

Carmel Retirement Condominiums Owner Profile 2017

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Fax to 321-305-6199, or mail to 2560 Palm Lake Dr, Merritt Island, FL 32952, or place in one of the suggestion boxes on site. We do supply owners with a directory of other owners, so if you wish your phone number or e-mail to be unlisted, please make note of that.

Name(s) of Owners _____

Bldg _____ Unit# _____ Designated Voter _____

Mailing Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell _____ Email _____

Work Ph _____ Company Name _____

Are you willing to receive correspondence by email rather than U.S. mail? Yes ___ No ___

Please check one of the following:

Full Time Resident ___ Part Time Resident ___ Rental ___ Both Residential & Rental ___

Emergency Contact _____ Ph _____ Relationship _____

Rental Information: Handled by Owner? Yes ___ No ___

If NO, please provide name & phone number of agent or person handling rental:

Name _____ Ph _____ Email _____

Tenant Name(s) _____ Ph _____

Tenant Email _____ Number of Persons in Unit _____ Lease Expires _____

Name(s) of others in unit _____

**Please make sure tenant understands where to park and has copy of rules and regulations.
Minimum 1 year rental term.**

PETS: Limited to One (1) pet under thirty (30) pounds. All pets must be on a leash when outside and owner must pick up all pet waste IMMEDIATELY.

Type _____ Weight _____ Name _____

Vehicle Registration:

Year	Make	Model	Color	Tag	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Family Members who may stay with you or in your unit while you are away:

Last Name	First Name	Relationship	Other Info
_____	_____	_____	_____
_____	_____	_____	_____

Will any occupants require assistance in an evacuation or emergency situation? ___ YES ___ NO

If so, what type of assistance will be needed? This information will be furnished to the City of Rockledge for their use during an emergency: _____

CARMEL RETIREMENT CONDOMINIUM ASSOCIATION, INC.
Rockledge, FL 32955

Unit # _____

UNIT OWNER EMERGENCY CONTACT INFORMATION

Carmel Unit address: _____ Huntington Lane, Unit # _____
Rockledge, FL 32955

Name(s) of Unit Owner(s):

Owner Occupied? YES / NO (please circle one)

Unit owner(s) alternate address: _____

Unit owner(s) **emergency telephone contact** information:

1st choice: () _____ - _____ 2nd choice: () _____ - _____

3rd choice: () _____ - _____

Email address: _____ @ _____

Tenant/Occupant Information (if applicable) :

Name(s) _____

Tenant / Occupant Emergency contact information:

1st choice: () _____ - _____

2nd choice: () _____ - _____

3rd choice: () _____ - _____

The Association Rules and Regulations require an **INTENT TO LEASE FORM** to be on file for your unit. A copy of the current **RENTAL AGREEMENT** must be on file in the Management office. The rental agreement must show the names of all occupants.

** EMERGENCY ACCESS: F.S. 718 provides that Condominium Associations have the right of *emergency access* to individual units. Therefore, individual owners should provide the association with a current key to the unit. (These are kept on file and used in case of a real/actual emergency).

CARMEL RETIREMENT CONDOMINIUM ASSOCIATION, INC.

RESIDENT AGE VERIFICATION STATEMENT

Reminder to the Board of Directors: This must be reverified by census at least every two years.

1. Name: _____
2. Address: _____
3. Date of Birth: _____
4. Approximate date I am moving/moved into Carmel: _____
5. Number of persons to reside/residing at this address: _____

(Please note there must be a separate statement filled out and returned for each member of the household.)

6. I am attaching a photocopy of the following proof of age to this verification statement (check one):

_____ Driver's license

_____ Birth certificate

_____ Military identification card

_____ Immigration card

_____ Other (please describe): _____

OR

_____ I am not attaching proof of age because I supplied such proof on (approximate date proof of age was previously supplied): _____

STATE OF FLORIDA)
COUNTY OF BREVARD)

I do hereby swear and affirm that the foregoing is correct and true to the best of my knowledge.

Executed this _____ day of _____

Signature of Resident

**CARMEL RETIREMENT
CONDOMINIUM, INC.**

**“UNIT OWNER CONSENT” TO PUBLISH
THEIR TELEPHONE NUMBER TO OTHER
OWNERS WITHIN THE CARMEL
COMMUNITY.**

Florida Statute 720.303(5)(c) provides that
owner's telephones, email addresses and fax
numbers are not to be made available to other
owners, unless an owner consents in writing
to release personal identifying information
(such as emails, phone numbers and
alternative addresses).

**By signing this form, I hereby grant Carmel
Retirement Condominium Association
PERMISSION to list my telephone number
on the condominium telephone list to other
owners.**

Personal email address(s) are not published.

Owner Name:

Unit#

Date: