

REQUEST FOR GUEST OCCUPANCY
BY OWNER NOT IN RESIDENCE
Coquina Club of Naples, Inc.

Instructions: (1) Submit this application, completed in its entirety to the **Board of Directors, Coquina Club of Naples, Inc., %Gulf View Property Management Inc., 2335 Tamiami Trail North #505, Naples, Florida 34103. (Telephone: 239/403-7991 Fax: 239/403-7992** (2) The application must be received by the Property Management Company at least 7 days before commencement date of the proposed guest visit; receipt shall be evidenced by the Date/Time stamp affixed by the Property Management Company when received by them. (3) All information must be provided for consideration of the application; write "N/A" in any space that is not applicable. Note that Section 2 requires choices to be made. (4) There is no fee for this application.

SECTION 1: ANTECEDENT INFORMATION

| | | | |
|---|-----------------------------|---|--------------------------|
| Apartment Number: | Visit Starting Date: | Visit Ending Date: | Duration in Days: |
| Type of Guests (check one): ____ Non-Family _____ Family Member (explain): | | | |
| Name of ALL Guest(s) and Relationship: | | Complete Home Address and Telephone: | |
| | | | |
| Automobile Make, Model, and License Number: | | They will obtain keys to the apartment: _____ From Owner _____ From Bld. Manager | |

SECTION 2: OWNER'S REPRESENTATIONS

The undersigned, being the owner of the subject unit hereby represent and certifies:

1. I/we ___ ___ have ___ have not (**Check appropriate space**) furnished the Guest with a copy of the Association's Rules and Regulations.
2. The proposed transaction conforms to all of the Association's Rules and Regulations, including but not limited to all provisions of Section 12 thereof, a copy of said Section 12 is attached hereto and made a part hereof by reference.
3. I/we are responsible for the conduct and actions of the Guest as it relates to the Association's Rules and Regulations, and any and all fines levied because of Guest actions or failure to comply with the Rules and Regulations shall be my/our responsibility to pay.

The undersigned affirms the information contained herein is true and correct to the best of their knowledge and belief. The owner(s) acknowledge and agree any misrepresentation, omission of information in this application or about the proposed guest transaction is cause for automatic rejection of this application and/or termination of any agreement in progress and the occupancy of the apartment by the Guests.

In witness thereof, the undersigned has signed this Application on the date indicated below:

OWNER:

Name: _____

Signature: _____

Date: _____

For Official Use Only

| Date Received | P/M Review | Board Review By | Board Action | Action Date | Notice Date |
|---------------|------------|--------------------|--------------|-------------|-------------|
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