

*Chateaux du Lac Condominium Association, Inc.*  
*1500 Gay Road, Winter Park, Florida 32789*

**\*\*\*REQUIRED of all Owners and Tenants whether changes or NOT\*\*\***

**2008 RESIDENT INFORMATION**

**\*\*\*For the purpose of updating information on file and in case of an unforeseen emergency, please fill out the following information & RETURN THIS FORM CHATEAUX OFFICE.\*\*\***

OWNER(S) NAME(S): \_\_\_\_\_ UNIT: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_

OTHER: ie vehicle/boat, etc. \_\_\_\_\_

**\*NAME OF PERSON(S) TO CONTACT IN AN EMERGENCY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OFFICE: \_\_\_\_\_

**\*DOES THIS PERSON HAVE ACCESS/KEYS TO YOUR UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**\*\*\*Should no key be available to the Association/Management and an emergency arises, I/We hereby understand a locksmith will be contacted to gain access. The cost will be charged to my unit.\*\*\***

-----  
**DO YOU HAVE TENANTS? (IF SO COMPLETE THE FOLLOWING)**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE : \_\_\_\_\_ CELL: \_\_\_\_\_

VEHICLE 1 MAKE/MODEL: \_\_\_\_\_ YR: \_\_\_\_\_ LIC.# \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE 2 MAKE/MODEL: \_\_\_\_\_ YR: \_\_\_\_\_ LIC.# \_\_\_\_\_ STATE: \_\_\_\_\_

PET: \_\_\_\_ YES \_\_\_\_ NO BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_ (NOT TO EXCEED 25 LBS)

**\*OTHER PERTINENT INFORMATION:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:  
Chateaux du Lac Condominium Association, Inc.  
c/o Hara Management, Inc.  
931 So Semoran Blvd. Suite 214  
Winter Park, FL 32792