

## 2026 LEASING PACKET

### MANAGEMENT CONTACT INFORMATION

#### Gulfstream Towers Association, Inc.

33 South Gulfstream Avenue

Sarasota, FL 34236

Office: (941) 955-7534

Hours: Monday – Friday, 9:00 AM – 2:00 PM

Email: [gulfstreamtowersmanager@gmail.com](mailto:gulfstreamtowersmanager@gmail.com)



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## Overview & Procedures

### BUILDING INFORMATION

- 10 Stories
- 70 Units
- 2 Passenger Elevators
- Built 1960 (Cooperative)
- Converted to Condominium: November 1964
- Laundry room on each floor
- Wireless Internet
- Amenities include:
  - Water
  - Trash & Recycling
  - Property Insurance
  - Bike Room
  - Fitness Center
  - Pool
  - Social Room & Kitchen
  - Security Cameras
  - On-site Management

This packet is compiled in accordance with:

- The Association's Governing Documents
- Florida Condominium Act
- Board-adopted Leasing Policies

# I. LEASING POLICY SUMMARY

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## 1. Rental Limitations

- Maximum **14 units** may be leased at any given time.
  - A unit is considered leased if occupied exclusively by non-owner tenant(s).
  - Owners may lease **once per calendar year**.
  - Lease term:
    - Minimum: 3 consecutive months
    - Maximum: 12 consecutive months
    - Rental timeframe is calculated from lease commencement date.
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## 2. Notice of Intent to Lease

Before executing a lease:

- Owner must submit Notice of Intent to Lease (Form S-A).
  - Board will confirm if rental cap has been reached.
  - If cap is met → Owner is placed on a waiting list.
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## 3. Waiting List Procedures

- Priority based on date Notice of Intent is received.
  - When notified of availability:
    - Owner has **30 days** to submit executed lease.
    - Failure to comply results in moving to bottom of list.
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## 4. Lease Renewals

- No automatic right to re-rent.
- Exception:
  - Renewal of a full 12-month lease to the **same tenant**.
  - Owner must notify Board at lease expiration.
  - No waiting list required in this case.

## II. MOVE-IN / MOVE-OUT PROCEDURES

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### 1. Scheduling

- Must notify Management Office in advance.
- Moving hours:
  - Monday – Friday: 9:00 AM – 2:00 PM
  - No weekends or holidays.
- Elevator pads must be installed prior to moving.

### 2. Fees & Access

- Fobs: \$25 each (non-refundable, paid by tenant).
  - Bike Room & Gym Keys issued at move-in.
  - \$500 Move-In/Out Security Deposit required.
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## III. LEASING REQUIREMENTS CHECKLIST

**Owner is responsible for ensuring all items are completed and submitted prior to lease approval.**

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### A. OWNER REQUIREMENTS

- \_\_\_\_ Form S-A – Notice of Intent to Lease
  - \_\_\_\_ Executed Lease Agreement (including riders)
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### B. TENANT REQUIREMENTS

- \_\_\_\_ Form S-B – Tenant Information Sheet
- \_\_\_\_ Form S-C – Governing Documents Acknowledgement
- \_\_\_\_ Form S-D – Directory Disclosure
- \_\_\_\_ Form S-E – Emergency Contact Information
- \_\_\_\_ Signed Lease Rider
- \_\_\_\_ \$150 Non-Refundable Application Fee
- \_\_\_\_ Background Authorization
- \_\_\_\_ Orientation / Interview with Management
- \_\_\_\_ Fitness Center Liability Waiver
- \_\_\_\_ Parcel Acceptance Waiver
- \_\_\_\_ \$500 Move-In/Out Security Deposit

## V. BUILDING RULES & IMPORTANT POLICIES

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### 1. Pets (Tenants)

- One pet per unit.
  - Maximum weight: **15 lbs.**
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### 2. Parking

- 51 assigned spaces for 70 units.
  - Assigned by Management.
  - Does not convey with unit.
  - Owners may not assign space to others.
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### 3. Bicycles

- Must be stored in Bike Room (Garage Level).
  - Must be Tagged, Name and Unit Number.
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### 4. Plumbing Responsibility

- Pipes servicing one unit → Owner responsibility.
  - Blockage in common stack → Association responsibility.
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### 6. Utilities

- Electricity through FPL is tenant responsibility.
  - Must transfer account upon occupancy.
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### 7. Keys & Mail

- Mailboxes located in lobby.
  - Management does not forward mail.
  - Re-keyed units require office copy of key.
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## VI. WAIVERS REQUIRED

### 1. Parcel Acceptance Waiver

- Association not liable for lost/damaged parcels.
  - Packages are held for 3 days maximum.
  - Unclaimed packages returned to sender.
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### 2. Fitness Center Liability Waiver

- Use at own risk.
- Association not liable for injury.
- Residents & guests only.
- Use during designated hours only.

