

ATTN: MARY JANE

Tequesta Hills COA, Inc.  
c/o Sea Breeze CMS, Inc.  
4227 Northlake Boulevard  
Palm Beach Gardens, FL 33410  
Tel: 561-626-0917 Fax: 561-626-7143  
www.seabreezecms.com

**Update Form 3/2023**

Please complete form and submit to our office. Please be aware that it is your responsibility to contact Sea Breeze with your new phone numbers so we may keep you updated in our system, or if an emergency occurs. If you would like to receive emails with regard to Association business, please note your email address on form.

Association: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Owner Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work#: \_\_\_\_\_

**Property Use (Please mark which applies):**

\_\_\_\_\_ Owner occupied (regular basics) \_\_\_\_\_ Owner occupied (seasonal property)  
\_\_\_\_\_ Rental property (currently occupied) \_\_\_\_\_ Rental property (currently vacant)  
\_\_\_\_\_ Vacant (Expected timeframe): \_\_\_\_\_ Other: \_\_\_\_\_

If unit is occupied by a family member, please state relationship - \_\_\_\_\_

If unit is occupied by someone, other than owner, is rent collected – YES: \_\_\_\_\_ NO: \_\_\_\_\_

Tenants Names: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total number of people occupying unit: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**Residents (List each occupant residing at the property including children. Use separate sheet of paper if needed):**

Name	Age (of child under 18)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Resident(s) Contact Information:**

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

**Pet(s) Information:**

1) Type of pets; (Please circle) Dog Cat Bird Other (specify) \_\_\_\_\_

Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_ Pet Current Weight \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Please provide information from your Veterinarian**

**Vehicle Information:**

Vehicle Owner's Name	Make & Model of Vehicle	License Number	Color	State Registered
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____