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**HALF MOON BAY CONDOMINIUM ASSOCIATION, INC.
HOMEOWNER CONTACT INFORMATION**

Homeowner Name(s): _____

Homeowner Name(s): _____

Association Property Address: _____ Unit No.: _____

Mailing Address (if different than Association Property Address):

Street Address: _____ Unit No.: _____

City: _____ State: _____ Zip: _____

Email Address(es): _____ / _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

LEASE INFORMATION: Is the home Leased: _____ Yes _____ No

(If yes, please provide the tenant information below and attach a copy of the current lease agreement)

Tenant Name: _____ Tenant Name: _____

Additional Occupants: _____

Lease Start Date: _____ Lease End Date: _____

Tenant Phone: _____ Tenant Phone: _____

Tenant Email: _____ Tenant Email: _____

This Information form may be submitted via mail, hand delivery or fax to the address/fax number indicated above or emailed to residentservices@grsmgt.com.

For your convenience and access to your account information, please register on the GRS Website at www.grsmgt.com. From the website's main page, please select 'Residents' then 'Homeowner Login' click on 'Register' and follow the prompts.

We appreciate your attention, assistance, and cooperation.