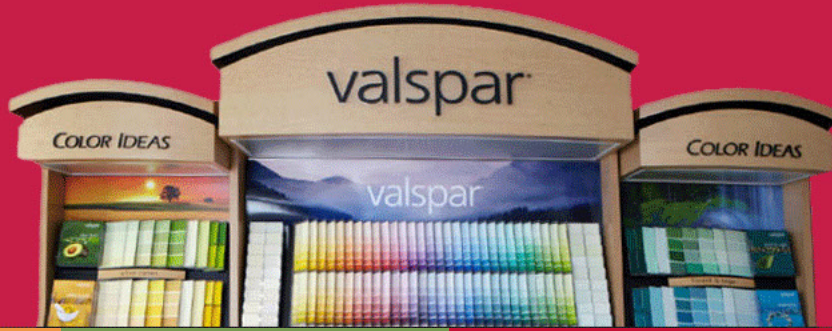


COLOR SELECTIONS

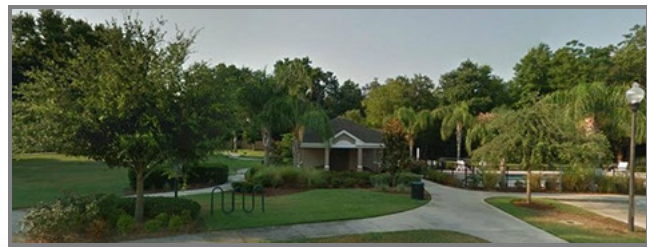


Misty Oaks

Leland Management is a full service community association management company that offers complete support to Homeowner and Condominium associations throughout Florida.

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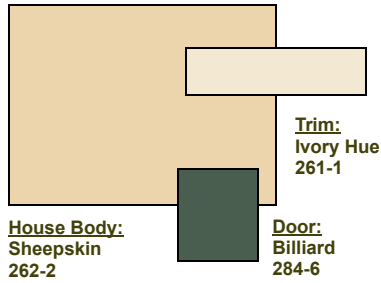
[Download PDF of Color Options](#)



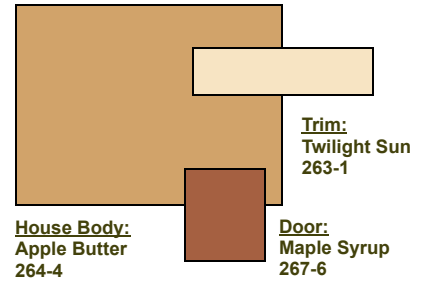
Please refer to actual paint color deck when making final selections.
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COLOR OPTIONS

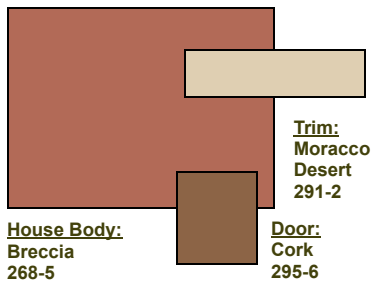
Scheme #1



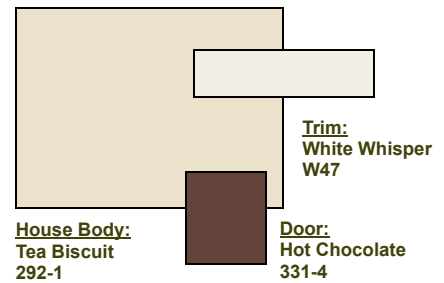
Scheme #2



Scheme #3



Scheme #4

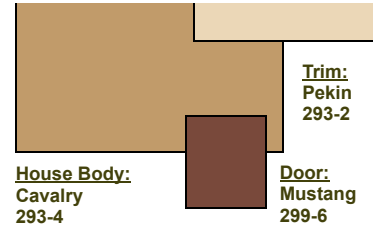
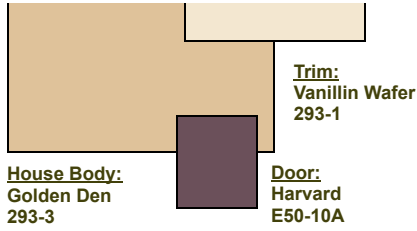


