

Osprey Isles HOA, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
Tel: 561-626-0917 Fax: 561-626-7143
www.seabreezecms.com

LEASING OF LEASED SPACES

The three leased spaces are leased on a first come, first served basis.

This application must be completed in full and payment in full for the lease term must be attached. Incomplete applications or non-payment may mean space is leased to another person.

The fee is \$50.00 per month, you may lease the spot for 3 months or 6 months, payment in full is due with this application and there are NO REFUNDS.

You may re-apply for the spot toward the end of the lease term, if another person is waiting they will be given the spot and you will be put on the waiting list.

Payment is by cash or certified funds only.

Spaces may only be leased by unit owners (unit owners can lease for their tenants); owner must be current on dues and have no outstanding violations to qualify for a leased spot.

Only approved tenants may use the leased spot.

Owner may park any vehicle in their leased spot provided it meets Osprey Isles criteria for parking.

If an unauthorized vehicle is in the leased spot, lessee can call the tow company to have it removed, Osprey Isles may also have vehicles towed at unit owner expense. Violation of the parking rules may mean loss of leased parking spot without refund.

Parking pass must be visibly displayed on dashboard.

Unit Address: _____

Owner Names: _____

Owners Alternate Mailing Address (if applicable): _____

Home #: _____ Cell # _____ Work#: _____

E-mail address: (Please print legibly) _____

Are you leasing this spot for tenants: Yes: _____ No: _____

If yes, tenants must be on the approved tenant list. Management to verify: _____

LEASE PERIOD: FROM: _____ TO: _____

By signing below and submitting this application owner agrees to the terms and conditions above and in the governing documents for Osprey Isles including the Declaration, By-Laws, Articles and Rules & Regulations.

Signature of unit owner: _____ Date: _____

Office Use Only:

- ___ 1. **Account current.**
- ___ 2. **Circle Number of Months Leasing: 3 6**
- ___ 3. **Circle Payment Method: Cash or Certified Funds** _____
- ___ 4. **Amount & Date Paid:** _____
- ___ 5. **Circle Approved Lease Spot # : 1 2 3**
- ___ 6. **Issue Parking Pass to:** _____ **Date:** _____
- ___ 7. **Completed by Sea Breeze Representative Name & Date:** _____