

Lakes of Windermere Community Association  
6972 Lake Gloria Blvd  
Orlando, Florida 32809-3200

## Pool Access Card Application

Fax, mail to address above or email to gates@lelandmanagement.com to request access cards for Lakes of Windermere pool.  
Please allow 5-10 business days to receive card(s). Only 1 access card can be activated for each household.

**OWNERS ARE RESPONSIBLE FOR SECURING A KEY FOR TENANTS. KEYS WILL NOT BE MAILED DIRECTLY TO A TENANT WITHOUT A COPY OF THE LEASE.**

Homeowner Information: (Please print clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Windermere, FL 34786

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone 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 my property address will receive one free initial access card. A fee of \$5.00 will be charged for the first replacement access card and \$25.00 for each replacement access card needed thereafter. I understand that Lakes of Windermere is not responsible for personal property lost or stolen while at the pool. I understand that there is no life guard on duty and that swimming is at my own risk. I understand if my dues are not current at any time my card will be de-activated until my account is current.

HOMEOWNERS SIGNATURE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAIL THIS FORM TO THE ADDRESS ABOVE**  
**Official Office Use**

Card Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_