

# Estada Homeowners Association, Inc.

## Mandatory Owner Information Sheet

Please complete this form in its entirety and be sure to PRINT all information clearly.

**Property Address:** \_\_\_\_\_ **Number of Occupants** \_\_\_\_\_

Mailing Address (If Different from Above): \_\_\_\_\_

**Call Box Entry – (print legibly)** Only one entry per unit. If the unit is rented, then callbox entry should be in the tenant's name. Format for name is *Last Name, First Initial or Last Name*

Name to appear as: \_\_\_\_\_ Phone Number: \_\_\_\_\_ PIN: \_\_\_\_\_

**Name of Owner(s) on the Deed:** If corporation, LLC etc please list names of two directors. Tenants and additional occupants should be entered below in tenant fields.

Owner #1 \_\_\_\_\_ Email \_\_\_\_\_

Would you like this email address to receive association notifications? Yes or No

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner #2 \_\_\_\_\_ Email \_\_\_\_\_

Would you like this email address to receive association notifications? Yes or No

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Names of Tenant or other Occupants over 18:**

Tenant #1 \_\_\_\_\_ Email \_\_\_\_\_

Would you like this email address to receive association notifications? Yes or No

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Tenant #2 \_\_\_\_\_ Email \_\_\_\_\_

Would you like this email address to receive association notifications? Yes or No

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NOTE:** Your email address will never be distributed to a third party. If you ever wish to discontinue receiving Association mail please notify us by sending a writing request to: Oxygen Association Services, LLC, 2801 N University Drive Suite 204, Coral Springs, FL 33065

### **Number of Vehicles Belonging to Occupants:** \_\_\_\_\_ **Please list all vehicles**

Make	Model	Tag Number	Make	Model	Tag Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Emergency Contact:** (person with keys to your home): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner or Tenant Signature(s): \_\_\_\_\_ Print \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Tenant Signature(s): \_\_\_\_\_ Print \_\_\_\_\_