Scheme #5

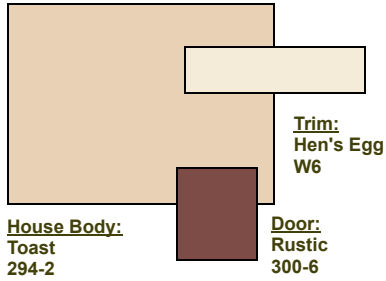


Scheme #6

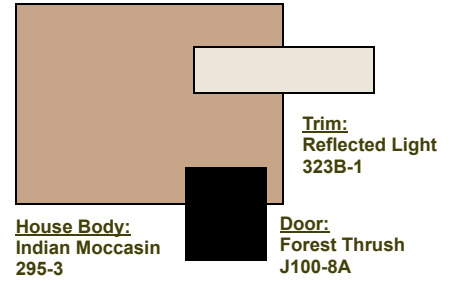




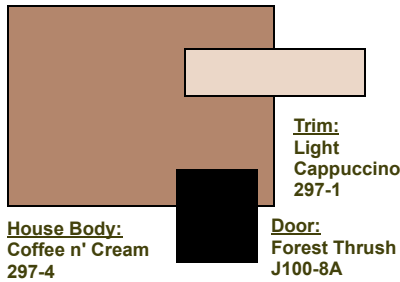
Scheme #7



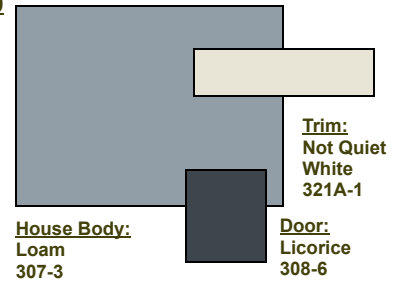
Scheme #8



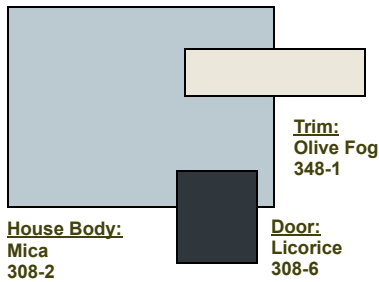
Scheme #9



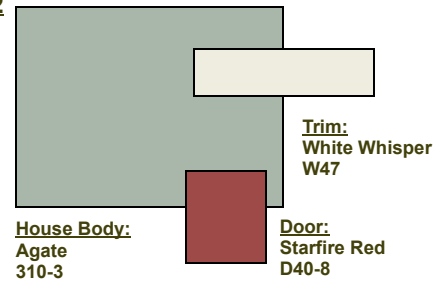
Scheme #10



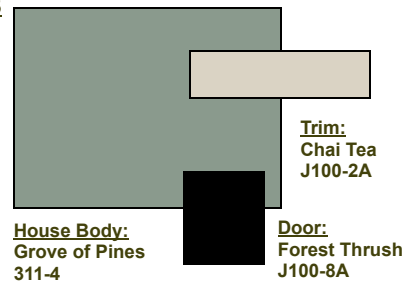
Scheme #11



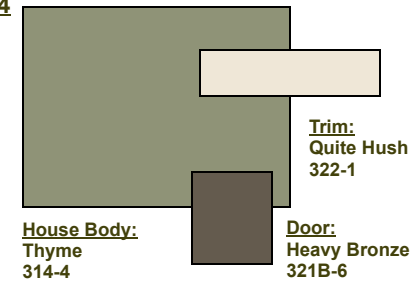
Scheme #12



Scheme #13



Scheme #14

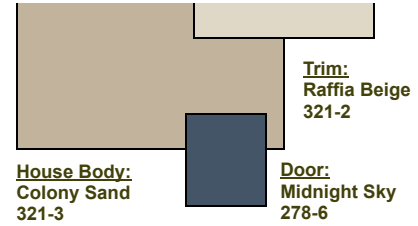
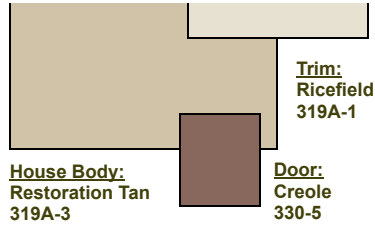


