

BOTANICA LAKES HOMEOWNERS ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463
(239) 561-9160 – OFFICE
(239) 561-9162 – FAX

LEASE INFORMATION FORM

- 1.) In accordance with Article X, Section 6 of the Declaration of Restrictive & Protective Covenants for Botanica Lakes (the “Declaration”) and Rules & Regulations Leasing Requirements (page 12), a Lot Owner is required to within five (5) days following execution of a lease for a Home, but in no event later than occupancy of the Home by a tenant, the Owner of such Home shall: (a) notify the Association in writing with the name of the tenant and all of tenant’s family members or others that will be occupying the Home, and (b) provide the Association with a true, correct and complete copy of the Lease Agreement. Accordingly, the undersigned Lot Owner(s) hereby provides agrees to the following. No Home may be leased more than four (4) times in any twelve (12) month period. In addition, no Home, or portion thereof, shall be sublet. Of the four (4) times that an Owner may lease the Home in a twelve (12) month period, three (3) of such leasing periods shall be for a minimum lease term of thirty (30) days, and the fourth lease term shall be for a minimum of six (6) months.
- 2.) If any question is not answered or left blank, this application will be returned and not processed.
- 3.) **Please attach a copy of the Lease.**
- 4.) **Please attach a check or money order in the amount of \$50.00 made payable to GRS Management Associates for application processing fee.**
- 5.) Use of this Home is for residential purposes only.
- 6.) No commercial vehicles, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. permitted to be parked / stored on the association property.
- 7.) The current Owner must provide the tenant with a copy of all Association Documents and Rules and Regulations.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: _____ Property Address: _____

Approximate Lease Start Date and Term: _____

Owner’ Name: _____

Owner’s Address: _____

Name of Realtor Handling Lease: _____

LESSEE:

A) _____ B) _____ (spouse)

Current Address: _____

Other persons who will occupy the house with you:

| Name | Age | Relationship |
|-------|-----|--------------|
| <hr/> | | |
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| <hr/> | | |

I hereby agree for myself and on behalf of all persons who may use the Home which I seek to Lease that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the **BOTANICA LAKES HOMEOWNERS ASSOCIATION, INC.**

- 1) I have received and reviewed Article X, Section 6 (Leasing) of the Declaration of Covenants and Rules and Regulations regarding Leasing and understand them.
- 2) I have received a copy of all Association Documents.
- 3) I understand that there are restrictions on pets.

Owner / Lessee agrees that the terms of the attached lease are within the requirements of the BOTANICA LAKES HOMEOWNERS ASSOCIATION, INC. documents and agree to abide by the Association Documents and Rules and Regulations.

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

BOTANICA LAKES

IMPORTANT GATE HOUSE SECURITY INFORMATION

CHECK ONE: _____ OWNER _____ TENANT

Resident Name: _____ Lot# _____

Address: _____

Home Phone: _____ Cell
Phone: _____

Email: _____ Business
Phone: _____

Emergency Contact (Person with key to your home): _____

Emergency Contact Phone: _____

OCCUPANTS LIVING AT THIS ADDRESS

1.) Last Name: _____ First Name: _____

2.) Last Name: _____ First Name: _____

3.) Last Name: _____ First Name: _____

4.) Last Name: _____ First Name: _____

AUTHORIZED VISITORS

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

AUTHORIZED VENDORS

COMPANY NAME, TECHNICIAN NAME (IF APPLICABLE)

1.) Cleaning
Staff: _____

2.) Pool Service: _____

3.) Pest Control: _____

4.) Other: _____

5.) Other: _____

6.) Other: _____

Please mail, fax or email the completed Gate House Security Information Form to the Botanica Lakes office:

10300 Botanica Lakes Blvd., Ft Myers, Florida 33913

Fax: (239) 561-6242

dcory@grsmgt.com

We also have a drop box located outside of our office at the end of the clubhouse for your convenience.

PLEASE NOTE

**THIS SYSTEM WILL NOT BE OPERATIONAL UNTIL THIS FORM IS COMPLETED,
RETURNED AND IMPUTED INTO THE SECURITY SYSTEM.**

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LEASE REQUIREMENTS

COMPLETED LEASE INFORMATION FORM

COMPLETED GATE HOUSE SECURITY INFORMATION FORM

COMPLETED NEW RESIDENT INFORMATION FORM AND WAIVER

APPLICATION PROCESSING FEE - \$50.00 CHECK OR MONEY ORDER MADE PAYABLE TO GRS
MANAGEMENT

PLEASE MAIL ALL COMPLETED FORMS INCLUDING CHECK FOR \$50.00 MADE PAYABLE TO
GRS MANAGEMENT TO THE FOLLOWING ADDRESS:

GRS MANAGEMENT ASSOCIATES, INC.
C/O LEASE APPLICATIONS
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463