

# GARDENIA OCEANFRONT CONDOMINIUM ASSN, INC.

## OWNER PROFILE

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 email to [Office@RecDif.com](mailto:Office@RecDif.com)

1. NAME (S) of OWNERS: \_\_\_\_\_

1. UNIT # \_\_\_\_\_ Designated Voter: \_\_\_\_\_

2. Address for Receiving Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Telephone Numbers:

Condo (321) \_\_\_\_\_ Other Residence: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #: \_\_\_\_\_ Company Name: \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_  Check if "None"

7. Please check one of the following:

Full Time Resident \_\_\_\_\_ Rental Only \_\_\_\_\_

Part Time Resident \_\_\_\_\_ Both Residential & Rental: \_\_\_\_\_

8. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

9. Rental Information: **Handled by Owner?** YES \_\_\_\_\_ NO \_\_\_\_\_

10. IF NO, please provide name & phone number of agent or person handling rental:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Tenant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Number of Persons in Unit: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

Name of others in unit: \_\_\_\_\_

13. PETS: Two (2) are permitted in each unit, not to exceed 30 pounds at maturity

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

14. VEHICLE:

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

15. **FAMILY MEMBERS/GUESTS:** Those who may occupy your unit while you are away:

Last Name:	First Name (s):	Relationship:	Other Info:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date form filled out: \_\_\_\_\_