



NEW OWNER INFORMATION

Unit: _____

Week: _____

Name: _____
 (as appears on deed)

Address: _____

Social Security: 1) _____ 2) _____

Home Phone: _____

Work Phone : _____

Email: _____

This form authorizes Star Island to run credit and verify that purchaser is capable to comply with F.S. 721.17

 Purchaser Signature (as on deed)

 Purchaser Signature (as on deed)

Date: _____

Date: _____

ATTENTION

FLORIDA STATUE 721.17

4(E) No person shall participate, for consideration or with the expectation of consideration, in a plan or scheme, a purpose of which is to transfer a consumer resale timeshare interest to a transferee that the person knows does not have the ability, means, or intent to pay all assessments and taxes associated with the consumer resale timeshare interest.

THIS FORM IS MANDATORY TO COMPLETE AN OWNERSHIP CHANGE
Please send it back with \$150.00 fee and estoppel request will be completed

Mail Completed Form and \$150.00 to:

Star Island Resort & Club - Estoppel Dept
PO Box 422247
Kissimmee, FL 34742-2247