

**CLOVER KEY, INC – Community Association Management**

**2024 OWNER PROFILE**

We are required by the Condominium Act to maintain and keep a roster of unit owners and keep to keep record of e-mail consent. Furthermore, it is necessary to be able to contact you in the event of an emergency. The information you provide is kept confidential. Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. **If you do not want to provide certain information, please leave space blank.** Please return the completed profile to management as soon as possible. Mail to 110 Imperial Street, Merritt Island, FL 32952 or scan and email to [Office@cloverkeyservices.com](mailto:Office@cloverkeyservices.com), or hand to a board member to forward to us.

**Owner Name(s):** \_\_\_\_\_

**UNIT #** \_\_\_\_\_ **Designated Voter:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ **Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Mobile** \_\_\_\_\_

\_\_\_\_ Yes, I consent to receive text messages

**E-Mail Address:** \_\_\_\_\_

**Other E-Mails:** \_\_\_\_\_

\_\_\_\_ I consent to receive notices for all meetings and association business via e-mail. I understand that mailed/paper notice may not be provided unless I rescind this consent to receive notice by e-mail. I also understand that e-mail address provided for purpose of receiving electronic notice will be an official record of the Association.

**MAILING STREET ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone#:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

We may supply owners with a directory of other owners, do you wish to be part of this directory?  **YES**  **NO**

Please check all that apply: **Full Time Resident**  **Part Time Resident**  **Rental Only**  **Both Residential & Rental**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**For RENTAL UNITS ONLY:** Per Association Rules & Regulations, at least 14 days prior to the new leaseholder occupying the unit, the owner must request a background check on the lessee and pay a \$100 background check fee to the Association. Make sure the memo states property and your Unit #. Please provide us with a copy of DRIVER’S LICENSE or ID Card for EACH resident and copy of the lease. Taking a photo on your phone and emailing it to us is acceptable.

**Rental Information:** Handled by Owner? YES  NO  **NOT APPLICABLE**  IF NO, please provide name & phone number of agent or person handling rental:

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

**PETS: Limited of one (2) pets under 30 lbs. each. All pets must be on a leash when outside, owner must pick up all pet waste IMMEDIATELY, and excessive barking cannot be tolerated.** If you have a SERVICE ANIMAL or EMOTIONAL support animal, please provide all documentation. Per Rules & Regulations, owners must provide Animal Family Registration form.

**Breed:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**VEHICLE REGISTRATION:** (Vehicles must have current registration tag or risk being towed. Giving us your information will help us identify and call you before towing a vehicle.)

Make	Model	Color	License #	Year
_____	_____	_____	_____	_____
Make	Model	Color	License #	Year
_____	_____	_____	_____	_____

Owners understands, the Board of Directors of the Oaks Country Club shall retain a key to each and every unit for emergency use ONLY. If a unit owner or occupant shall alter any lock or install a new lock, a copy of the new key shall be given to the Board of Directors. Non-compliance my result in monetary charge.

Owners must submit all concerns, questions, and work orders in writing to management through the portal or via e-mail.

Owners have reviewed and agreed to follow the By-laws, Declaration, and Rules & Regulations of the Oaks Country Club Association, Inc.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_