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
(Street #) (Unit #)

Please list the Name, Email address, Address, mailing address if different, and best contact number for each official Owner*.

Owner 1	**Owner 2**
Name:	**Name:**
Phone:	**Phone:**
Email:	**Email:**
Address:	**Address:**
Mailing address (if different from above):	**Mailing address (if different from above):**

*MUST INCLUDE A COPY OF GOVERNMENT ISSUED PHOTO ID

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Is the property owned by a Corporation or Trust? **YES/NO** (circle one) if owned by a Corporation, please provide the following:

Name of Corporation: _____

Address of the Corporation: _____
(Street) (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 Vacation Home / Investment or Rental
(circle one of the above choices)

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

1)_____ 4)_____

2)_____ 5)_____

3)_____ 6)_____

By signing below, Owner(s) / Authorization 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.

X_____ X_____
(print) (print)

X_____ X_____
(sign) (sign)

X_____ X_____
(date) (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: avaloncondos@gmail.com