

Golf Vista Condominium Association, Inc.

Owner Information Form

c/o Argus Management of Venice, Inc.
1062 East Venice Avenue, Venice, FL 34285
Office: (941) 408-7413 ~ Fax: (941) 408-7419

www.argusvenice.com

Please complete the form below in its entirety for our records to ensure that we are able to contact you if there is an emergency and also to ensure the accuracy of our records. This information is utilized **ONLY** for association business and is **never sold or shared**.

> **Please be advised Argus Management recognizes only one mailing address for all correspondence <**
THANK YOU!

UNIT ADDRESS: _____

OWNER(S): _____

LOCAL PHONE #: _____

CELL PHONE #: 1. _____ 2. _____

ADDITIONAL PHONE #: 1. _____ 2. _____

MAILING ADDRESS: _____

MAIN EMAIL: _____ ADDITIONAL EMAIL: _____

NON-OWNER EMERGENCY CONTACT NAME & PHONE #: _____

USING HOME FOR: (PLEASE CHECK BELOW WHICH ONE APPLIES, IF OTHER APPLIES INDICATE USAGE)

PRIMARY RESIDENCE: _____ RENTAL: _____ SECOND HOME: _____ OTHER: _____

I HEREBY AUTHORIZE THE ASSOCIATION AND THEIR MANAGING AGENT TO ELECTRONICALLY TRANSMIT STATUTORILY PERMITTED NOTICES IF APPLICABLE BY THE DECLARATION OF CONDOMINIUM, BYLAWS OR ARTICLES OF INCORPORATION

YES _____ NO _____

SECTION 718.111(12)(C)3.E., FLORIDA STATUTES, ALLOWS THE ASSOCIATION TO PRINT AND DISTRIBUTE AN OWNER DIRECTORY CONTAINING NAME, PROPERTY ADDRESS, AND ALL TELEPHONE NUMBERS OF THE OWNERS UNLESS THE OWNER CHOOSES TO EXCLUDE THE TELEPHONE NUMBERS IN WRITING TO THE ASSOCIATION. PLEASE INDICATE IF YOU WOULD LIKE TO EXCLUDE YOUR TELEPHONE NUMBERS OR INCLUDE ADDITIONAL INFORMATION SUCH AS EMAIL ADDRESS

EXCLUDE MY INFORMATION _____ INCLUDE ONLY STATUTE PERMITTED _____ INCLUDE ADDITIONAL INFORMATION _____
(Except name & parcel address) (Name, parcel address & all phone numbers) (All statute permitted + email address)

Signature

Date