Attachment B

THE VILLAS OF FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC. ANNUAL/SEASONAL RENTAL APPLICATION

Must be submitted no less than fifteen (15) days prior to occupancy.

Date:			
I (We) submit for approval to rent the villa located at		Unit	
Beginning onthrough	(minimum 30 days	& no more than 4 times a year)	
Name of Lessee(s)			
Current Address			
Home Telephone	Cell Phone		
Vehicles to be parked on the Villas of Fountain Lakes Con-	dominium property:		
Automobile make, model, year	Liscense #	State	
Automobile make, model, year	Liscense #	State	
Total number of persons (maximum six) who will occupy to Names of persons occupying unit except lessee(s) listed a			7:
Name Name	2		
Name Name	2		
I (We) certify that the statements made herein are true, c knowledge. By my/our signature below I (we) acknowled Regulations of The Villas of Fountain Lakes Condominium	ge that I (we) have rece	eived a copy of the Rules and	
Applicant	Applicant		
Signature		Signature	
Applicant Printed Name		Printed Name	
		Filited Name	
Owner Signature		Signature	
Owner		`	
Printed Name	Owner	Printed Name	

OWNER: PLEASE RETURN THE COMPLETED APPLICATION TO THE VILLAS OF FOUNTAIN LAKES, C/O PEGASUS PROPERTY MANAGEMENT, 3409 Pelican Landing Parkway, Suite #3. PHONE: 239-454-8568. E-MAIL ADDRESS IS Info@pegasuscam.com.