

# TAMARYND PLACE CONDOMINIUM ASSOCIATION

## NOTIFICATION OF FAMILY OCCUPANCY IN ABSENCE OF OWNER

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

**Notification must be provided fifteen (15) days prior to FAMILY OCCUPANCY of the Unit.**

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. \_\_\_\_\_

Relationship to Owner:

Spouse \_\_\_\_\_

Parent \_\_\_\_\_

Parent in Law \_\_\_\_\_

Adult Children \_\_\_\_\_

3. Occupant's present address: \_\_\_\_\_

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

4. Occupant's phone number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

5. 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 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 Occupants** of this unit.

**6. As this is a notification of Family Occupancy, I affirm that I have not received any financial compensation (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**