## FOUNTAIN GREENS HOMEOWNERS ASSOCIATION, INC.

## POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

This Potential Conflict of Interest Disclosure Statement is to be completed by all persons who are applicants to become or who presently are serving as directors or committee members of Fountain Greens Homeowners Association, Inc. (the "Association"), and is required pursuant to the Association's Policy Number 2 (the "Conflict of Interest Policy"), a copy of which is attached hereto. In order to complete this Disclosure Statement, a review by the person completing this form of the attached Conflict of Interest Policy is necessary.

Time Period Covered:	Type of Statement:			
//2017 to//2018	New	Amended		
FULL NAME:				
ADDRESS (STREET, CITY, ZIP)				
SPOUSE'S FULL NAME:				
POSITION: Director C	Committee Member			
Present Principal Employment (please list your present your spouse).	ent principal employer and the pr	rincipal employer		
NAME AND MAILING ADDRESS OF YOUR EMPLOYER:				
NAME AND MAILING ADDRESS OF YOUR SPOUSE'S EMPLOYER:				
REQUIREMEN	T TO UPDATE:			
All persons who are serving as directors or committee this form no less frequently than annually to ref relationships involving for for-profit organizations required to be disclosed or which would constitute Policy	flect any business relationships or individuals who are "Related	or investments or Parties" which are		

DISCLOSURE OF POTENTIAL BUSINESS OR I	NVESTMENT CONFLICTS OF INTEREST:
On Part A of this form, please list all businesses or inv	estments in which you have an interest and which
have done or are likely to do business with the Associa	
provider of goods or services; or which may have any	
which would constitute a "Financial Interest" or "Confl	
If none, enter "None."	the ander the attached Commet of interest 1 oney.
PART	A
TO POTENTIAL CONFLICT OF INTE	
Disclosure of Potential For Profit B	
<u>ORGANIZATION</u>	<u>RELATIONSHIP</u>
DISCLOSURE OF POTENTIAL CONFLICTS	OF INTEREST INVOLVING RELATED
PARTII	
Please disclose on Part B of this form the names and	
who are or who are likely to do business with the Assoc	
provider of goods or services; or who may have any	
which would constitute a "Financial Interest" or "Confl	ict under the attached Conflict of Interest Policy.
If none, enter "None."	
PART	
TO POTENTIAL CONFLICT OF INTE	
Disclosure of Potential Conflicts of In	
RELATED PARTY	<u>RELATIONSHIP</u>
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<b>CERTIFICATION:</b> T	HE	UND	ERSI	GNED	HEREBY	CERTIFIES	THAT:
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SIGNATURE	DATE
The foregoing Disclosure is true, complete, and accurate to the best	st of his or her knowledge and belief.
He or she agrees to comply at all times with said Policy; and	
He or she has read and does understand said Policy;	
He or she has received a copy of Policy Number 2 of Fountain Greconcerning Conflicts of Interest;	eens Homeowners Association, Inc.,