

Gardens of Gulf Cove Property Owners Association, Inc.

~ A Deed Restricted Community ~

PROPERTY OWNER REGISTRATION & ASSIGNMENT OF RIGHTS

Please fill out completely and print clearly!

Property Owner's Name(s): _____

Gardens Address: _____ Phone #: _____

E-Mail Address: _____ Phone #: _____

Mailing Address: _____

Seasonal Phone #: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Tenant/Guest occupied: yes / no (please use other side for additional occupants)

• Occupant #1 (please print): _____ M/V Tag: _____

• Occupant #2 (please print): _____ M/V Tag: _____

Total Number of occupants: _____ **Duration of occupancy (dates from – to)** _____ **Occupant's Phone #** _____

Additional occupants: _____

Name & relation to responsible occupant(s) (please print) *Date of birth*

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All property owners, residents & guests are required to register with the Gardens of Gulf Cove Property Owners' Association office. In accordance with Florida Statute 720, it is the responsibility of each Property Owner to update this information with the Association business office **as often as circumstances change**.

PLEASE PROVIDE TRUST DOCUMENTATION FOR ANY PROPERTY DEEDED AS A TRUST.

Thank you in advance for your co-operation!

In keeping with the Bylaws, the Covenants & Restrictions, and the Rules & Regulations of the Gardens of Gulf Cove and insurance regulations, please fill out this form completely and return it our offices prior to guest/tenant check-in. This information is required to insure only residents and their authorized guests are using the amenities. If the Association office does not have current information on file, your guest/tenant will not be permitted use of the amenities.

SIGNATURE OF PROPERTY OWNER

DATE

RENTAL AGENT'S NAME & PHONE # (please print clearly)

RENTAL AGENT'S EMAIL (please print clearly)

It is the responsibility of the property owner to update new contact and/or occupant information as it occurs. Please note, resident & guest ID's are non-transferable! ID's cannot be "shared".

6464 Coniston Street, Port Charlotte FL 33981

offices: 941-697-4443, 941-697-1211 ~ fax: 941-698-9274

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4.2014