

Holiday Park, Park & Recreation District  
5401 Holiday Park Blvd.  
North Port, FL 34287

Revised 11/12/98 Revised 10/17/13  
Revised 2/12/09 Revised 12/2/13  
Revised 3/17/11 Revised 9/28/15  
Revised 04/04/12 Revised 10/29/15  
Revised 03/10/23

HOLIDAY PARK, PARK AND RECREATION DISTRICT  
APPLICATION FOR RENTAL or NON-OWNER

A \$50.00 Non-Refundable Application Fee is due when form is submitted to office

Season 20\_\_ / 20\_\_

Re-Certification Season 20\_\_ / 20\_\_

Re-Certification Season 20\_\_ / 20\_\_

Re-Certification Season 20\_\_ / 20\_\_

Re-Certification Season 20\_\_ / 20\_\_

6466 KEENA CT

Property Address

THE UNDERSIGNED HEREBY SUBMITS THIS APPLICATION TO THE BOARD OF TRUSTEES TO OCCUPY A UNIT IN HOLIDAY PARK, PARK AND RECREATION DISTRICT.

Name(s) of Applicant(s): (Please print clearly)

1<sup>st</sup> Applicant OATMAN GERALD L 10-29-50  
LAST NAME FIRST NAME INT. DOB

2<sup>nd</sup> Applicant \_\_\_\_\_  
LAST NAME FIRST NAME INT. DOB

PLEASE NOTE: Each applicant shall attach to this application a photocopy of a bona fide personal identification including name, birth date, and (if practicable) a portrait photograph. Acceptable forms of identification include driver's license, passport, or other Government issued identification.

APPLICANT'S PERSONAL HISTORY:

1. Home Address: 232 HAWK GREEN VALLEY ILL 601534  
(Street) (City) (State) (Zip Code)

2.  Current Home Telephone Number: (309) 267-3723

3.  Cell Phone Number: (309) 267-3723

4. Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Please check the telephone number above to be used for the front gate directory code.

Applicant's Initials GLO Initials \_\_\_\_\_

PET SECTIONS:

\*There are rules and regulations regarding the keeping of pets. Pet Section questions must be completely filled out or the application will be returned to the applicant. The pet Sections are:

Lots 1 through 120, both inclusive; Lots 202 through 221, both inclusive, and Lots 252 through 276, both inclusive, in Block 1.

Lots 1 through 67, both inclusive; Lots 144 through 257, both inclusive; and Lots 277 through 540, both inclusive, in Block 2.

3. \*In Pet Section? (Please check Yes or No) Yes No

\*Does Proposed Occupant Own a Pet? Yes No

YORKY - CHI <sup>Yes</sup> HUA HUA - SHIT <sup>No</sup> BB 8 LB

\*If Yes, What Breed? MORKIE - POM Height 9 Weight 8

NOTE: If at any time your pet exceeds the size limit of twenty inches in height (20") or thirty pounds in weight (30lbs.) he/she may be subject to removal from Holiday Park.

DETAILS OF PROPERTY OWNER:

A. Name of Owner: DEE MASSEY

B. Signature of Owner: Dee Massey

Owners who are renting their property must notify the office by mail, fax, or email of when the tenant will be staying in Holiday Park.

Rental Tax for Rental property: Rentals for six(6) months or less are subject to specific taxes. A tourist development tax payable to Sarasota County and a sales tax payable to the Florida Department of Revenue. "For further information you may contact Sarasota Tax Collector or go to [http://www.sarasotataxcollector.com/tourist\\_pages/tdt\\_home.htm](http://www.sarasotataxcollector.com/tourist_pages/tdt_home.htm)

Applicant's Initials DM Initials \_\_\_\_\_

INFORMATION CONCERNING INTENDED OCCUPANCY:

4. (Including owner/s) will anyone other than the person(s) listed on this application be occupying the dwelling unit?

Please check Yes or No: Yes \_\_\_\_\_ No X

(Including owner/s) If Yes, Provide Name, Age(s) and Relationship to you.

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

NOTE: Generally, occupancy is limited to TWO (2) PERSONS, one of whom must be 55 years of age or older and the other of whom must be 45 years of age or older. Holiday Park, Park and Recreation District is "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988. A proposed occupant who does not meet the foregoing criteria must be a bona fide caregiver, who must be separately approved by the Board of Trustees. A guest whose stay shall not exceed thirty (30) days in any twelve (12) month period shall not be counted as an "occupant".

5. Anticipated Length of Stay: [ ] 3 months [ ] 6 months [ ] 9 months [ ] Full time [ ] Other \_\_\_\_\_ (One month minimum) 4 months

From: DEC to: APRIL From: \_\_\_\_\_ to: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_

APPLICANT'S INFORMATION IN CASE OF EMERGENCY:

6. Contact Person in Case of Emergency: (Other than co-applicant)

Name: DEE MASSEY  
Relationship: WIFE  
Address: 6406 KEENA CT  
Telephone: \_\_\_\_\_

Applicant's Initials D m Initials \_\_\_\_\_

ADDITIONAL INFORMATION:



Under 55 Disclosure

I understand Holiday Park Park and Recreation District is a community intended and operated as "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988, 2 U.S.C. Sections 3601, et seq.

