

## AVALON CONDOS

## **Owner Registration form**

This form must be completed by new homeowners within 10 days of closing. In order to maintain effective communication, we require all owners to keep our office updated by completing and returning this form. You are required to update the association management office if any of the information on this form changes.

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

Name:

Phone:

**Email:** 

**Address:** 

Mailing address (if different from above):

Please list the Name, Email address, Address, mailing address if different, and best contact number for each official Owner*.					
Owner 1	Owner 2				
	Name:				
	Dhono				
	Phone:				
:	Email:				
es:	Address:				

Mailing address (if different from above):

\*MUST INCLUDE A COPY OF GOVERNMENT ISSUED PHOTO ID



Is the property owned by a Corporation or Trust?  $\underline{\textbf{YES/NO}}$  (circle one) if owned by a Corporation, please provide the following:

Name of Corporation:				
Address of the Corporation:(Stree	(vt)	(City)	(ST)	(ZIP)
`	,	. •		
Authorized Agent/Property Manager:				-
Agent/Manager contact #:				
Authorized Agent's Email Address:				
This property will be used as: Primary	Residence / Second or Vacule one of the above choices)	ation Ho	ome / Inv	vestment or Rental
If used as a Primary Residency, please chil	provide the full name and d dren, parents, live ins, etc.)		rth of all	occupants (spouse,
1)	4)			
2)	5)			
3)	6)			
By signing below, Owner(s) / Authoriza accurate and complete and further acknand when any of		t to upda	te the ma	
X	X			
(print)	(print)			
X	X			
(sign)	(sign)			
X	X			
(date)				

Please return this form to the management office by at least one of the following methods:
Mail or In person: AVALON OF ORANGE COUNTY CONDOMINIUMS, INC
4417 S. SEMORAN BLVD ORLANDO, FL 32822

Email: <a href="mailto:avaloncondos@gmail.com">avaloncondos@gmail.com</a>
FAX: (407)737-4123