

SARASOTA SANDS OWNERS ASSOCIATION, INC.

2150 BEN FRANKLIN DRIVE – SARASOTA, FL 34236

PHONE (941) 388-2138 – FAX (941) 388-2429

EXCLUSIVE RENTAL AGREEMENT

SARASOTA SANDS OWNERS ASSOCIATION:

You are hereby authorized to act as EXCLUSIVE RENTAL AGENT for the year of _____ under the following terms:

1. SARASOTA SANDS OWNER (hereby called S.S. OWNER) AGREES NOT TO SPACEBANK THE UNIT/WEEK(S) THROUGH R.C.I. OR ANY OTHER EXCHANGE NETWORK WHILE SAID LISTING IS IN EFFECT.
2. S.S.OWNER authorizes SARASOTA SANDSOWNERS ASSOCIATION, INC. (hereby called S.S.O.A.) to execute rental of the property listed below on his/her behalf at the rate and terms established by the SARASOTA SANDS OWNERS ASSOCIATION, INC.
3. S.S. OWNER agrees to pay S.S.O.A. an administration fee of 20% of gross rental on seven (7) day or 25% on rentals less than seven (7) days. I further understand S.S.O.A. may rent my apartment for less than a full week if they are unable to secure a weekly rental. I further understand any additional cleaning costs will be deducted from the rent. In the event of a cancellation within 45 days a 25% administration fee will be charged to the owner when the renter's forfeit their deposit.
4. S.S. OWNER agrees to pay the 3% service charge required by the charge card companies for accepting major credit cards, Visa, Master Card and Discover, if renter pays rental fee with one of these. Credit card processing fees are subject to change without notice.
5. I understand it is not responsibility of S.S.O.A. to notify me of any rental obtained for my listed week(s). All such rentals will be honored by the S.S. OWNER whether or not OWNER has been notified.
6. Agent will process and remit all deposits and rent payments subject to the above conditions within fifteen (15) days of the close of the next calendar month during which said sums are collected and submit on request a complete accounting for receipts and disbursements.
7. In the event S.S. OWNER desires to occupy the property themselves, he/she will first determine from S.S.O.A. that the property is NOT rented nor have any deposits or commitments been made for the rental thereof. I understand that I may secure a renter, but MUST first check with S.S.O.A. to see if the property has already been rented. If I do secure my own renter, no administration fee(s) shall be due to S.S.O.A. A letter is to be forwarded to S.S.O.A. advising name of renter, unit number, week to be used, with a copy for renter to be used for identification at check-in.
8. S.S. OWNER will be wholly responsible for maintenance fee(s), taxes and insurance, plus any damages and/or repair needed due to rental of unit by owner.

SARASOTA SANDS OWNER ACKNOWLEDGES THAT HE/SHE HAS READ THIS AGREEMENT IN ITS ENTIRETY PRIOR TO THE EXECUTION THEREOF AND FURTHER ACKNOWLEDGES THAT HE/SHE UNDERSTANDS THE TERMS AND CONDITIONS OF SAID AGREEMENT AND THAT HE/SHE FULLY AGREES THERE TO:

PLEASE PRINT ALL INFORMATION

Owner(s) Name(s): _____

Address: _____

City State ZipCode

Home Telephone: _____ Cell Telephone: _____

UNIT NUMBER WEEK NUMBER YEAR UNIT NUMBER WEEK NUMBER YEAR

**** The request for Taxpayer ID # (W9 or W8) MUST be on file in order for the Association to accept this agreement.**

Owner(s) Signature(s): _____ Date: _____

REMEMBER, NO PETS ALLOWED. RETURN ORIGINAL TO THE ABOVE ADDRESS. KEEP THE COPY FOR YOUR FILES.

Renter's Cancellation Policy

** To cancel your rental reservation without monetary penalty, you must notify Sarasota Sands at least **forty five (45) days** prior to your arrival date in writing. If you **DO NOT** notify Sarasota Sands to cancel your rental reservation **forty five (45) days** prior to your arrival date, you will forfeit the full deposit amount of the rental.

One of the two (2) following criteria **MUST** be met, in order for Sarasota Sands to consider a deposit refund if the reservation is cancel within forty five (45) days within arrival date.

1. Your **MAJOR** illness or that of an immediate family member.
2. Death in the immediate family.

All renters seeking deposit refund must submit written verification and supporting documentation of the situation to Sarasota Sands **NO** later than **seven (7) days** after the reservation arrival date. Documentation of medical cancellation **MUST** have the original signature of the medical practitioner. Stamped signatures will **NOT** be accepted.

Note: Mother Nature's disasters are not predictable, and rental refunds will **NOT** be considered under these circumstances.

Revised 09/01/2014

Visit us at www.sarasotasandsresort.com