

OAK HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION. INC.

C/O Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239-947-4552 – 239-495-1518

LEASE NOTIFICATION PACKET

Complete questions and fill in all blank. Incomplete applications will result in delays

RETURN WITH A COPY OF THE LEASE CONTRACT

THIS FORM MUST BE SUBMITTED TO VESTA PROPERTY SERVICES AT LEAST 10 DAYS
PRIOR TO OCCUPANCY TO ALLOW FOR PROCESSING TIME

PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- Completed Lease Contract
- Lease Notification Form
- Lease Agreement Addendum
- Pet Application, if Applicable

OAK HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION. INC.

LEASE NOTIFICATION FORM

To preserve the values and amenities of Oak Hammock Condominium Association the following occupancy and use restrictions must be adhered to. According to our Declaration of Condominium (17.1), a unit may not be lease / rented for a period of less than thirty (30) days, nor more than three (3) times per calendar year. **All lease / rental agreements must be in writing and must provide that the lessee and all occupants of the leased Unit shall be bound by the applicable terms of the Declaration of Condominium and all applicable Community Documents.** A copy of the lease and any amendment/addendum thereto must be provided to the Association within 10 days of execution or prior to occupancy, whichever occurs first.

COMPLETE ALL INFORMATION REQUESTED (PLEASE PRINT LEGIBLY)

Start date of Lease: ____/____/____

End date of Lease ____/____/____

Current Owner's Name _____

Oak Hammock Address: _____ Autumn Breeze Dr., Unit # _____

LESSEE(S)

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Other Occupants with Lessee:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Corporate Name: _____

Corporate Address: _____

Name of Corporate Contact: _____

Corporate Contact: Phone _____ Email _____

Primary Address for lease communication: ____ Office or ____ Home

OAK HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION. INC.

LEASE NOTIFICATION FORM (Con't)

LESSEE INFORMATION

Current Home _____ Unit # _____

City/State/Zip _____

Home Phone: _____ Cell Phone: _____ User _____

Other Cell Phone: _____ User _____

Oak Hammock Phone #: _____

(If applicable)

Email 1: _____ User _____

Email 2: _____ User _____

VEHICLE INFORMATION

Year: _____

Year: _____

Make: _____

Year: _____

Model: _____

Model: _____

License: State _____ Plate _____

License: State _____ Plate _____

Will renter be keeping a pet? YES ____ NO ____

If yes, the Oak Hammock Pet Application form must be completed.

Please return this completed form to: Patrice Murphy
Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135

Phone: 239-947-4552
Fax: 239-495-1581

LEASE ADDENDUM
Compliance and Indemnification

This addendum shall be included as an integral part of the Lease agreement executed between:

Owner(s) _____ & _____

Tenant(s) _____ & _____

The Oak Hammock property address related to this lease is: _____ Autumn Breeze Dr., Unit _____

Beginning Lease date _____ End Date of Lease _____

The Owner/lessor is responsible for the submission of all State, City or County taxes applicable to this lease. The tenant may be charges for these tax obligations as part of the rental agreement, but it is the owner's responsibility to remit or have it remitted on the owner's behalf, to all appropriate governmental authorities. The owner or owner's agent must complete a Tourist Development Tax Application for this purpose.

The Tenant(s) and all other occupants shall strictly abide by the applicable governing documents of both Shadow Wood Community Association, Inc., and Oak Hammock at The Brooks Condominium Association, Inc. This will include all rules and regulations applicable to the Oak Hammock Amenity Center, fitness center and pool. Owner and Tenant agree that Oak Hammock at The Brooks Condominium Association, Inc. ("Association") shall be considered a named party to the Lease Agreement and this Addendum for purposes of enabling the Association to enforce the provisions of the Association's governing documents. Owner and Tenant further agree that the Association may act in its own right or in cases where Owner fails to act in a timely manner, as Owner's agent, to terminate the Lease and may institute proceedings against the Tenant, in Owner's name, or in Association's name in its own right. In either such cases, Owner shall be responsible to Association for all expenses incurred, including attorney's fees, without waiver of the right of any action by Owner against Tenant.

