

GULF VIEW ESTATES **OWNERS'** ASSOCIATION, INC.
A DEED RESTRICTED COMMUNITY

Resident Information Form

Information contained herein will be used for emergencies or Association business by the Management Company and Board of Directors only and will not be released or sold to anyone.

Owners Name (as shown on deed) _____

Property Address & Lot, if applicable _____

Mailing Address _____
(if different than property address)

Home Phone _____ Work _____ Cell _____

Emergency Contact Name & Phone _____

E-Mail Address (optional, for future Newsletter/Info) _____

Do you rent or lease your residence? Yes _____ No _____

If you are renting your residence, please ensure that have you made your tenants aware that there are rules and regulations that govern the Association. Please provide your tenants with a copy of the Association's User Restrictions contained in your Association Documents.

If you are renting your residence, provide the name and phone number of one or two adult residents on the lease, for property emergency situations.

1. _____

2. _____

Vehicle Information

Year	Make, Model, Color	License # & State
_____	_____	_____
_____	_____	_____

Please Note: If you change your address, it is YOUR responsibility to notify management in WRITING.

Return this completed form as soon as possible to:
Sunstate Association Management Group
P.O. Box 18809, Sarasota, FL 34276
Telephone: 941.870.4920 Fax: 941.870.9652
Email: databasechanges@sunstatemanagement.com