

**POINTE TOWERS CONDOMINIUM ASSOCIATION  
GUEST REGISTRATION FORM**

*c/o Ameri-Tech Community Management  
Corporate Office Location  
24701 US Highway 19 North Suite 102  
Clearwater, FL 33763  
www.pointetowers.com Phone: 727-726-8000*

**Registration is required of ALL occupants (including relatives) when **OWNERS ARE NOT OCCUPYING** the unit with the occupants. No other persons not registered are permitted to occupy the unit.**

**Occupants and owners' signatures are also certifying that no occupants are providing rent, compensation, or like-kind compensation (including, but not limited to, i.e., time-share exchanges) of any kind to occupy the unit.**

**Lease period minimum is one month** and requires the completion of other materials different than this Form.

**Instructions:**

- 1) Please send this Form no less than 5 days IN ADVANCE of planned visit to contact above. or downloaded at [www.pointetowers.com](http://www.pointetowers.com).
- 2) Failure to submit this Form for registration is a violation.
- 3) The Association reserves the right to obtain a background search. If any derogatory information is unacceptable and the owner(s) wishes to continue to allow occupancy, Ameri-Tech Community Management will seek the guidance of the Association's Attorney, as necessary. Any incurred costs will be paid by the unit owner.
- 4) Missing or incomplete information will cause the Registration to be returned without action.
- 5) This information is confidential pursuant to Florida Statute Chapter 718.111(12)(c)2.

**SORRY - NO PETS ALLOWED**

Unit # Visiting: \_\_\_\_\_ Visiting Start Date: \_\_\_\_\_ Visiting End Date: \_\_\_\_\_

**Maximum number of persons authorized to occupy unit is one bedroom 3 persons; and two bedroom 4 persons.**

Total number of adults occupying the unit \_\_\_\_\_ Total number of children occupying the unit \_\_\_\_\_

For **intermittent "occupants"**, i.e., immediate family, caregivers, housekeeping, etc. please state reason and frequency in place of start/end date above.

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**Form only needs to be completed once for intermittent occupants. Please update when changes occur.**

**Adults who will occupy the above condominium unit are as follows:**

<b>Adult Occupant #1</b> Name: First: _____ Middle: _____ Last: _____
Home Address: _____ Full Street Address
_____ Phone: _____ City, State, Zip

<b>Adult Occupant #2</b> Name: First: _____ Middle: _____ Last: _____
Home Address: _____ Full Street Address
_____ Phone: _____ City, State, Zip

**Vehicle used while on site:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ ST: \_\_\_\_\_

If rental, please email information once vehicle has been rented.

Before you complete and sign this Form the Occupants state that they has received a copy of all condominium rules and regulations, to include the *Pointe Towers House Rules* (and *Neighborly Reminders & Cleaning Instructions* attachments) and has **read, understood and agrees to abide** by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

To ensure the safety of other building occupants and property and to minimize any risk exposure to the Association the owner(s) agrees not to provide occupancy to any persons that could knowingly place occupants or property at risk.

_____ Adult Occupant #1 Signature	_____ Date	_____ Adult Occupant #2 Signature	_____ Date
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_____ Owner Signature	_____ Date	_____ Owner Signature	_____ Date
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