

OWNER REGISTRATION

Community: _____

Property Address:

Owner's Name:

Mailing Address: _____

(If different from above)

Home Phone: _____

Cell #: _____

Number and Type of Pets: _____

Email Information

Email address: _____

(Your email address will not be shared and will be used only for Association purposes such as community related information)

Do you agree to receive official notices by email? ☐ YES ☐ NO Signed: _____

****Note that agreeing to receive your official notices by email allows the Association to send board meeting notifications, and other official information by email in lieu of postal mail. Your email address will not be shared with outside parties. ****

Rental Information

This section must be completed if you rent your property

Property Manager Name: _____

Phone: _____

Email: _____

Tenant Name(s): _____

Home Phone: _____ Cell #: _____

Email Address: _____

Form must be returned to: Elite Pro Association Management

Mail to: 3780 Highway 90, Pace, FL 32503

Email: HOA@eliteproflorida.com