**FORM S-A (Owner)**

**NOTICE OF INTENTION TO LEASE A CONDOMINIUM UNIT**

To: Gulfstream Towers Association

Date: \_\_\_\_\_

**1. STATEMENT OF INTENTION TO LEASE UNIT**

In accordance with the regulations under the Declaration of Condominium, Articles, and By-Laws and the Rules and Regulations adopted by the Board of Directors of the Gulfstream Towers Condominium Association, I (we) hereby submit this Notice of Intention to Lease the above-described unit to the party or parties (and only those parties) named in Section 2 below, and upon the terms specified in that section. The tender to and receipt by the Association of this Notice and an executed copy of the Tenants contract and the Incoming Owner Information Form shall constitute valid notice to my (our) intention to lease the above unit.

Further, I (we) understand that pursuant to the Florida Condominium Property Act and Fair Housing Act I (we) are responsible for gathering the information needed by persons interested in leasing the unit and therefore agree that I (we) or my (our) agent(s) will be the only person(s) authorized to contact the Management Office for such information.

I (we) understand that by submission of this fully executed notice, I (we) hereby agree to hold harmless the Condominium Association and its Managing Agent, officers, directors, staff, and employees for the release of any information requested by me (us) or my (our) agent(s).

**FORM S-A (Owner)**

I / We, the owner(s) of unit \_\_\_\_\_, affirm my (our) understanding of the agreement with provisions set forth in Section 1 above.

Owner #1:	Owner #2.
Name:	Name:
Signature	Signature
Date:	Date:

**2. SUMMARY OF TERMS OF LEASE**

Name of Tenant(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit. No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Lease Amount: \_\_\_\_\_

I / We, the owner(s) of unit \_\_\_\_\_, certify the information supplied in Section 2.

Owner #1:	Owner #2.
Name:	Name:
Signature	Signature
Date:	Date:

## Lessor(s) Information

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### TENANT #1

Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name and Work Phone Number:

### TENANT #2

Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name and Work Phone Number: \_\_\_\_\_

### Vehicle Description:

Make \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

Describe any pet that will be kept in the unit including approximate weight:

\_\_\_\_\_

Tenant #1:	Tenant #2.
Name:	Name:
Signature	Signature
Date:	Date:

## Lessor(s) Information

### FORM S-C

#### ACKNOWLEDGEMENT OF THE ASSOCIATIONS GOVERNING DOCUMENTS

I am the tenant of unit \_\_\_\_\_. This is to acknowledge I have received, reviewed, understand, and agree to comply with the Gulfstream Towers Association Declaration of Condominium Articles, and Bylaws and Rules and Regulations. Furthermore, should any amendment to such Condominium Instruments take effect at any time during my occupancy, I hereby acknowledge my responsibility to abide by the policies contained therein.

Tenant #1:	Tenant #2:
Name:	Name:
Signature:	Signature:
Date:	Date:

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### FORM S-D

#### DIRECTORY DISCLOSURE

Please verify by checking the box of information you will permit to be listed in the directory:

<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone number
<input type="checkbox"/>	Fax Number	<input type="checkbox"/>	Other

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### FORM S-E

#### EMERGENCY CONTACT INFORMATION

Name		
Address		
Phone		
Cell		
Relationship		

## Lessor(s) Information

### WAIVER FOR ACCEPTANCE OF PARCELS

At your request, the Association will accept and hold parcels for your unit under the following conditions:

- You release Gulfstream Towers Association, Inc., including its agents and employees, from all claims or liability for loss of or damage to any parcel.
- Parcels not picked up within three (3) days, unless prior arrangements are made, will be returned to the sender.
- If this form is not signed, the Association cannot accept parcels for your unit.

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

Tenant #1:	Tenant #2.
Name:	Name:
Signature	Signature
Date:	Date:

### FITNESS CENTER LIABILITY WAIVER

By signing below, I/we acknowledge that use of the Gulfstream Towers Fitness Center and its equipment is at my/our own risk. I/we assume full responsibility for my/our safety and any injury or damage that may result from such use.

I/we understand:

- It is recommended to consult a physician before beginning any exercise program, especially if I/we have not exercised regularly within the past three (3) months.
- The Association, including its officers, agents, and employees, makes no warranties regarding the equipment and is not liable for any injuries or damages arising from its use.
- The Fitness Center is for residents and their guests only and must be used in accordance with the Association's current Rules & Regulations and designated hours.

I/we sign this waiver voluntarily and acknowledge full understanding of its terms.

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

Tenant #1:	Tenant #2.
Name:	Name:
Signature	Signature
Date:	Date: