

**SUN BEACH CLUB CONDOMINIUM  
OWNER CONTACT INFORMATION FORM**

**Owner Information:** Unit Number \_\_\_\_\_

Unit Address: \_\_\_\_\_

Full Legal Name (Owner#1) \_\_\_\_\_

Full Legal Name (Owner#2) \_\_\_\_\_

Telephone (Owner#1) Home \_\_\_\_\_ Mobile \_\_\_\_\_

Telephone (Owner#2) Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address (Owner#1) \_\_\_\_\_

Email Address (Owner#2) \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Vehicle #1**

Year \_\_\_\_\_

Make/Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate# \_\_\_\_\_

**Vehicle #2**

Year \_\_\_\_\_

Make/Model \_\_\_\_\_

Color \_\_\_\_\_

License Plate# \_\_\_\_\_

**Home Owners Insurance Info:**

Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Expiration: \_\_\_\_\_

**FLORIDA LAW AND THE SUN BEACH CLUB CONDOMINIUM BY-LAWS**

Dictate that all owners of a condominium unit or homeowners association residents' designate an individual, management company, or other responsible person for overseeing a unit on a regular basis in event of, or to prevent system failure which shall have an impact on other units. This person or company must be able to inspect your unit following an emergency event. Please designate that person or company with his or her up-to-date contact information. The SBC office will contact that person to verify that they indeed are willing to perform these duties.

**Emergency:** (Contact who would have access to your home in your absence/emergency situation.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE CERTIFY WITH YOUR INITIALS THAT THE FOLLOWING STATEMENTS ARE TRUE AND ACCURATE:**

( ) I HAVE A HUMIDISTATE INSTALLED AND IT IS SET BETWEEN 50%-59% RELATIVE HUMIDITY WHEN MY UNIT IS UNOCCUPIED. (Please check to see if your humidistat is working properly)

( ) I WILL SET MY THERMOSTAT TO 80% OR BELOW WHEN MY UNIT IS UNOCCUPIED.

( ) I HAVE SERVICED MY AIR CONDITIONER UNIT ON \_\_\_\_\_.

( ) I HAVE REPLACED MY WATER HEATER ON \_\_\_\_\_.  
**\*\* IT IS HIGHLY RECOMMENDED THAT THE WATER HEATER BE REPLACED AFTER TEN YEARS OF SERVICE.**

( ) I HAVE INSTALLED NEW REINFORCED WASHER HOSES ON \_\_\_\_\_.

( ) I HAVE CLEANED THE LINT FROM MY DRYER VENT ON \_\_\_\_\_.

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_.

**RENTAL MANAGEMENT INFORMATION**

DO YOU RENT/LEASE YOUR UNIT? \_\_\_\_\_

YEAR ROUND VACATION RENTALS? \_\_\_\_\_

WINTER MONTHS ONLY? \_\_\_\_\_

LONG-TERM (12 MONTH LEASING)? \_\_\_\_\_

MANAGEMENT COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE CERTIFY WITH YOUR INITIALS THAT THE FOLLOWING STATEMENTS ARE TRUE AND ACCURATE:**

( ) I HAVE PROVIDED MY RENTAL MANAGEMENT COMPANY A LIST OF RULES AND REGULATIONS OF SUN BEACH CLUB CONDOMINIUM.

( ) MY MANAGEMENT COMPANY, RENTERS AND GUESTS ARE MADE AWARE OF THE POLICY AND PROCEDURES FOR REGISTERING THEIR VEHICLE(S).

( ) MY MANAGEMENT COMPANY, RENTERS AND GUESTS ARE MADE AWARE OF THE POLICY AND PROCEDURES OF WRIST BANDS WHILE USING THE POOL AND/OR LANAI AREA.

( ) MY MANAGEMENT COMPANY, RENTERS AND GUESTS ARE MADE AWARE OF THE POLICY AND PROCEDURES THAT PETS ARE NOT PERMITTED. (ONLY HOMEOWNERS ARE PERMITTED TO HAVE A PET)

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_