

**SEA OATS CONDOMINIUM ASSOCIATION, INC.
NOTICE OF INTENT TO LEASE**

DATE _____

UNIT # _____

PROPERTY OWNER NAME _____ CONTACT NUMBER _____

This Notice of Intent to Lease and a fully executed copy of the related lease contract must be sent to the Sea Oats Condominium Association, Inc. C/O Keys Enterprise, 5505 N. Atlantic Ave., Suite 207, Cocoa Beach, FL 32931 or emailed to rick@keysenterprise.com

- **Leases of fewer than 30 (Thirty) Days are prohibited.**
- Use of unit is limited to single-family residency.
- Units may not be sub-let.
- **All Tenants/ Guest must be supplied the Sea Oats Rules & Regulations**

ATTENTION: THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

As an Owner(s) or Agent for the Owner of a an owned Unit in the Sea Oats Condominium Association, I (we) hereby serve notice that as owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning the _____ day of _____, 20_____ and ending on the _____ day of _____, 20_____

I (we) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same.

I (we) understand that in complying with the Association minimum 90-day lease policy, my (our) unit can't be re-leased for at least 90 days from the beginning period of the lease to the lessee below.

OWNER MUST SIGN HERE, NOT AGENT (Print) _____ (Signature) _____

PHONE # _____ Email: _____

Mailing Address for Response: _____

**THIS SECTION TO BE COMPLETED BY LESSEE
(THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS)**

I (We) intend to lease unit number _____, for the period beginning on _____ and ending on _____.

In order for you to facilitate consideration of my (our) application for lease of the above designated unit, I (we) are aware that any falsification or misrepresentation of this application will result in automatic rejection of this application, I (we) consent that you may make further inquiry concerning this application.

I (We) understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the Unit and Common Property.

NAME OF LESSEE: (1) (Print) _____ Signature _____

E-mail _____ Phone # _____ Work Phone # _____ Cell Phone # _____

NAME OF LESSEE: (2) (Print) _____ Signature _____

E-mail _____ Phone # _____ Work Phone # _____ Cell Phone # _____

THE FOLLOWING PERSON (S), IN ADDITION TO LESSEE(S) WILL OCCUPY THE UNIT (INCLUDE CHILDREN AND AGES:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

AUTOMOBILE / VEHICLE INFORMATION:

Vehicles: Make: _____ Year _____ Model: _____ Tag #: _____ State _____

Make: _____ Year _____ Model: _____ Tag #: _____ State _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME & ADDRESS: _____ PHONE: _____

COMMENTS or SPECIAL REQUEST: _____

I (We) are in receipt of the Condominium Rules and Regulations and understand that any violation of the terms, provisions, conditions and covenants of the Association documents including the Rules and Regulations provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

SIGNED: _____
Lessee

Dated this _____ day of _____, 20__

SIGNED: _____
Lessee

SIGNED: _____
Owner must Sign, not Agent

Dated this _____ day of _____, 20__

SIGNED: _____
Owner Must Sign, not Agent

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED: Yes No AMOUNT \$

LEASE ATTACHED: Yes No

APPROVED / DISAPPROVED (Circle One)

If Intent/lease signed by agent, MGMT AGREEMENT: Yes No

BY: _____ TITLE: _____

DATE: _____, 20__.