Lighthouse Towers Condominium Association, Inc. 1290 Gulf Boulevard • Clearwater, Florida 33767 • Office: (727) 596-5706 • Fax: (727) 517-9516

	PPLICATI	ON REQUEST	FOR A	APPROVAL O	F LEASE	
	907	12 PKG SPACE#	FROM:	T	O:	
DATE	UNIT #	PKG SPACE#		DURATION OF LI	EASE AGREEME	LNT .
Lee &	& Sharon Vincent					
OWNER'S NAME PRINTED				TENANT'S NAME PRINTED		
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NAME:		AGE:	_NAME:_		AGE:	
TENANT(S)	PRESENT ADD	RESS:				
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INCLUDING	BUT NOT LIMIT	ED TO: MAINTENANC PLICATION FEES HAV	E FEES, L	ATE CHARGES, SPEC	IAL ASSESSMENT	ΓS,
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BY SIGNING BY AGREED BY	<u> </u>	AUTHROIZED REALTOR	AGREE.		S HAVE BEEN VERI	FIED.
X OWNER	□AUTHORIZE	D REALTOR		TENANT		
AGREED BY	Y:		AGREE	D BY:		
□OWNER	□AUTHORIZEI	REALTOR		TENANT		
ASSOCIATI	ON CHECKLIS	Γ:				
□ APPLICA	TION FEE OF \$	100.00 RECEIVED		CHECK#		
		or FEE RECEIVED		CHECK#		NAME
APPROVAL	OF TENANT(S) MINIUM THE B	MENT ATTACHED PURSUANT TO PAR OARD OF DIRECTO	RAGRAPH ORS HAS A	I A, ARTICLE 19 OF	THE DECLARA ASE OF	
BY:			_			
PRIN	TED OFFICERS	S NAME		OFFICER'S S	IGNATURE	

August 2012

TITLE

Lighthouse Towers Condominium Association, Inc.

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APPLICATION REQUEST FOR APPROVAL OF LEASE (CONTD.)

Unlike hotel resorts, Lighthouse Towers (LHT) is a private residential community with Rules & Regulations designed specifically to preserve the year round tranquility expected by all residents. For this reason all residents are required to follow LHT Rules & Regulations.

Report ALL problems you may have with your unit directly to the OWNER or <u>their</u> AUTHORIZED REALTOR. Lighthouse Towers' management office provides management services for LHT owners only.

The owner and/or their AUTHROIZED REALTOR have been instructed to review these Rules & Regulations with you and obtain your initials below to signify your understanding and willingness to comply with them. Approval for entry to LHT property will not be granted by the Board of Directors unless LHT management has received a <u>completed</u> original Application form, a fee of \$100.00, and a copy of the lease at least ten (10) days prior to occupancy.

YOUR INITIALS ARE REQUIRED BELOW

Tenants Initials Here You have received a complete version of LHT Rules & Regulations from the Owner or their AUTHORIZED REALTOR. Tenants failing to comply with all Rules & Regulations will be evicted from LHT property. NO PETS ALLOWED FOR TENANTS OR GUESTS SUB-LEASES ARE NOT PERMITTED Moves and deliveries of furniture, carpet and appliances are authorized only on Monday through Friday between the hours of 8 AM and 4 PM. No moves or deliveries will be scheduled on weekends, holidays or on February 1st and/or March 1st. MAJOR MOVE IN/MOVE OUTS AND/OR DELIVERIES REQUIRE 72 HOUR NOTICE. A \$200.00 DEPOSIT IS REQUIRED PRIOR TO ANY MAJOR MOVES. IT WILL BE RETURNED AFTER INSPECTION FOR DAMAGE. Report all problems with your unit directly to the Owner or their AUTHORIZED REALTOR. Lighthouse Towers' management office provides management services to LHT owners only. NO KEYS ARE TO BE LEFT WITH LHT EMPLOYEES. Luggage and grocery carts must be returned to the cart area immediately after use. Sliding doors are a disturbance. Move doors SLOWLY to minimize the noise level. All children under the age of 14 must be accompanied by an adult on LHT property. CAREFULLY REVIEW AND FOLLOW THE POSTED POOL AREA RULES Unregistered and/or improperly parked vehicles will be towed at the vehicle owner's expense. Do not back into parking spaces. Announce all visitors including vendors to Security before their arrival. **ATTENTION REALTORS:** Signatures and/or initials by other than actual Tenants will be considered fraudulent per Florida Statute 475.251B and subsequently forwarded to the Florida Real Estate Commission for appropriate action. LHT HAS ZERO TOLLERANCE FOR FORGED INITIALS AND/OR SIGNATURES. As a Licensed Real Estate Broker/Sales Associate I certify that all Tenants associated with this lease have received a complete version of LHT Rules & Regulations. I accept and support all necessary actions taken by the LHT management office to enforce the Rules & Regulations. I also certify that I am the Licensed Realtor representative for the Owner of this LHT unit. Agreed By (Signature): OWNER'S AUTHORIZED LICENSED BROKER/SALES ASSOCIATE **DATE** NAME OF OWNER'S AUTHORIZED BROKER/SALES ASSOCIATE (PRINT) **CELL PHONE #** LICENSED REAL ESTATE BROKERAGE NAME (PRINT) OFFICE PHONE # 62-8015979066-5 OWNER FLORIDA DEPARTMENT OF REVENUE TAX CERTIFICATE NUMBER **OWNER OR BROKER**