



Bermuda Greens Condominium Association  
 13136 Castle Harbour Drive, Naples, FL 34110  
 Phone: (239) 514-0722; Fax: (239) 514-0720  
 Email: [BGOffice@BermudaGreensNaples.com](mailto:BGOffice@BermudaGreensNaples.com)

### Guest Registration Application

This form must be completed by the owner to register all guests and/or visitors who are occupying a Bermuda Greens unit when the owner is not present, and for which there is no financial consideration, i.e. rent free. Submit completed form to the property manager at the above address.

Restrictions: Use of a unit shall be in accordance with the following provisions which have been extracted from the Association's original governing documents (Declarations pages 21 and 22):

**12. USE RESTRICTIONS: The use of the units shall be in accordance with the following provisions as long as the condominium exists:**

**12.1 Units. Each unit shall at all times be occupied by a single family, its servants and guests, as a residence and for no other purpose.**

**12.2 Occupancy in absence of owner. If the owner and members of his family who permanently reside with him are not in residence, and the unit has not been leased, the owner may permit his unit to be occupied by his guests only in accordance with the following:**

**A. Any one person related to a unit owner within the first degree by blood, adoption or marriage, and that person's spouse and members of that person's family within the first degree by blood or adoption, are permitted to occupy the unit owner's unit in the absence of the owner for a period not to exceed thirty (30) days. The number of occasions for this type of guest occupancy shall be limited to four (4) times in any twelve (12) month period.**

**B. House guests not meeting the relationship requirements outlined in paragraph 12.2 (A) above are permitted for only one (1) family occupancy in the unit owner's absence and then only with the provision that the family consists of no more than four (4) persons. Such guests may stay only two (2) weeks and the number of occasions for this type of guest occupancy in any unit shall be limited to three (3) in any calendar year.**

**C. The Board of Directors may require all guests to be registered in advance.**

**12.6 Pets. No pets of any kind are permitted in units when owner is not in residence.**

**Owner's Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Unit No: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guests/Visitors (Responsible Person):**

Name: \_\_\_\_\_  
 Relationship to Owner: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_



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**Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate (State & Number): \_\_\_\_\_

**List of all other proposed occupants:**

| Names | Relationship to Unit Owner | Arrival Date | Departure Date |
|-------|----------------------------|--------------|----------------|
|       |                            |              |                |
|       |                            |              |                |
|       |                            |              |                |

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owner's Certification/Signature:** I/We affirm the above information is accurate and that I/we are in compliance with the use restrictions stated above. I/We further affirm that our visitors/guests will read and observe all existing Bermuda Greens Condominium Association Rules and Regulations and that I/we further agree that I/we will be held responsible for the cost of any damage caused by my guests to Bermuda Greens common and/or limited common areas.

\_\_\_\_\_  
(Owner Signature/Date)

\_\_\_\_\_  
(Property Manager Review/Date)