



## OWNER PROFILE

We are required by the Florida Condominium Act to maintain and keep a roster of unit owners and a record of e-mail consent. Furthermore, it is necessary to be able to contact occupants in the event of emergency. The information you provide is kept confidential. **If you do not want to provide certain information, please leave space blank.**

Send to Clover Key at: 110 Imperial Street, Merritt Island, FL 32952; scan and email to [Office@cloverkeyservices.com](mailto:Office@cloverkeyservices.com); or put in the clubhouse red drop box.

**UNIT #** \_\_\_\_\_ **Owner: (name/s)** \_\_\_\_\_

Designated Voter: \_\_\_\_\_

**Phone Numbers: Home** \_\_\_\_\_ **Mobile 1** \_\_\_\_\_ **Mobile 2** \_\_\_\_\_

I consent to receive text messages: Yes \_\_\_ No \_\_\_ (for urgent on site issues)

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

\_\_\_ 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. (this saves time and money for the Association)

**Official Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Snowbird Address: (if different from above) :** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner vehicles on-site: (update as vehicles change)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ COLOR: \_\_\_\_\_ Tag #: \_\_\_\_\_ YR: \_\_\_\_\_ Permit # \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ COLOR: \_\_\_\_\_ Tag #: \_\_\_\_\_ YR: \_\_\_\_\_ Permit # \_\_\_\_\_

**Other occupants in unit - Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email address: \_\_\_\_\_

**Off-Site Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**UNIT RENTAL/LEASE:** (please check all that apply)

Full Time Resident \_\_\_ Part Time Resident \_\_\_ Rental Only \_\_\_ Both Residential & Rental \_\_\_

**A copy of the lease must be provided within ten days of renting. Contact information for your tenants are required prior to occupying unit.**

Rental Handled by Owner? YES \_\_\_ NO \_\_\_ NOT APPLICABLE \_\_\_

IF NO, please provide name & phone number of agent or person handling rental:

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

Lessee(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Renter Information:** please submit separate renter information form for each occurrence

**Pets:** please submit separate pet information form

The Association is required to have keys to the individual units and are maintained in a secure/locked cabinet and are to be used only by bonded Association employees or Board members

**Owner has reviewed and agreed to follow the Rules and Regulations of Pelican Point.**

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