

FOUR SEASONS CONDOMINIUM ASSOCIATION  
OF COCOA BEACH, INC.  
3799 S. Banana River Blvd., Cocoa Beach, FL 32931  
321-783-7008 / 321-783-0127 fax

Rental Registration Form

Unit # \_\_\_\_\_

Name of Resident \_\_\_\_\_

Telephone # \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Children's Ages \_\_\_\_\_

Year	Make/Model	License #	Color
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Year	Make/Model	License #	Color
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All renters need to pick up their parking pass at the office with a copy of current registration.

Pet\*

Breed

Weight

\*Subject to Declaration of Condominium (Article X-m). One (1) pet - thirty (30) pounds maximum weight.

Time Period: From \_\_\_\_\_ To \_\_\_\_\_  
Minimum Period - 6 Months for Rentals

Rented from: Owner (\_\_\_\_\_) Rental Agent (\_\_\_\_\_) Family Member (\_\_\_\_\_)

Agent Company: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature of Owner or Rental Agent

Renter Email: \_\_\_\_\_

I have read and agree to abide by the rules and regulations of the Four Seasons Condominium, attached herewith.

Resident Signature/Date