



CELEBRATION RESIDENT REGISTRATION FORM

CELEBRATION RESIDENTIAL OWNERS ASSOCIATION, INC. (CROA)

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SECTION 1

OWNER 1: DATE OF BIRTH _____ (THIS DATE WILL BE THE EXPIRATION DATE OF ALL CROA ID CARDS IN THE OWNER'S HOUSEHOLD.)
MONTH DAY

TENANTS LEASE EXPIRATION DATE _____ (THIS DATE WILL BE THE EXPIRATION DATE OF ALL CROA ID CARDS IN THE RENTAL HOUSEHOLD.)
MONTH DAY YEAR A COPY OF THE CURRENT LEASE MUST BE ON FILE AT CELEBRATION TOWN HALL.

PROPERTY ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

TOTAL NUMBER OF OCCUPANTS IN THE HOME _____

RESIDENT 1: _____
FIRST NAME M.I. LAST NAME

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL ADDRESS _____

WOULD YOU LIKE FRONT PORCH WEBSITE ACCESS?

YES NO

ID CARD # (CROA USE ONLY) _____

RESIDENT 2: _____
FIRST NAME M.I. LAST NAME

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL ADDRESS _____

WOULD YOU LIKE FRONT PORCH WEBSITE ACCESS?

YES NO

ID CARD # (CROA USE ONLY) _____

OWNER: THIS RESIDENCE IS A... PRIMARY RESIDENCE VACATION HOME INVESTMENT PROPERTY
 OTHER (SPECIFY) _____

OWNER: DO YOU HAVE A COPY OF THE CELEBRATION CHARTER/COVENANT DOCUMENTS? YES NO

OWNER: IS THIS PROPERTY RENTED? YES NO IF YES, TO WHOM? _____

TENANT: I HAVE RECEIVED A COPY OF THE CROA RULES AND REGULATIONS (EXHIBIT C, COMMUNITY CHARTER) FROM THE OWNER. YES NO

NAME / ADDRESS / PHONE # / PRIMARY CONTACT OF YOUR PROPERTY MANAGEMENT COMPANY (IF APPLICABLE) _____

I UNDERSTAND AND AGREE TO ABIDE BY THE RECORDED RESTRICTION THAT SUBLEASING AND ROOM RENTALS OF A CELEBRATION RESIDENTIAL UNIT ARE PROHIBITED.

OWNER /TENANT 1: INITIALS _____ **DATE** _____ **OWNER /TENANT 2: INITIALS** _____ **DATE** _____

SECTION 2

ADDITIONAL OCCUPANT NAME	EMAIL	AGE	FRONT PORCH ACCESS	ID CARD # (CROA USE ONLY)
_____	_____	_____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	_____
_____	_____	_____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	_____
_____	_____	_____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	_____
_____	_____	_____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	_____
_____	_____	_____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	_____

ID + Pool Access: Allows unrestricted use of the pools, parks, etc. Cardholder must be at least 12 years old.

ID Only: Allows unrestricted use to parks. Cardholder must be at least 8 years old. Entry to pool requires an adult ID + Pool Access card.

CROA USE ONLY	ACCESS: _____	# CARDS ISSUED: _____
ACCT # _____	AU: _____	DATE ENTERED: _____



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SECTION 3 (TO BE COMPLETED BY TENANT 1 / OWNER 1)

OWNER ONLY

AS PROVIDED FOR IN CHAPTER 720.306, F.S., I AUTHORIZE CELEBRATION RESIDENTIAL OWNERS ASSOCIATION, INC. (CROA) TO SEND ALL OFFICIAL NOTICES TO ME — (CHOOSE ONE)

- ELECTRONICALLY USING MY EMAIL ACCOUNT LISTED IN SECTION 1
 VIA THE US POSTAL SERVICE

RESIDENT'S SIGNATURE _____

RESIDENT'S PRINTED NAME _____

DATE _____

TENANT / OWNER

THE PRIVATE SIDE OF CROA'S WEBSITE (ACCESSIBLE VIA LOG-IN BY CELEBRATION RESIDENTS ONLY) HAS A RESIDENT DIRECTORY THAT WILL AUTOMATICALLY LIST MY NAME AND MY CELEBRATION PROPERTY ADDRESS. AS PROVIDED FOR IN CHAPTER 720.303, F.S., I AUTHORIZE CROA TO ALSO LIST —

- OPTION 1: MY EMAIL ACCOUNT LISTED ABOVE IN SECTION 1
OPTION 2: (CHOOSE ONE) MY HOME PHONE NUMBER MY CELL PHONE NUMBER LISTED ABOVE IN SECTION 1
OPTION 3: NO ADDITIONAL INFORMATION IS TO BE LISTED

RESIDENT'S SIGNATURE _____

RESIDENT'S PRINTED NAME _____

DATE _____

SECTION 4 (TO BE COMPLETED BY TENANT 2 / OWNER 2)

OWNER ONLY

AS PROVIDED FOR IN CHAPTER 720.306, F.S., I AUTHORIZE CELEBRATION RESIDENTIAL OWNERS ASSOCIATION, INC. (CROA) TO SEND ALL OFFICIAL NOTICES TO ME — (CHOOSE ONE)

- ELECTRONICALLY USING MY EMAIL ACCOUNT LISTED IN SECTION 1
 VIA THE US POSTAL SERVICE

RESIDENT'S SIGNATURE _____

RESIDENT'S PRINTED NAME _____

DATE _____

TENANT / OWNER

THE PRIVATE SIDE OF CROA'S WEBSITE (ACCESSIBLE VIA LOG-IN BY CELEBRATION RESIDENTS ONLY) HAS A RESIDENT DIRECTORY THAT WILL AUTOMATICALLY LIST MY NAME AND MY CELEBRATION PROPERTY ADDRESS. AS PROVIDED FOR IN CHAPTER 720.303, F.S., I AUTHORIZE CROA TO ALSO LIST —

- OPTION 1: MY EMAIL ACCOUNT LISTED ABOVE IN SECTION 1
OPTION 2: (CHOOSE ONE) MY HOME PHONE NUMBER MY CELL PHONE NUMBER LISTED ABOVE IN SECTION 1
OPTION 3: NO ADDITIONAL INFORMATION IS TO BE LISTED

RESIDENT'S SIGNATURE _____

RESIDENT'S PRINTED NAME _____

DATE _____

TOWN HALL, 851 CELEBRATION AVE., CELEBRATION, FL 34747
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