(Rev 04/07/25)

WELLINGTON NEW OWNER INFORMATION FORM

Welcome to Wellington! We are happy you have decided to join our community as a new owner. Please complete the form below and return it to the Wellington Homeowners Association of Lee County, Inc withing 30 days of closing on your property via one of the methods listed at the bottom of this form.

PROPERTY/LOT INFORMA	ATION		
Wellington Street Address:		Lot #	
OWNER INFORMATION			
Last Name	First Name	Preferred Name	
Mailing Address:		City	State ZIP
(If different than Wellington Street Addi	ress above) Province	Country	Postal Code
Mobile Phone:	Additional Phone:	-	
Email:			
	communications from the HOA, please co www.wellington-hoa.org/docum	omplete an Electronic Tra	
CO-OWNER INFORMATIO	N (If Applicable)		
		Preferred Name	
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	City	State ZIP
	dress above) Province		
Mobile Phone:			
Email: _ _ _	_		
If you would like to receive official email	communications from the HOA, please co www.wellington-hoa.org/docun		ansmission Consent form found at
OWNERSHIP CATEGORY			
Full Time/Permanent Resident	Seasonal Resident	Rental Ov	vner/Investor
EMERGENCY CONTACT E	REQUIRED FOR ALL NO	N-FULL TIME	RESIDENTS
Property Manager or Management	Company		
Primary Contact Name			
Business Phone:	After Hours F	² hone:	
Email: _ _ _ _ _	_		
Backup Contact Name			
Business Phone:	After Hours Phone:		
Email:			

Please return completed forms to the Wellington Homeowners Association of Lee County, Inc via:

DROP OFF in the ACC letter box on the white railing at the pool

or

- <u>EMAIL</u> to hoawellington@yahoo.com
- MAIL to: Wellington HOA of Lee Co. Inc, 16733 Wellington Lakes Circle, Fort Myers, FL 33908