

SUNSET BAY 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 2560 Palm Lake Drive, Merritt Island, FL 32952 or scan and email to Office@RecDif.com or drop off at your on site office.

NAME(S) of **OWNER**: _____ **UNIT #** _____

ADDRESS for Receiving Mail: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Condo (321) _____ **Cell: (____)** _____

Work #: _____ **Company Name:** _____

E-Mail Address: _____ Check if "None"

Please check all that apply:

Full Time Resident _____ **Rental Only** _____ **Owner** _____
Part Time Resident _____ **Both Residential & Rental** _____

Emergency Contact: _____ **Phone:** _____ **Relation:** _____

Rental Information: **Handled by Owner?** **YES** _____ **NO** _____ **NOT APPLICABLE** _____

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

Name: _____ **Phone:** _____

Number of Persons in Unit: _____ **Lease Expires:** _____

Name of all tenants in unit: _____

Do they have a copy of the rules and regulations? _____ **Yes** _____ **No** _____

PETS: Limited to TWO (2) pets. All pets must be on a leash when outside and owner must pick up all pet waste IMMEDIATELY.

Type: _____ **Name:** _____ **Weight:** _____
Type: _____ **Name:** _____ **Weight:** _____

DRIVER'S LICENSE NUMBER OF EACH RESIDENT: *(Must provide color copy of each)*

Driver's License #: _____ **State:** _____

Driver's License #: _____ **State:** _____

VEHICLE REGISTRATION: *(Must provide current vehicle Registration of each)*

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

Sunset Bay Decal Number(s) _____

New gate code will be assigned in the near future. Current Gate Code being used: _____

Clicker # _____ **Would you like to purchase one for \$50?** **YES** or **NO**