

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 \_\_\_\_\_

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

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

Year	Make/Model	License #	Color
_____	_____	_____	_____
_____	_____	_____	_____

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