

HIDEAWAY BAY BEACH CLUB OWNER INFORMATION SHEET

Name: _____

Property Address: _____

Unit #(s): _____

Home Phone #: _____ Fax #: _____

Cell #: _____ Email Address: _____

Alternate Mailing Address:

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Do You Live at Your Association Address?

Year Round ___ Seasonal ___ Used for Investment Only _____

Seasonal Residents: Approximate Dates of Occupancy _____

Rental / Investment:

Is the Unit Used for Rental? Yes ___ No ___ If Yes, (Dates) _____

Do You Use a Rental Agent? Yes ___ No ___ If Yes, Company Name _____

Agent's Name _____ Phone Number _____

Emergency Contact Information:

Name _____ Phone Number _____

Signature of Person Completing this Form: _____ **Date:** _____

Please complete this sheet and email or mail to the following address:

MAIL: Hideaway Bay Beach Club
c/o Star Hospitality Mgmt.
26530 Mallard Way,
Punta Gorda, FL 33950

EMAIL: l.phillips@starhospitalitymanagement.com