

2022 WATERS EDGE OWNER INFORMATION FORM

(PLEASE PRINT-COMplete ALL INFORMATION REQUESTED)

BUILDING #(S) _____ UNIT #(S) _____ SLIP #(S) _____

OWNER NAME: _____

SPOUSE/ OTHER NAME: _____

ADDRESS: _____

- HOME
- MAILING

PHONES: MAIN _____ ALTERNATE _____

EMAILS: PRIMARY _____ ALTERNATE _____

PLEASE PLACE AN "x" BY ANY PHONES/EMAILS ABOVE YOU DO NOT WANT IN THE OWNER DIRECTORY

OWNER BILLS SENT TO _____
Name Email (If different than "primary")

DESIGNATED VOTING OWNER _____
Name Email (If different than "primary")

IMPORTANT- THIS IS THE ONLY OWNER TO WHOM VOTING MATERIALS AND SURVEYS WILL BE SENT.

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 PHONE NUMBERS OTHER THAN THE OWNER LISTED ABOVE.

AUTOS- BOATS- PWC'S- GOLF CARTS:

	<u>YEAR/MAKE</u>	<u>MODEL</u>	<u>LICENSE PLATE</u>	<u>PERMIT</u>
CAR 1	_____	_____	_____	_____
CAR 2	_____	_____	_____	_____
CAR 3	_____	_____	_____	_____
BOAT/PWC 1	_____	_____	_____	_____
BOAT/PWC 2	_____	_____	_____	_____
BOAT/PWC 3	_____	_____	_____	_____
GOLF CART	_____	_____	_____	_____

INSURANCE:

NON-RENTAL UNIT OWNERS:

HO-6 INSURANCE COVERAGE CERTIFICATE ATTACHED?

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

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

COVERAGE INCLUDES "SPECIAL PERILS" COVERAGE, OR EQUIVALENT COVERAGE FOR SEWER
AND WATER BACK UPS? YES NO

ALL RENTAL UNIT OWNERS:

RENTAL UNIT/EQUIVALENT INSURANCE CERTIFICATE ATTACHED?

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

INSURANCE COVERS ALL RENTERS? YES NO

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

COVERAGE INCLUDES "SPECIAL PERILS" COVERAGE, OR EQUIVALENT COVERAGE FOR SEWER
AND WATER BACK UPS? YES NO

LONGER TERM RENTAL UNIT OWNERS ONLY:

Tenant Name – Phone # _____

SHORT TERM RENTAL UNIT OWNERS:

UNIT HAS BEEN APPROVED BY THE ASSOCIATION FOR SHORT TERM RENTAL. UNIT WILL BE OFFERED
THROUGH A RENTAL AGENCY, OR INDIVIDUALLY BY ME THROUGH NOTIFYING THE PUBLIC VIA INTERNET
OR PRINT OR ANY OTHER PUBLIC CHANNELS/NOTIFICATIONS/ADVERTISEMENTS OF ITS AVAILABILITY
FOR RENT.

COMPLIANCE STATEMENTS:

GOLF CARTS: I HAVE REVIEWED ALL CURRENT RULES AND REGULATIONS REGARDING THE
ASSOCIATION'S REQUIREMENTS FOR OBTAINING, INSURING, PAYING ANNUAL GOLF CART PERMIT FEES
AND, MOST IMPORTANTLY, FOR SAFELY OPERATING A GOLF CART.

YES- MY REQUIRED UPDATED/CURRENT INSURANCE COVERAGE CERTIFICATE IS ATTACHED.

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

FIRE EXTINGUISHERS:

UNIT CONTAINS ONE FUNCTIONING ABC-RATED FIRE EXTINGUISHER EASILY AVAILABLE TO THE KITCHEN
AREA. IF A GRILL IS PRESENT, AN EXTINGUISHER MUST BE WITHIN 10-15 FEET OF GRILL.

OWNER SIGNATURE

DATE