I understand occupancy of a dwelling unit on a lot shall not be permitted unless at least one person in such dwelling unit shall be fifty-five (55) years of age or older; provided however, all other occupants (excluding "under age guests" as defined below) of the dwelling unit must be at least forty-five (45) years of age.

An "under age guest" of a lot owner or an authorized lot renter shall, without restriction due to age or familial status, be permitted to stay in a lot owner/renter's dwelling unit provided such stay does not exceed a total of thirty (30) days in any twelve (12) month period.

By signing below I agree to all of the conditions stated above:

David L Oatman Date: 12-18-24

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Initials OLO Initials \_\_\_\_\_

HOLIDAY PARK, PARK & RECREATIONS DISTRICT  
5401 Holiday Park Blvd.  
North Port, FL 34287

AGE VERIFICATION STATEMENT

As required by Federal Law, this community is a 55 and over community and is intended to provide housing for older persons in accordance with the Housing for Older Person Act. Part of that Act requires housing providers to verify the ages of resident who live in the community.

Name of 1<sup>st</sup> Applicant Jerry Oatman

Name of 2<sup>nd</sup> Applicant \_\_\_\_\_

Check the method of Age Verification Provided:

1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

Date of Birth 10-29-50

Date of Birth \_\_\_\_\_

Driver's License

\_\_\_\_\_ Driver's License

\_\_\_\_\_ Passport

\_\_\_\_\_ Passport

\_\_\_\_\_ State Identification

\_\_\_\_\_ State Identification

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Birth Certificate

Signature of 1<sup>st</sup> Applicant Jerry L Oatman Date 12-20-24

Signature of 2<sup>nd</sup> Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Initials JLO Initials \_\_\_\_\_

APPLICANT(S) HEREBY ACKNOWLEDGE THAT ALL FAMILY, GUESTS AND OTHER INVITEES, SHALL BE HELD RESPONSIBLE FOR COMPLIANCE WITH ALL OF THE RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, RESTRICTIONS CONCERNING THE USE OF A DWELLING UNIT AS A SINGLE FAMILY RESIDENCE BY NOT MORE THAN TWO PERSONS

(WITHOUT SPECIAL PERMISSION OF THE BOARD OF TRUSTEES), AND RESTRICTIONS CONCERNING THE AGES OF OCCUPANTS.

THE UNDERSIGNED ACKNOWLEDGES THAT THE APPROVAL OF THE BOARD OF TRUSTEES WITH RESPECT TO THE APPLICANT'S PROPOSED OCCUPANCY OF PROPERTY IN HOLIDAY PARK IS CONDITIONED UPON THE UNDERSIGNED'S AGREEMENT TO ABIDE BY AND COMPLY WITH THE ABOVE-DESCRIBED RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS AS PRESENTLY CONSTITUTED AND AS THE SAME MAY BE HEREAFTER AMENDED FROM TIME TO TIME.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARED, SWEARS AND AFFIRMS THAT THE UNDERSIGNED HAS EXAMINED THE FOREGOING APPLICATION, AND TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE(S) NEEDS TO BE WITNESSED/NOTARIZED BELOW:

Gerald L. Oatman  
Signature of Applicant

Date: 12-20-24

\_\_\_\_\_  
Signature of Co-applicant

Date: \_\_\_\_\_

Picky Oatman  
Witness's Signature

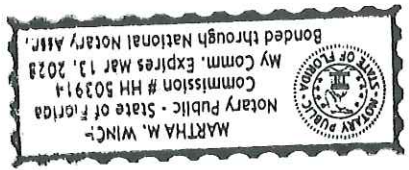
STATE OF Florida

COUNTY OF Sarasota

The foregoing Certificate was acknowledged before me this 20 day of December, 2024, by \_\_\_\_\_, who

(Notary choose one) [ ] is/are personally known to me, or [X] has produced FL DL identification.

Martha M. Winick  
Signature of Notary Public



Martha M. Winick

Print name of Notary Public, affix seal and state Notary's commission number and expiration date

\_\_\_\_\_  
Signature of Owner

Date: \_\_\_\_\_

FOR USE BY THE BOARD OF TRUSTEES

\_\_\_\_\_  
REVIEWED APPLICATION FOR ACCURACY AND COMPLETENESS.

COMMENTS:

---

---

REVIEWING TRUSTEES:

Board Approval

\_\_\_\_\_  
Signature Date

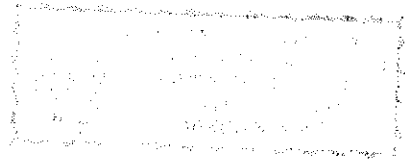
Yes [ ] No [ ]

\_\_\_\_\_  
Signature Date

Yes [ ] No [ ]

\_\_\_\_\_  
Signature Date

Yes [ ] No [ ]





ILLINOIS

Alert! Giannoulis - Secretary of State  
DRIVER'S LICENSE



4d LIC NO: 0355-2925-0308  
 5 DOB: 10/29/1950  
 4b EXP: 10/29/2028  
 1 DATMAN  
 2 GERALD L  
 3 202 HAWK DR  
 4 GREEN VALLEY, IL 61534  
 9 CL ASS: D 04 END: NONE  
 12 RESTR: B  
 7b SEX: M 16 HGT: 5-10"  
 17 WGT: 235 lbs 18 EYES: HZL  
 5 DO 08132024390DC2073  
 4d ISS: 08/13/2024  
 TYPE: DRG

and r of

