

**TERRACE X LAKESIDE GREENS CONDOMINIUM ASSOCIATION, INC.**

c/o Tropical Isles Management Services, Inc.  
12734 Kenwood Lane, Suite 49  
Fort Myers, Florida 33907  
Phone (239) 939-2999 \* Fax (239) 939-4034

**Condominium Owners Lease Application**

This application must be submitted to Terrace X at Lakeside Greens and mailed to Tropical Isles Management Services.  
**NO TENANT MAY MOVE INTO TERRACE X WITHOUT PROVIDING THIS INFORMATION. NO LEASE MAY BE FOR LESS THAN A THIRTY (30) DAY PERIOD. NO PETS OF ANY KIND ARE PERMITTED IN LEASED UNITS.**

LEASED UNIT ADDRESS \_\_\_\_\_ UNIT # \_\_\_\_\_ UNIT PHONE ( ) \_\_\_\_\_

**UNIT OWNER INFORMATION (LESSOR)**

NAME \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

**LESSEE INFORMATION**

LEASE DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME(S) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

VEHICLE (make/license #, color) \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

Will anyone other than those listed above occupy this unit? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, whom ? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I have received and read a copy of the Terrace X at Lakeside Greens Condominium Association's Rules and Regulations along with this application. I understand these Rules and Regulations and agree to abide by them as long as I reside at Terrace X at Lakeside Greens. I understand that, as a renter, failure to do so is cause for eviction.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tropical Isles Management Services, Inc Date received \_\_\_\_\_