DeSOTO CONDOMINIUM ASSN, INC RENTERS PROFILE

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Fax to 321-574-4155 or mail to Dragon Property Mgmt., PO Box 542876, Merritt Island, FL 32954.

UNIT # 2. OWNER NAME:					
3. Tenant's Full Name:					
4. Lease Term:	months: expiring _		*** (Please attach copy of lease)		
5. Others Living in Unit		Age 	Relationship		
6. Total Number in Hou	usehold:				
7. Cell Phone #:					
Work #:	k #: Company Name:				
8. E-Mail Address:				[] Check if "No	ne"
9. Please provide name Name:	·		_		·:
Phone:	Fax:	E-Mail:			
10. PETS: Limited to tw Pets must be on a leash Type: Type:	n while on condo grour Name:	nds, and pet owner	s are required to Weight:	clean up after th	neir pets.
11. VEHICLE REGISTRAT Year Make ————————————————————————————————————	ΠΟΝ: Model — —	Color	Tag#	State 	
By signing below, or	wner or owner's agent und	, and renter(s), agr erstood by all parti		have been read a	and are
Signature:		Da	ate:		