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**LELY RESORT MASTER ASSOCIATION
SUB-ASSOCIATION INFORMATION REQUEST**

In an effort to ensure master association records are current and valid, please take a moment to fill out and submit this form.

Sub-Association Name: _____

Management Company Name: _____

Primary Contact for Sub-Association: _____

Phone Number(s): _____

Billing Address: _____

In order to improve efficiencies and cut the ongoing costs of running your association, we prefer to communicate with you via email.

Florida Statutes mandates that we can only do this if you have given us your authority to do so. Accordingly, we ask that you complete the form below and return to our office via one of the following methods:

- Email to kbyrne@vestapropertyservices.com
- Fax to (239) 919-3178
- Regular mail to the address in the header of this letter

Please PRINT your name, email, and sub-association name clearly below:

NAME: _____

EMAIL ADDRESS: _____

BOARD MEMBER EMAIL ADDRESS (OPTIONAL): _____

SUB-ASSOCIATION NAME: _____

I hereby authorize Vesta Property Services to communicate with me, as owner or authorized agent of a Vesta managed property, at the above email address for the purposes including, but not limited to, billing, reminders, meeting information, and information relevant to my ownership within the association. Vesta Property Services will not pass on my email address to any third party without my express and written permission. I will make every effort to update Vesta Property Services, in writing, of any changes to my email address and will hold it harmless for any errors resulting in my failure to do so.

Please indicate by signing below if you consent to receiving email notifications for general mailings, letters, notices and invoices:

Signature: _____