

OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

1111 Forrest Nelson Boulevard, Port Charlotte, FL 33952
Tel: 941-624-3451 Fax: 941-624-2552 Email: oakhollowstaff@comcast.net

NEW OWNER INFORMATION SHEET

Please complete the following and return to the Oak Hollow office. (One sheet per owner)

NAME: _____

MAILING ADDRESS: _____

PHONE (HOME): _____ WORK: _____ CELL: _____

OAK HOLLOW ADDRESS: _____

EMERGENCY CONTACT(S): Name: _____ Telephone: _____

Name: _____ Telephone: _____

MY HOUSE WILL BE OCCUPIED BY: (Please Circle One)

A. OWNER: _____ #of Occupants: _____

B. SEASONAL OWNER: _____;

When away, property will be maintained by: _____

Phone Number: _____

C. *ANNUAL RENTAL: _____

D. *SEASONAL RENTAL: _____

Names/Ages of Children or Relatives who will reside with you:

Pets: (See Item #114 of O.H. R & R) _____

<u>VEHICLES: (See Item #106 of O.H. R & R)</u>				
MAKE	YEAR	COLOR	LICENSE PLATE #	STATE

(**Use reverse side if necessary)

*DRIVER'S LICENSE #: _____ STATE: _____
(Use reverse side if necessary)

*If property is going to be a rental property list who is the point of contact for rental questions:

Name: _____ PHONE: _____

Rental Agency: _____

By signing below, owners have acknowledged that they have received/read/and will abide by Oak Hollow Rules & Regulations.

SIGNATURE: _____ DATE: _____



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LOT / BLOCK _____

OAK HOLLOW ADDRESS: _____

ACKNOWLEDGEMENT

Residents and guests acknowledge that he/she/they have read and understand all rules and regulations. I agree to abide by all rules and regulations of Oak Hollow Property Association. Failure to do so may result in legal action as provided to the Oak Hollow Association Board of Directors.

Signature _____ Date: _____

Print Name _____

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KEY FOB APPLICATION FORM
GENERAL RULES

RULES OF OAK HOLLOW CLUBHOUSE AND RECREATIONAL FACILITIES:

- The existing rules pertaining to the clubhouse and recreational facilities shall always apply.
- Hours to obtain key fobs will be from 9 am through 3 pm, Monday through Friday.

VIDEO SURVEILLANCE:

- Pool and clubhouse facilities will be always monitored by video surveillance.

SIGNING IN:

- Only guests who are accompanied by the fob owner are permitted in the Clubhouse and pool. Guests are required to sign in upon entering the facility.

KEY FOB RULES AND USAGE:

- The keyless entry system will be activated from 6 am through 9 pm - or during posted access hours - seven days a week.
- The office will be open from 9 am through 3 pm Monday through Friday. A key fob must be used to gain entry to the clubhouse.
- **The individual issued a key fob is the only one allowed to use that fob.**
- Occupants will each be required to have a key fob to enter the facility separately. • Any damage to Association equipment and property will be charged to the keyless entry user.
- All keyless entry users agree not to hold the Association liable for any accident or injury to users caused by their own negligence.
- If any resident or their guests causes an alarm, that resident will be responsible for any expenses incurred.
- All persons receiving a key fob must read and agree to abide by the rules and regulations by signing the following disclaimer.

ACCESS CONTROL

DEFINITIONS / RULES

OWNERS:

Homeowners will be offered ONE free key fob per property owned. Additional key fobs for family members over the age of 18 living in the residence may be purchased for \$10 each. Owners who rent their property may NOT furnish a key fob to renters.

Should a key fob be lost, a replacement will cost \$10.00. The lost key fob will be deactivated and cannot be used to gain admittance to the clubhouse or the pool.

RENTERS:

Renters, whether seasonal or year-round, must obtain key fobs from the Association and NOT from the owner.

Renters who wish to have a key fob can purchase a key fob for \$10.00. Should a key fob be lost, a replacement will cost \$10.00. The lost key fob will be deactivated and cannot be used to gain admittance to the clubhouse or the pool.

OCCUPANTS (Referring to both Owners and Renters):

NO GUEST Key Fobs:

MINORS (under 18 years of age):

No person under the age of eighteen shall be allowed to have a key fob. **All persons under the age of 18 must be always accompanied by an adult.**

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DISCLAIMER

Oak Hollow Property Owners' Association, Inc. (the "Association") provides this key fob to me as a unit occupant who is authorized to use the clubhouse of the Association by virtue of said occupancy.

