

**Rose Garden Villas Condominium Association, Inc.**  
**RETURN TO COMPASS ROSE MANAGEMENT**  
1010 NE 9<sup>th</sup> ST  
Cape Coral, FL 33909  
**EMAIL: NYREE@CRMFL.com**

**Guest Registration**

**Please complete this notification in full. Use the back for additional information.**

Date: \_\_\_\_\_ Visit start date: \_\_\_\_\_ Visit end date: \_\_\_\_\_

Condo Address: \_\_\_\_\_

Unit #: \_\_\_\_\_

**\* PETS ARE NOT PERMITTED BY GUESTS \* PETS ARE NOT PERMITTED BY GUESTS \***

Unit Owner: \_\_\_\_\_

#1 Guest's Name: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

#2 Guest's Name: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Vehicle Make/Color: \_\_\_\_\_

License Plate Number(s): \_\_\_\_\_

Please list the names of all persons who will be residing in the unit during the term of the visit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We have received a copy of the Condominium Rules & Regulations for the Rose Garden Villas Condominium Associations. I/We agree to abide by all provisions of the Rules & Regulations.

**In Case of an Emergency Notify:**

**1. Name/Address/Phone** \_\_\_\_\_

**2. Name/Address/Phone** \_\_\_\_\_

**Guest's Signature:** \_\_\_\_\_

**Guest's Signature:** \_\_\_\_\_

**Form 12**