

**JUPITER BAY CONDOMINIUM ASSOCIATION, INC.
UNIT ASSIGNMENT OF RESPONSIBILITY**



**THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO:
JUPITER BAY CONDOMINIUM ASSOCIATION
275 PALM AVE APT D-105, JUPITER, FL 33477**

TO BE COMPLETED BY OWNER:

Condominium Unit Number(s): _____

Unit Owner(s):

Owner Signature	Date	Owner Signature	Date
Print Name		Print Name	
Complete Mailing Address	City	State	Zip
Home Phone	Cell Phone	Email Address	

Assignment of the Following Property Management Responsibilities:

- | | |
|--|--|
| <input type="checkbox"/> Unit Rental | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Hurricane Preparedness | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Unit Access & Key Duplication | <input type="checkbox"/> Assessment Payments (Quarterly & Special) |

Note that any item(s) not checked remain the full responsibility of the Unit owner.

Assigning to:

Company Name: _____ Effective Date: _____
 Agent Name: _____ Phone: _____ Email: _____
 Company Address: _____

The Unit Owner signature(s) above must be notarized for the form to be accepted.

State of: _____ County Of: _____
 On the ____ day of _____, 20____, before me, personally appeared _____, who is personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to this form.
 My Commission Expires: _____

 Notary Public

Date Form Received by JBCA: _____

TO BE COMPLETED BY AGENT:

Company Name: _____ Effective Date: _____
 Agent Name: _____ Phone: _____ Email: _____
 Company Address: _____
 24 hour Emergency Contact: _____
 Name & Phone #
 Signature/Authorized Signee & Title: _____