



**Compliments of:
Wilkinson Title Agency, Inc.**

**P.O. Box 60212, Fort Myers, Florida 33906-6212
239-454-1600 Phone 239-454-6828 Fax**

TIMESHARE RESALE PURCHASE AGREEMENT

Resort _____

THIS AGREEMENT made this _____ day of _____, _____ BETWEEN

(PURCHASER'S INFORMATION)

NAME _____

ADDRESS _____

STREET CITY STATE ZIP

TELEPHONE HOME() EMAIL _____

(Title is to be taken as _____) hereinafter referred to as PURCHASER, and

(SELLER'S INFORMATION)

NAME _____

ADDRESS _____

STREET CITY STATE ZIP

TELEPHONE HOME() EMAIL _____ hereinafter

referred to as SELLER,

WITNESSETH, that the SELLER hereby agrees to sell unto the PURCHASER and the PURCHASER hereby agrees to purchase Unit(s)/Week(s) _____ of _____ a Condominium, according to the Declaration of Condominium thereof, as recorded in O.R. Book _____ at Page _____, in the Public Records of _____, Florida. In consideration of the sum of \$ _____ (sales price) receipt is hereby acknowledged of the sum of \$ _____ (deposit), which shall be deposited by PURCHASER upon execution of this agreement with **WILKINSON TITLE AGENCY, INC., as escrow agent**, said amount representing a deposit and which becomes a part of the full purchase price. The balance due in the amount of \$ _____ including approximate closing costs as set forth below, to be paid on or before _____. CLOSING DATE: ON OR BEFORE 45 DAYS FROM DATE OF ACCEPTANCE BY SELLER(S).

Occupancy of this apartment/week(s) may commence _____

BUYERS INITIALS _____ SELLERS INITIALS _____
BUYERS INITIALS _____ SELLERS INITIALS _____

APPROXIMATE Closing costs to be paid as follows:

	PURCHASER	SELLER
Owner's Title Insurance policy..(based on sales price).	_____	_____
Warranty Deed Recording Fee....\$22.85.....2 pages.....	_____	_____
Documentary Stamps Deed...(based on sales price).....	_____	_____
Title Search....(\$85).....	_____	_____
Settlement Fee...(\$450.00).....	_____	_____
Maintenance Fee for the year _____	_____	_____
Taxes for the year _____	_____	_____
Estoppel Fee.....	_____	_____
Courier Fee.....(\$25).....	_____	_____
APPROXIMATE TOTAL	_____	_____

(These fees are approximate, and could vary accordingly)

Any and all interest earned on deposited funds shall be retained by WILKINSON TITLE AGENCY, INC. in lieu of escrow disbursement fees. This contract shall be binding upon both parties, the SELLER and PURCHASER, their heirs, executors or assigns. Name and address of managing entity is:

NAME	ADDRESS	STREET	CITY	STATE	ZIP
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"THE CURRENT YEAR'S ASSESSMENT FOR COMMON EXPENSES ALLOCABLE TO THE TIME-SHARE PERIOD YOU ARE PURCHASING IS \$ _____. THIS ASSESSMENT, WHICH MAY BE INCREASED FROM TIME TO TIME BY THE MANAGING ENTITY OF THE TIMESHARE PLAN, IS PAYABLE IN FULL EACH YEAR ON OR BEFORE _____. THIS ASSESSMENT INCLUDES YEARLY AD VALOREM REAL ESTATE TAXES, WHICH ARE NOT BILLED AND COLLECTED SEPARATELY. FOR THE PURPOSE OF AD VALOREM ASSESSMENT, TAXATION AND SPECIAL ASSESSMENTS, THE MANAGING ENTITY WILL BE CONSIDERED THE TAXPAYER AS YOUR AGENT PURSUANT TO SECTION 192.037, FLORIDA STATUTES. EACH OWNER IS PERSONALLY LIABLE FOR THE PAYMENT OF HER OR HIS ASSESSMENTS FOR COMMON EXPENSES, AND FAILURE TO TIMELY PAY THESE ASSESSMENTS MAY RESULT IN RESTRICTION OR LOSS OF YOUR USE AND/OR OWNERSHIP RIGHTS."

YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR OBLIGATION WITHIN 10 DAYS AFTER THE DATE YOU SIGN THIS CONTRACT. IF YOU DECIDE TO CANCEL THIS CONTRACT, YOU MUST NOTIFY THE SELLER IN WRITING OF YOUR INTENT TO CANCEL. YOUR NOTICE OF CANCELLATION SHALL BE EFFECTIVE UPON THE DATE SENT AND SHALL BE SENT TO THE SELLER AT:

ADDRESS	STREET	CITY	STATE	ZIP
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ANY ATTEMPT TO OBTAIN A WAIVER OF YOUR CANCELLATION RIGHT IS VOID AND OF NO EFFECT. WHILE YOU MAY EXECUTE ALL CLOSING DOCUMENTS IN ADVANCE, THE CLOSING, AS EVIDENCED BY DELIVERY OF THE DEED OR OTHER DOCUMENT, BEFORE EXPIRATION OF YOUR 10-DAY CANCELLATION PERIOD, IS PROHIBITED.

PURCHASER _____ Date SELLER _____ Date

PURCHASER _____ Date SELLER _____ Date

THIS IS INTENDED TO BE A LEGALLY BINDING CONTRACT. IF NOT FULLY UNDERSTOOD, SEEK THE ADVICE OF AN ATTORNEY PRIOR TO SIGNING.