

2020 WATERS EDGE OWNER INFORMATION FORM

(PLEASE PRINT)

BUILDING #(s): _____ UNIT #(s): _____ SLIP #(s): _____

OWNER: _____
Name

SPOUSE/
OTHER _____
Name

ADDRESS:
 HOME MAILING _____

PHONES

MAIN _____ ALTERNATE _____ CELL _____

PRIMARY EMAIL _____ ALTERNATE EMAIL _____

Please place an "X" by any phones/emails above you DO NOT want in the Owner Directory

MULTIPLE OWNERSHIP: LIST ALL OWNERS BELOW - COMPLETE A SEPARATE FORM FOR EACH OWNER

CORPORATE OWNERSHIP: IF UNIT IS CORPORATION/PARTNERSHIP OWNED, PLEASE LIST ALL OWNERS' NAMES, ADDRESSES, EMAILS AND PHONES OTHER THAN OWNER LISTED ABOVE.

DESIGNATED VOTING OWNER _____

AUTOS-BOATS-PWC'S-GOLF CARTS

	<u>YEAR/MAKE</u>	<u>MODEL</u>	<u>LICENSE PLATE</u>	<u>PERMIT</u> (Filled In By Association)
CAR 1	_____	_____	_____	_____
CAR 2	_____	_____	_____	_____
CAR 3	_____	_____	_____	_____
BOAT/PWC 1	_____	_____	_____	_____
BOAT/PWC 2	_____	_____	_____	_____
BOAT/PWC 3	_____	_____	_____	_____
GOLF CART	_____	_____	_____	_____

NON-RENTAL UNIT OWNERS:

HO-6 INSURANCE COVERAGE CERTIFICATE ATTACHED? YES NO

COVERAGE INCLUDES "LOSS ASSESSMENT" OR EQUIVALENT COVERAGE FOR ASSOCIATION CLAIM DEDUCTIBLE YES AMOUNT _____ NO

DOES INSURANCE INCLUDE "SPECIAL PERILS" COVERAGE, OR EQUIVALENT COVERAGE FOR SEWER AND WATER BACKUPS? YES NO

ALL RENTAL UNIT OWNERS:

RENTAL UNIT/EQUIVALENT INSURANCE CERTIFICATE ATTACHED? YES NO

DOES INSURANCE COVER ALL RENTERS? YES NO

COVERAGE INCLUDES "LOSS ASSESSMENT" OR EQUIVALENT COVERAGE FOR ASSOCIATION CLAIM DEDUCTIBLE YES AMOUNT _____ NO

DOES INSURANCE INCLUDE "SPECIAL PERILS" COVERAGE, OR EQUIVALENT COVERAGE FOR SEWER AND WATER BACKUPS? YES NO

LONGER TERM RENTAL UNIT OWNERS ONLY:

Tenant Name – Phone # _____

SHORT TERM RENTAL UNIT OWNERS:

MY UNIT WILL BE OFFERED FOR SHORT TERM RENTALS THROUGH A RENTAL AGENCY OR INDIVIDUALLY BY ME THROUGH NOTIFYING THE PUBLIC VIA INTERNET OR PRINT OR ANY OTHER PUBLIC CHANNELS / NOTIFICATIONS / ADVERTISEMENT OF ITS AVAILABILITY FOR RENT.

ADDITIONAL INFORMATION: _____

ANNUAL GOLF CART PERMIT OWNER COMPLIANCE STATEMENT

AS A CONDITION OF VOLUNTARILY BENEFITING FROM THE PRIVILEGE OF OWNING AND OPERATING A GOLF CART, I HAVE REVIEWED ALL CURRENT RULES AND REGULATIONS REGARDING THE ASSOCIATION'S REQUIREMENTS FOR OBTAINING, INSURING, PAYING ANNUAL PERMIT FEES FOR GOLF CARTS AND, MOST IMPORTANTLY, FOR SAFELY OPERATING A GOLF CART--AS DETAILED IN THE ASSOCIATION RULES AND REGULATIONS, NOW IN EFFECT OR THE FUTURE, WHICH ARE AVAILABLE IN THE ASSOCIATION OFFICE OR WEBSITE.

___ MY REQUIRED UPDATED/CURRENT INSURANCE COVERAGE CERTIFICATE IS ATTACHED.

___ I WILL SUBMIT AN UPDATED INSURANCE COVERAGE CERTIFICATE NO LATER THAN 10 DAYS AFTER IT IS RENEWED.

OWNER SIGNATURE

DATE