

OCEAN 21–22 CONDOMINIUM ASSOCIATION 2100 Ocean Dr. S Jacksonville Beach, FL 32250 Office: 904-249-3500 Text Line: 904-510-7850 Oceans2122condo@gmail.com www.ocean2122.com



GUEST REGISTRATION FORM

Unit Number:					
Names of Unit Owners:					
1		2			
Cell Phone: 1			2		
Guests: Full Name of Guest	Age	M/F		Relationship to Owners	
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Full Name of Guest	Age	NI/F	Relationship to Owners

Dates Guest will be at Unit: From _____ To _____

Unit owner's Confirmation:

The Unit Owner(s) confirm that the Guest(s) listed on this Guest Registration Form are permitted to use the unit at Ocean 21-22 for the dates indicated and that said Guest(s) are paying no compensation to the Unit Owners, such as rent and/or compensation value for the use of above said Unit.

The Unit Owners confirm that the guest(s) listed on this Guest Registration Form have received a copy of the current Condominium Rules and Regulations and Guest Rules.

Unit Owners Authorization Signature:

Name:	Date:
Signature of Owner	
Name:	Date:
Signature of Owner	

Ocean 21-22 Condominium Association Management has reviewed the Guest Registration Form and found it to be in order:

Signature of Ocean 21-22 Manager