

GARRETT'S RUN 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 mail to PO Box 646, Cape Canaveral, FL 32920.

1. NAME (S) of OWNERS: _____

1. BLDG # _____ 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. Please attach a copy of the lease, ensuring that you are renting for a minimum of seven (7) months. PLEASE make sure tenant understands where to park and has a copy of the rules and regulations.

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

Type: _____ Name: _____ Weight: _____

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15. VEHICLE / BOAT REGISTRATION:

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

16. 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: _____