By my acceptance of this fob, I acknowledge that I am responsible for any of my actions or inactions and I agree to hold the Association harmless and indemnify the Association for any claims, demands or the like which may result from the use of said key fob.

It is my responsibility as a unit occupant to maintain possession of my key fob. Fobs cannot be used by other family members, friends, guests, invitees, baby-sitters, etc. Guests must be accompanied by the resident authorized for the FOB, and be signed in at the front desk. Residents can have six guests in the clubhouse/pool at one time. If my key fob should be lost or stolen, I am obligated to notify the Association's manager immediately so that the lost key fob may be deactivated and a replacement fob issued. I understand that the cost of the issuance of a replacement key fob at the current key FOB price.

If it is found that the key FOB is being used by an unauthorized person, the key fob will be deactivated.

If for any reason I cause a security alarm to be activated, I will be responsible for any expenses incurred by such activation.

My signature below indicates that I have read and understood the foregoing and agree to abide by same.

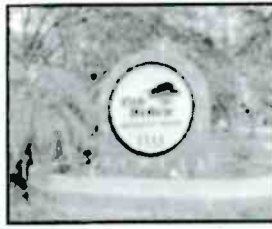
Unit Occupant Signature

Key Fob Number

Print Name -- Unit Occupant

Property Address

Date



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FITNESS WAIVER

The Association owns and operates the Clubhouse, which contains exercise equipment made available for the use and enjoyment of the owners and tenants at Oak Hollow. In keeping with the wishes of its members, and within budgetary guidelines, it is not possible for the Association neither to screen users of the equipment, nor to supervise his/her use of the equipment. Accordingly, the Association requires that each user of the equipment sign this form to acknowledge:

1. It is up to the user to determine their level of physical fitness, and ability and aptitude to use the exercise equipment.
2. The user agrees to use the exercise equipment only for the uses intended in accordance with any written instructions, rules or policies that may be made available to user or posted in the exercise room.
3. The user understands that there is a risk of injury or physical harm associated with any physical activity and voluntarily assumes such risk, thereby holding harmless and indemnifying the Association and its officers, agents and employees of any action, cause of action, claim or demand which the user may have or may ever have resulting directly or indirectly from the use of the exercise room, exercise equipment and similar facilities at Oak Hollow.
4. If the user discovers that any equipment is not functioning properly, or suspects that the equipment is not functioning properly, the user agrees not to utilize the equipment and to notify an authorized agent of the Association so the equipment can be inspected before future use.

The undersigned user understands that by signing this document the user is waiving any and all claims that they may have against the Association and its officers, directors, or agents in the event of injury, illness or death, which may arise from use of the exercise room, exercise equipment and other facilities.

Dated this _____ day of _____, 20____.

Signature

Signature

Printed Name

Printed Name

Residence Address

Residence Address

OAK HOLLOW VEHICLE PARKING PERMIT

Please fill out the information on this form for vehicles residing in Oak Hollow. You are required to have an Oak Hollow Parking permit displayed on each vehicle. Guests must obtain an Oak Hollow Guest Parking pass available at the Office. Parking permits must be placed on the PASSENGER SIDE REAR WINDOW.

Name(s): _____

Oak Hollow Address: _____

VEHICLE #1

MAKE _____

MODEL _____

YEAR _____

COLOR _____

LICENSE PLATE # _____

STATE _____

VEHICLE #2

MAKE _____

MODEL _____

YEAR _____

COLOR _____

LICENSE PLATE # _____

STATE _____

VEHICLE #3

MAKE _____

MODEL _____

YEAR _____

COLOR _____

LICENSE PLATE # _____

STATE _____

FOR OFFICE USE ONLY

Vehicle 1 Permit #: _____

Date: _____

Vehicle 2 Permit #: _____

Date: _____

Vehicle 3 Permit #: _____

Date: _____

Edited: 06/02/2021



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Property Owner Authorization for Electronic Transmissions

I consent to receive notices and information by Oak Hollow Property Owners' Association, Inc. by electronic transmission.

I understand this electronic transmission will be in lieu of hand deliver or U.S. Mail delivery.

I understand I may revoke this consent for electronic transmission at any time by sending my request in writing to:

Oak Hollow Property Owners' Association, Inc.
1111 Forrest Nelson Blvd.
Port Charlotte, FL 33952

Date: _____

Oak Hollow address: _____

Name(s) of Owner (please print): _____

Email Address: _____

Signature: _____

Please complete this form in its entirety and return to Oak Hollow Property Owners' Association, Inc. at the address above.