



SOUTHPORT HOMEOWNERS ASSOCIATION, INC.

8740 Wichita Place

Orlando, FL. 32827

Tel: 407-251-0544 Fax: 407-251-1771

vospropertymanager@gmail.com

southportproperty@att.net

Pool Access Card Application

This form will be utilized to set up your information in the pool gate system. Please fill out all required information and return it to the HOA Office. You may also use this form to report concerns with your access devices.

Homeowner Name: (Last, First): _____

Property Address: _____

Mailing Address:(if different from above): _____

Email Address: _____

Telephone Number: _____

ACCEPTANCE: I agree that I will abide by the posted Pool Rules and Regulations, and I understand that I am responsible for the actions of my guests or tenants using these facilities. I understand that I am liable for any damages caused by myself, my guests or tenants while using the pool facilities. I understand that expenses resulting from such damages may be assessed to my HOA account. I understand that Southport HOA is not responsible for personal property lost or stolen while at the pool. I understand that there is no lifeguard on duty and that swimming is at my own risk. I understand if my dues are not current at any time or in case of any continuing violation of the rules and regulations of the community my card can be deactivated until my account is current and violation(s) resolved.

HOMEOWNERS SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

I understand that my property address will receive one free initial access card. A fee of \$25.00 (money order) will be charged for any extra and/or replacement cards. If the card is lost or stolen, the prior key card will be deactivated.

Bring this form to the address above to request access cards (or replacement) for your community's amenities.

Device #1 (5 digit #) _____

Device #2 (5 digit #) _____

Date Picked Up: _____

HOA Rep Name: _____

Date: _____