OWNER INFORMATION

PROPERTY (ASSOCIATI	on) Name:	
PROPERTY ADDRESS:		
- ALTERNATE ADDRESS:		
- PHONE # 1:	Phon	JE #2:
- PRIMARY EMAIL ADD	RESS:	
- EMERGENCY CONTACT	: Please list below one primary	emergency contact for your Property
Name:		PHONE #:
EMAIL ADDRES	s:	
Pos Service for mee billing invoices, undersigned de EM. of the Board of statements and The undersigne receive electron receive electron Association.	et choose both. ETAL SERVICE. The undersigned her stings of the Board of Directors, Con and statements and other official disignates as the official mailing addition. Property Address AIL. The undersigned hereby conservations, Committees, and Annual other official communications will distinct the understands that mailed/papernic notice of meetings and other conic notice (as detailed above), yether official communications will distinct the control of	Alternate Address Int(s) in writing to receiving notice by electronic transmission for meeting all and Special Meetings of the Members. Additionally, billing invoices, and the provided electronically to the primary email address provided above notice may not be provided unless the undersigned rescinds consent to a summary email address detailed above. Please be aware that if you consent to our e-mail address designated herein will be an official record of the
Signatures. All Owne	rs Please Print Name and Sign B	elow:
Sign Name:		Sign Name:
Print Name:		Print Name:
PLEASE RETUR	To: Resort Management	

resort@resortgroupinc.com 2685 Horseshoe Drive S. #215 Naples, FL 34104