Scheme #15

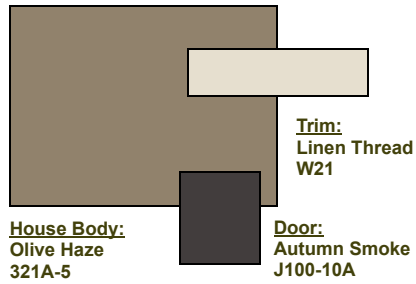


Scheme #16

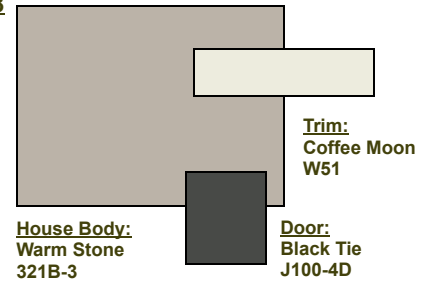




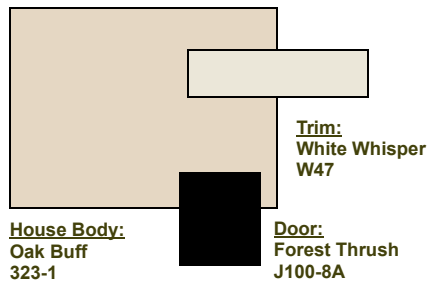
Scheme #17



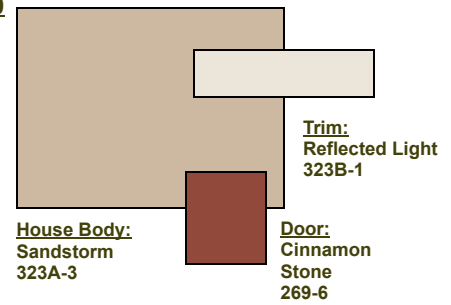
Scheme #18



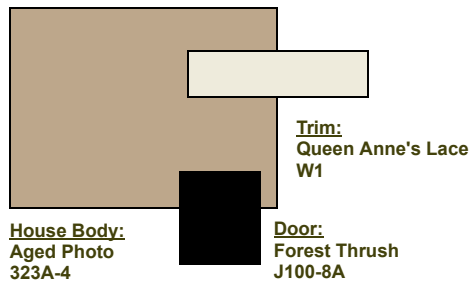
Scheme #19



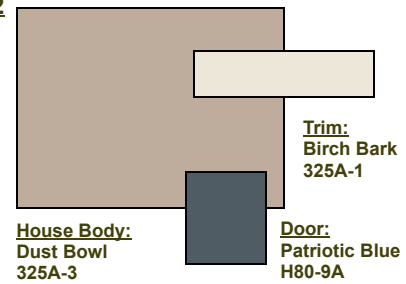
Scheme #20



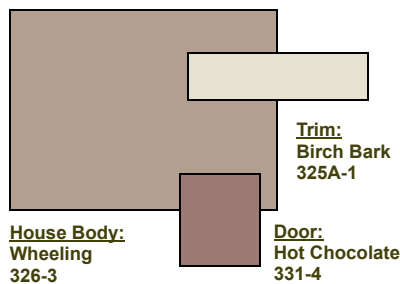
Scheme #21



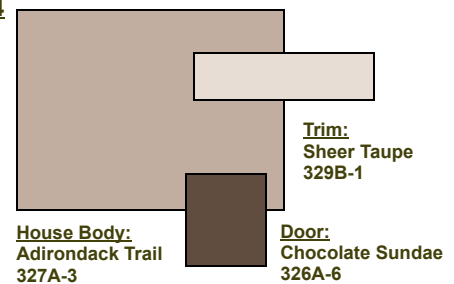
Scheme #22



Scheme #23



Scheme #24

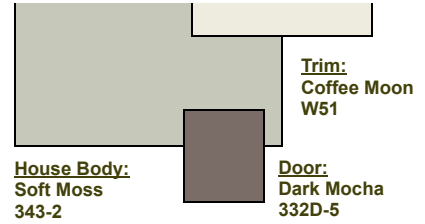
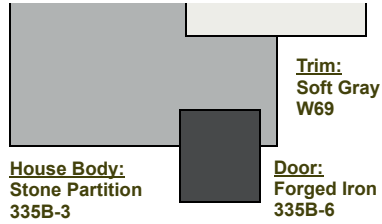


