

**LAKESIDE GARDENS "B" CONDOMINIUM ASSOCIATION, INC.**

Lakeside of Naples Management Office  
7600 Airport Road North  
Naples, FL 34109

**APPLICATION FOR RENEWAL OF LEASE SEASONAL AND ANNUAL**

**Please print or type legibly. No fee for renewal of lease. Please submit application at least 20 days prior to renewal period.**

ADDRESS TO LEASE: \_\_\_\_\_

UNIT#: \_\_\_\_\_ RENEWAL LEASE PERIOD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

HOME/CELL PHONE #: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
(Name of Company) (Phone)

SPOUSE'S EMPLOYER: \_\_\_\_\_  
(Name of Company) (Phone)

VEHICLES: \_\_\_\_\_  
(Year) (Make) (Model) (License #) (State)

VEHICLES: \_\_\_\_\_  
(Year) (Make) (Model) (License #) (State)

WILL ANYONE ELSE BE LIVING IN THE UNIT WITH YOU OR YOUR SPOUSE?  
\_\_\_\_ Yes \_\_\_\_ No. (Association Documents state that units are for single family residence only).  
Please state name, relationship and age of all others who will be residing with you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

IS APPLICANT OR ANYONE WHO WILL BE RESIDING IN THE UNIT A  
SMOKER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT BEEN CONVICTED OF A  
FELONY WITHIN THE LAST FIVE (5) YEARS \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain on a separate  
sheet of paper and attach hereto.)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: \_\_\_\_\_

If accepted for occupancy, I/(we) agree to abide by the Declaration of Condominium Articles of Incorporation, Bylaws, and Rules and Regulations for Lakeside Gardens "B" Condominium Association, Inc. and Lakeside of Naples Residents Association, Inc. (LNRA). (These documents are available at the Lakeside Management Office and/or on the web-site 'Lakesideofnaples.com'.) Upon approval, the Association is authorized to act as the Owner's agent.

It is expressly understood that **NO SUB-LEASING** is allowed and that I/(we) will not allow guests to occupy the unit or use the amenities in my/(our) absence. **TENANTS MAY NOT HAVE PETS OF ANY KIND.**

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

=====

OWNER'S NAME: \_\_\_\_\_

FIRM HANDLING LEASE: \_\_\_\_\_

AGENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_ EMAIL (If Any): \_\_\_\_\_

As the owner/leasing agent, I agree to assist in the correction of any violations by the tenants and assist in the termination of the Lease and/or removal of the tenants if a situation so presents itself.

\_\_\_\_\_  
Signature of Owner or Agent

(PLEASE ATTACH REAL ESTATE AGENT'S CARD HERE)

+++++

Board Approval  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Director's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please return all paperwork to:  
Lakeside of Naples Management Office  
7600 Airport Road, North  
Naples, FL 34109  
239-591-1661 - Office  
239-594-5405 - Fax  
[Debbie@lakesideofnaples.com](mailto:Debbie@lakesideofnaples.com)