

TAMARYND PLACE CONDOMINIUM ASSOCIATION

NOTIFICATION OF FAMILY/GUEST OCCUPANCY IN ABSENCE OF OWNER

I hereby notify the Board of Directors and its representatives of **FAMILY/GUEST OCCUPANCY** of Unit _____ in the absence of Owners from _____ to _____.

Notification must be provided twenty (20) days prior to FAMILY/GUEST OCCUPANCY of the Unit. If the guest is a family member, a Birth Certificate must be provided showing a familial relationship to the Association.

1. All units in Tamarynd Place Condominium Association are to be used only as a single family residence.
2. Number of persons occupying your unit in your absence. _____

Occupant's Name Relationship to Owner

_____	_____
_____	_____
_____	_____
_____	_____

3. Primary Occupant's present address: _____
City _____ State _____ Zip _____

4. Primary Occupant's phone number(s): Home: _____ Cell: _____

5. Primary Occupant's Vehicle:
Make: _____ Year: _____ License: _____

6. Person to be notified in case of emergency:
Name: _____ Phone Number: _____

7. I am aware of and agree to abide by the Declaration of Condominium, the Articles of Incorporation, the Bylaws, the Rules and Regulations, and all other documents of Tamarynd Place Condominium Association that are in effect now and as amended, and that any Family/Guests in this unit will do the same. I acknowledge receipt of a copy of the Association Rules and Regulations, and that this copy is available to the **Family/Guest Occupants** of this unit.

8. As this is a notification of Family/Guest Occupancy, I affirm that I have received NO RENT for this occupancy.

OWNER SIGNATURE: _____ DATE _____

BOARD SIGNATURE OR PROPERTY MANAGER: _____ DATE _____

Resort Management, 2685 Horseshoe Drive South, #215, Naples 34104 Attn: Randall Hartline Phone: 239-649-5526 FAX: 239-403-1061 rhartline@resortgroupinc.com