

**Raintree Condominium Association, Inc.**  
**C/o Vista Community Association Management**  
**P.O. Box 162147**  
**Altamonte Springs, Florida 32716**  
**407-682-3443 x228**  
**FAX 407-682-0181**

Dear Homeowners and Rental Agents:

It has been brought to the attention of management and the Board of Directors that some of the units in Raintree Condominium Association are being rented for less than a period of 14 **continuous** days. The Board is currently assembling a committee to look into any suspected units that may be in violation of this. Should the practice continue, the Board will look into legal action and the fining process at \$50.00 per day as a means of enforcement. These charges will be applied to the owner's account. Please be reminded that this is a condominium community, not a hotel facility.

Enclosed you will find the master association's renter information update form. This form must be completed and submitted to the Ventura Country Club Master Association Administration office stating at least a 14 continuous days' stay with dates specified. No parking passes will be issued to another resident for that unit prior to the expiration of that 14 day timeframe.

Should you have any questions or concerns, please contact in writing our community manager, Katie Wilkerson via email at [kwilkerson@vista-cam.com](mailto:kwilkerson@vista-cam.com) or via fax at 407-682-0181.

Sincerely,

The Board of Directors



**Personal Information Update**

As a part of our commitment to your personal security, Ventura Country Club is implementing a new visitor access control program. In doing so, we want to make sure the information we have for you is correct. Thank you for your timely response.

**Renter length of stay ( No less than 14 continuous days PER Raintree Documents CONTACT OWNER IMMEDIATELY!) Duration: \_\_\_\_\_ - \_\_\_\_\_**

**Personal Information**

Full Name: \_\_\_\_\_  
Last First M.I.

Ventura Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Driver' License & Expiration Date: \_\_\_\_\_

Password: \_\_\_\_\_ ( 4 Numbers or If a word 8 Characters limit)  
 Which one should we use as your **primary phone number?** ( Circle One)

Home Mobile Work

**Automatic Gate Passes**

We are also implementing a new gate admission system that will automatically open gates for residents without waiting for security staff. In order to assign passes to all vehicles, please fill out the information below. We will not be able to assign your passes if we do not receive all of the requested information.

The first entry is an example.  
 HOA

DECAL COLOR	MAKE	MODEL	YEAR	COLOR	LICENSE TAG.	TAG EXP.	STATE
Color	Lexus	LS400	2005	Red	ABC123	10/2005	FL
B-1							
B-2							
B-3							
B-4							
B-5							
B-6							

This section is for the administrative staff to enter the barcode number assigned to the vehicles above.

	For HOA Use Only	Collected	Pending
B1	/	B2 /	B3 /

## Other Residents

Please list anyone living with you in the table below. This would include family members as well as anyone not related to you.

First Name	Last Name	Phone Number	Relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____

## Contractors

Please list contractors below. This includes any daily employees as well as scheduled services.

Name (if applicable)	Company	Phone Number	Type
			<input type="checkbox"/> Housekeeper <input type="checkbox"/> Lawn/Pool Service <input type="checkbox"/> Childcare <input type="checkbox"/> Healthcare <input type="checkbox"/> Other
			<input type="checkbox"/> Housekeeper <input type="checkbox"/> Lawn/Pool Service <input type="checkbox"/> Childcare <input type="checkbox"/> Healthcare <input type="checkbox"/> Other
			<input type="checkbox"/> Housekeeper <input type="checkbox"/> Lawn/Pool Service <input type="checkbox"/> Childcare <input type="checkbox"/> Healthcare <input type="checkbox"/> Other
			<input type="checkbox"/> Housekeeper <input type="checkbox"/> Lawn/Pool Service <input type="checkbox"/> Childcare <input type="checkbox"/> Healthcare <input type="checkbox"/> Other

## Visitors

Please list any regular visitors in the table below. This could include family not living with you or friends that should be admitted by security without calling you.

First Name	Last Name

Please complete and return this form to the HOA office at your earliest convenience. If you have any questions or need assistance filling out the form, please stop by the HOA office or call 407-275-7002.

Thank you