

WINDJAMMER RESORT - CONFIRMATION OF OCCUPANCY

Check-In: ____/____/____ Sat. from 3pm - 7pm

Check-Out: ____/____/____ Sat. by 10am

Owner Name: _____

Fax: _____

Owner Phone: _____

Owner E-mail: _____

Account #: _____

Unit _____ Week _____

Unit _____ Week _____

Please check ONE option and return form to Windjammer by mail or fax to 954-351-9153.

_____ I (we) have BANKED with: RCI or II or Other: _____

_____ Yes, I (we) will OCCUPY our unit/week. Expect # of Adults: _____ # of Children: _____ AGES

OR _____ I (we) have LOANED our unit to: Name: _____ Phone: _____

Address: _____

of Adults: _____ # of Children: _____ We need a: Crib _____, High Chair _____.

Owner/guests arriving AFTER 7:00 p.m. must call office for instructions. Owners and guests agree to abide by all Rules, Regulations, and Declaration of Condominium covenants.

_____ I (we) authorize Gulf Eastern Property Management, Inc. a licensed real estate broker, to exclusively offer our unit-week for RENT and agree to the following:

GEPMI will exercise due diligence to secure the best possible rentals. GEPMI does NOT guarantee rental of any portion or all of the unit/week. For this service, a commission of twenty-five percent (25%) will be deducted from gross rental proceeds. Then any balance due to the ASSOCIATION will be deducted from rental income. The remainder will be mailed to the owner of record or escrowed towards owner's future dues. It is the owner's sole responsibility to contact the office TOLL FREE at 1-866-776-4256, Monday to Friday 9am to 5pm to inquire about rental status.

I understand a levy of 28% will also be deducted from gross rental and forwarded to the Internal Revenue Service for withholding taxes if I fail to provide you with a valid U.S. Social Security Number or exemption.

This agreement can be terminated by either party, upon written notice. However, if a reservation has been confirmed and GEPMI cannot relocate the party to another unit/week, the owner will be bound by this agreement. I certify that my unit/week has not been assigned to/or given to another listing agent or Exchange company. I HAVE READ AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS.

Owner Signature

Co-Owner Signature

Date

COMMENTS OR CHANGES: _____

ADDRESS UPDATE

Please review the following information on this form and make the necessary corrections here. YOUR SIGNATURE WILL CONFIRM THAT WE CAN OFFICIALLY UPDATE OUR RECORDS TO REFLECT THE FOLLOWING CHANGES:

Unit/Week No: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax Phone: _____

E-mail: _____

Signature: _____

PRINT Owner's Name: _____

OFFICE HOURS: Mon/Sat: 8:00am - 7:00pm & Sun 9:00am - 5:00pm

NOTE: ONLY ONE PARKING SPACE PER UNIT. NO RVS, BOATS, TRAILERS, OR PETS. SMOKE-FREE FACILITY.

Toll Free: (866) 776-4256 Office: (954) 776-5733 Fax: (954) 351-9153

Please check occupancy dates on your timeshare calendar located on the back of the newsletter.