Scheme #25

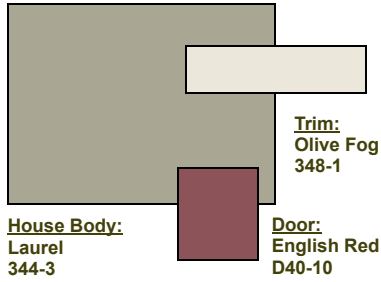


Scheme #26

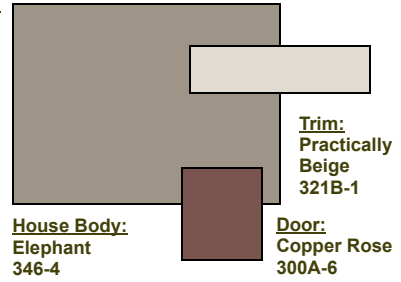




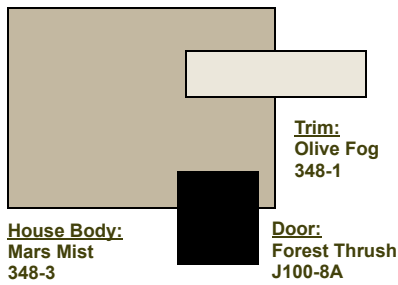
Scheme #27



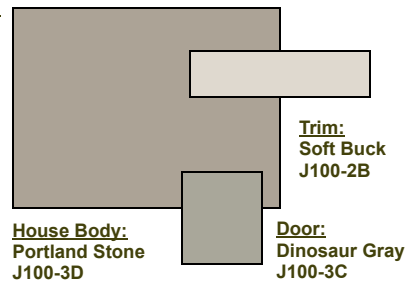
Scheme #28



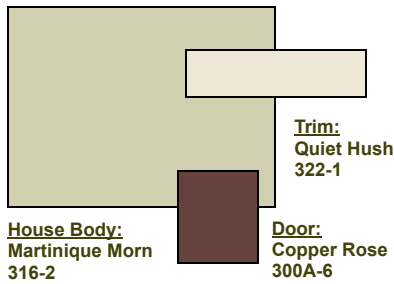
Scheme #29



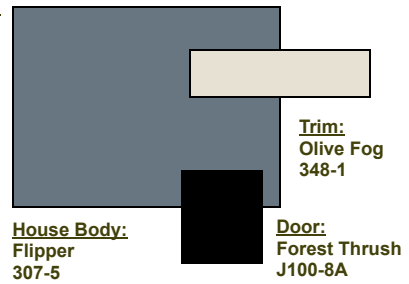
Scheme #30



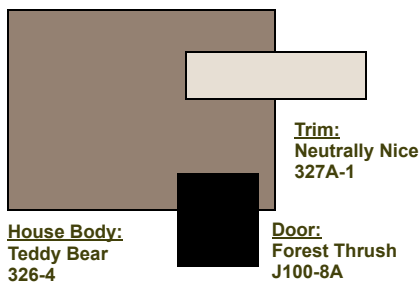
Scheme #31



Scheme #32



Scheme #33



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Misty Oaks HOA

Lee Wilson, LCAM
Community Association Manager
Leland Management, Inc.
Phone: (352) 624-0500
Fax: (352) 653-3463
Website: www.LelandManagement.com

Request for Architectural Change

MISTY OAKS HOMEOWNERS ASSOCIATION
Request for Architectural Change

This request form is to be completed by the homeowner and submitted for approval prior to any work commencing.* Any samples attached will NOT be returned.
If you have any questions concerning this application, please refer to your Declarations of Covenants and Restrictions.

Contact:
Lee Wilson, LCAM
Community Association Manager
Leland Management, Inc.
Phone: (352) 624-0500
Fax: (352) 653-3463
Website: www.LelandManagement.com

***Note:**

All requests must conform to the local zoning and building regulations, and you must obtain all necessary permits if your request is approved by the ARB. This request is valid for 90 days from point of acceptance.

TO BE COMPLETED BY HOMEOWNER

Name: *
First Last

Lot Number

Address *

Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country

Phone Number * - -
####

Email Address *

Location – Attach a copy or lot survey or plan showing location of addition.

Specifications – Attach a copy of plans, and describe the following:
*

Describe the change (i.e. porch, enclosure, etc.): *

Dimensions: *

Materials: *

Color:

First Choice–Select Scheme
(Samples will be mailed to address entered in form)

Scheme 1

Second Choice–Select Scheme
(Samples will be mailed to address entered in form)

Scheme 1

Upload a photo of your property-
Front

Choose File

 no file selected

Upload a photo of your property-
Back

Choose File

 no file selected

Upload a photo of your property-
Side

Choose File

 no file selected

Upload a photo of your property-
From street including neighbors
properties

Choose File

 no file selected

Liability: I take full responsibility and am personally liable for any damage that may occur to East Lake Cove Homeowners Association property during the completion of this project. *

 If Checked – I agree

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