Tenant(s) agree to comply with all reasonable Association requests for information. Tenant(s) and Owner(s) agree jointly and severally to indemnify Shadow Wood Community Association, Inc. and Oak Hammock at The Brooks Condominium Association, Inc. for any and all claims or damages in any way arising from or relating to the tenant(s), occupant(s) or their respective guests and invitees failure to comply with the governing documents or other reasonable requests for information.

____ (initial here) I have received, read and agree to abide by the Rules and Regulations set forth by the Association.

Signature(s) Owner _____, Date _____

Owner _____, Date _____

Tenant _____, Date _____

Tenant _____, Date _____

Please return this complete form to: Patrice Murphy
Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239-947-4552 phone
239-495-1518 fax

pmurphy@vestapropertyservices.com

OAK HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION. INC.
APPLICATION FOR PERMISSION TO KEEP A DOMESTIC PET

Only certain domestic birds, cats and dogs are permitted. No pit bull, German shepherd, Rottweiler or Doberman pinscher is permitted. Cats and dogs older than 4 months must have current rabies vaccination, consistent with Lee County requirements. Pets must be carried or kept on a lease when outside of a Home or fenced-in area and the Pet Owner(s) Applicant must pick up, remove and properly dispose of feces deposited by his/her pet, but NOT in any trash container at the pool or Amenity Center. See Declaration of Condominium 17.5 and Oak Hammock Rule 21 for details.

Oak Hammock Street Address _____ Autumn Breeze Dr., Unit # _____, Estero, FL 34135

Unit Owner's Last Name _____, First Name(s) _____

Applicant (Pet Owner or responsible adult if Pet Owner is less than 18 years old):

UNIT OWNER

GUEST OR OTHER OCCUPANT Last Name: _____, First Name: _____

Applicant's Phones: Unit: _____ Cell: _____ First Name: _____

Applicant's Mailing Address if other than that of the Unit: _____

If Applicant is other than a Unit Owner, Applicant's e-mail: _____

Age of Pet: _____ yr(s) Type of Pet Bird Cat Dog Breed/Color _____

If application is for a cat or dog:

Pet's present weight: _____ lbs Estimated full grown weight: _____ lbs

Pet's gender: Female Male If female, is pet currently pregnant Yes Not that I know of

Name to which pet responds: _____ Has pet been spayed/neutered Yes No

Vet's Name: _____ Vet's Phone: _____

Date of Rabies Vaccination (mm/dd/yyyy) _____

ATTACH: PHOTO OF PET AND COPY OF PET'S CURRENT RABIES CERTIFICATE

If this Application is approved, what is the total number of each of the following breeds that will be present in the Unit?

Birds _____ Cats _____ Dogs: _____

I understand that any falsification of information or failure to register my pet may result in the denial of approval by the Board. I further understand that I am fully responsible for the actions of my pet and have read the Rules and Regulations regarding the control of my pet. If the pet is a cat or dog, I understand any approval given by the Association to keep the pet in Oak Hammock will lapse on expiration of the pet's current rabies certificate, but may be extended by the Applicant submitting a new rabies certificate prior to the expiration of the current rabies certificate.

Applicant's Signature

Date of Application (mm/dd/yyyy)

Applicant's Printed Name

Return the completed Application, including a photo of pet and a copy of current rabies certificate, if required, to:

Vesta Property Services
Attn: Patrice Murphy
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
FAX: 239-495-1518

- Application Approved
- Application Approved, subject to additional requirement(s) or condition(s)
- Application Denied

By: _____
On Behalf of the Board of Directors
Date: _____

If (a) no objection nor additional condition by or on behalf of the Board is mailed to the Applicant postmarked within 10 business days after receipt of this Application by Vesta Property Services, (b) the total number of pets in the Unit will not exceed two, and (c) a current rabies certificate is on file with Vesta Property Services if the pet is a cat or dog, permission to keep the above listed domestic pet in the Unit subject to the condition in the Governing Documents may be inferred.