FORM #25-01

2025 UNIT INFORMATION FORM (1 form per unit, per year)

Unit Information		Pha		4		
Unit Number:			Seascape Address:			
Unit Ownership Type:	Individual(s)	LLC 🗌	Trust 🗌	Other: -		
Official Deeded Ow	ner(s)					
Name of LLC, Trust	or Other					
Name of Primary Contact, Owner, Trustee, Managing Partner of Corporation or Partnership						
Phone Number:			Email:			
Mailing Address (if I	ress Above):					
Unit Usage Type – Please Check Box						
Unit Type: Full-Time Re	esident	☐ Non-Rental	Unit 🗌			
Rental Type: Vacation Ho	ome 🔲 Rental & Vacation	Mix All/Mos	tly Rental 📗 Short-T	erm Rental 🔲 Long-Term Rental 🔲		
Property Mgt: Self-managed Property Manager						
Property/Rental Ma	nager Name					
Company Name						
Phone Number:				Email:		
Pool Wrist Bands (applicable only to Villas) / High-Rises have their own bands which are valid at HOA Pools						
Authorized Guests - Friends/Family Authorized to purchase decals, pool bands, or vehicle passes - List on Back Page						
Owner Signature						
I, the undersigned, represent that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation of information could be subject to fines.						
Signature:			1	Date:		

Please execute and return a copy to the Seascape HOA Office via email to frontdesk@visitseascape.com.

Additional Owners, Managing Partner, Trustee and/or Authorized Guests:

Additional Owner(s)/Shareholder(s)

Name	Phone #	Email

Authorized Guest(s)

Name	Phone #	Email