

INDIAN WELLS OSCEOLA COUNTY HOMEOWNERS ASSOCIATION

2026 HOA APPLICATION

Please complete one application for each home owned within the community and return it to us. Include a check in the amount of **\$125 per home**, made payable to the Indian Wells HOA and mail to:

IWHOA
3101 Polynesian Isle Blvd
Kissimmee, Florida 34746

*****NO HOA RENEWALS ACCEPTED AFTER FEBRUARY 28, 2026*****

Please Print CLEARLY

| Homeowner Information | |
|--|--|
| Homeowner Name: | |
| Indian Wells Address: | |
| Mailing Address (if Not Resident): | |
| City: | |
| State/Province/Country: | |
| Zip/Postal Code: | |
| Mandatory Email Address: | |
| Mandatory Telephone* (include area code): | |
| Resident <input type="checkbox"/> Long Term Rental <input type="checkbox"/> Short Term Rental <input type="checkbox"/> | |
| Rental Property Information | |
| Management Company: | |
| Management Address: | |
| Management City and Zip Code: | |
| Management Telephone: | |
| Management Company Contact: | |
| Management Company Email: | |
| Long Term Rentals must provide | |
| Tenant Name: | |

Phone numbers are only for in case of emergency should we need to contact you

DO WE HAVE PERMISSION TO SHARE YOUR INFORMATION IF REQUESTED? __Yes __NO

Board Member Initials: _____ Payment Date: _____ Payment Type: _____