



Beacon Woods Civic Association, Inc.

12440 Clocktower Parkway, Bayonet Point, Florida 34667-2475

Telephone (727) 863-1267. Fax (727) 863-4857 · Website: www.bwcai.org

DELEGATION OF PRIVILEGES

DATE: _____

Beacon Woods Civic Association, Inc.
12440 Clocktower Parkway
Bayonet Point, Florida 34667

ATTN: Board of Directors

RE: _____ LOT # _____
(Insert Street Address)

Dear Directors:

This is to advise you that as owners of the above noted property, we are relinquishing our rights to the use of the facilities in Beacon Woods in favor of our tenants, for so long as they are living in our residence in Beacon Woods Subdivision and until we provide written notification to Beacon Woods Civic Association, Inc. (BWCAI) that this agreement is terminated. We shall no longer have the right to allow guests or our family members to use Beacon Woods facilities, provided, however, we are not relinquishing our rights to rent the civic center auditorium, therefore, we do not delegate this privilege to our tenants and they shall not have any right to rent the civic center auditorium. We hereby accept liability for all damages caused by our tenants while our tenants and their immediate family members are using Beacon Woods facilities or while our tenants and their family members are on property owned by Beacon Woods Civic Association, Inc.

Our tenants have been furnished with a copy of the Beacon Woods Deed Restrictions and advised that they must comply with same. I/WE acknowledge that this does not relieve me/us of my/our responsibility to see that the deed restrictions on the above-named property are upheld.

Our tenants shall have the right to allow immediate family members to use the Beacon Woods facilities in accordance with P&P 3.6.2. Immediate Family members must be accompanied by tenant(s) when using facilities.

We hereby agree to hold Beacon Woods Civic Association, Inc., (BWCAI) harmless for all damages paid by or assessed against BWCAI as the result of the use of BWCAI facilities by our tenants or their immediate family members. We hereby agree to hold BWCAI harmless for all damages paid by or assessed against BWCAI as the result of the actions or omissions of our tenants or our tenants' relatives while they are on property owned by Beacon Woods Civic Association, Inc.

12/10/08

TENANTS NAMES: _____

(List names of all family members who reside with tenants and are entitled to use BWCAI facilities.)

It is our understanding that the monthly maintenance fees may be paid by either the homeowner or tenant. However, the collection and payment of unpaid monthly maintenance fees to the Beacon Woods Civic Association shall be the responsibility of the homeowner and the homeowner shall remain liable for all unpaid maintenance fees.

In the event of sale of property, as owners, we shall inform the prospective buyer(s) of the lease agreement with tenants and have them execute a new Delegation of Privileges form to be delivered to the Beacon Woods Civic Association.

Very truly yours,

(Homeowner) (Homeowner)

Mailing address: _____

Phone #: _____

Effective date & term of agreement: _____ to _____
(Beginning) (End)

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to and subscribed before me by _____
and _____, the owners of record, this
_____ day of _____, 20__.

Notary Public, State of Florida

My commission expires: