided below, at least one person in the above-referenced unit is fifty-five (55) years of age or older and the other person is at least forty-eight (48) years of age or older. The current ages or dates of birth of the occupants of the Unit are _____.
4. The contents of this instrument are true and correct and based on my personal knowledge

Dated this ____ day of _____, 20____.

Under penalties of perjury, I/We declare that I/We have read this document and that the facts stated in it are true and correct.

Sign: _____

Print: _____

Sign: _____

Print: _____