



## CONFIDENTIAL OWNER REGISTRATION FORM

In order to maintain effective communication we require all owners to register with our office by completing and returning this form. You are required to update management if any of the information requested on this form changes.

Address of Property: \_\_\_\_\_ S. Semoran Blvd # \_\_\_\_\_, Orlando, FL 32822  
(Street #) (Unit #)

Is the property owned by a Corporation or Trust? \_\_\_\_\_ If owned by a Corporation, please provide the following:  
(Yes/No)

Name of Corporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_  
Street City ST ZIP

Authorized Agent: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If not a Corporation, please list the Name, Email address, and best contact number for each official Owner:

Owner 1: \_\_\_\_\_  
Printed Name Contact Number Email Address

Owner 2: \_\_\_\_\_  
Printed Name Contact Number Email Address

Owner 3: \_\_\_\_\_  
Printed Name Contact Number Email Address

Owner 4: \_\_\_\_\_  
Printed Name Contact Number Email Address

This property will be used as: Primary Residence | Second or Vacation Home | Investment or Rental  
(Select one of the above choices)

If not for Primary Residency, please provide an official mailing address below:

\_\_\_\_\_ Street City ST ZIP

Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_



If for Primary Residency, please provide the full name and date of birth of all full-time occupants (spouse, children, parents, live-ins, etc.):

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

**By signing below, Owner(s) / Authorized Agent(s) certify that the information provided herein is true, accurate, and complete and further acknowledge(s) the requirement to update the management office if and when any of the information provided herein changes.**

Owner 1: _____ Or Authorized Agent	_____	_____	_____
	Printed Name	Signature	Date
Owner 2: _____	_____	_____	_____
	Printed Name	Signature	Date
Owner 3: _____	_____	_____	_____
	Printed Name	Signature	Date
Owner 4: _____	_____	_____	_____
	Printed Name	Signature	Date

Please return this form to the management office by at least one of the following methods:

Email: [avaloncondos@gmail.com](mailto:avaloncondos@gmail.com)

FAX: (407) 737-4123

Mail: AVALON OF ORANGE COUNTY CONDOMINIUMS, INC  
ATTN: MANAGEMENT OFFICE  
4417 S. SEMORAN BLVD  
ORLANDO, FL 32822

Or by hand delivery to the onsite management office located at the address provided above.