TAMARYND PLACE OWNER INFORMATION

- PROPERTY NAME! TAMA	RYND PLACE	
- PROPERTY ADDRESS:		
-ALTERNATE ADDRESS:		
-PHONE#1:	PHONE#2:	
-PRIMARY EMAIL ADDRES	SS:	
-EMERGENCY CONTACT: F	Please list below one primary emergency contact for y	your property
NAME:		PHONE#:
EMAIL ADDRESS:		
-NOTIFICATION PREFEREN the Association. Do not	ICE: Please choose either <u>Postal Service</u> or <u>Emai</u> l as a choose both.	delivery method for official notices from
Service for mee Additionally, bill	STAL SERVICE. The undersigned hereby consent(s) in writing etings of the Board of Directors, Committees, and Annual aring invoices, and statements and other official communicated dersigned designates as the official mailing address: Property Address OR Alternative Address OR	nd Special Meetings of the Members.
meetings of the invoices, and st provided above	AIL. The undersigned hereby consent(s) in writing to report Board of Directors, Committees, and Annual and Special statements and other official communications will be proving. The undersigned understands that mailed/paper notice to receive electronic notice of meetings and other communications.	al Meetings of the Members. Additionally, billing ded electronically to the primary email address e may not be provided unless the undersigned
	o receive electronic notice (as detailed above), your email a	
SIGNATURES. All Owners	Please Print Name and Sign Below:	
Sign Name:	Sign Name:	
Print Name:	Print Name:	:

PLEASE RETURN To: Resort Management, resort@resortgroupinc.com

2685 Horseshoe Drive S. #215

Naples, FL 34104 Fax: (239) 403-1061