Nokomis Bayshore Condominium Association, Inc.

Owner Information Form

Managed By: Argus Management of Venice, Inc. 1062 Venice Avenue East, 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:			
			L:
NON-OWNER EMERGENCY CONTA	CT NAME & PHONE #:		
USING HOME FO	OR: (PLEASE CHECK BELO	W WHICH ONE APPLIES, IF O	OTHER APPLIES INDICATE USAGE)
PRIMARY RESIDENCE:	RENTAL:	_ SECOND HOME:	OTHER:
		TION OF CONDOMINIUM	ELECTRONICALLY TRANSMIT STATUTORILY M, BYLAWS OR ARTICLES OF INCORPORATION
	YES	NO	
CONTAINING NAME, PROPERTY ADD	RESS, AND ALL TELEPHO ING TO THE ASSOCIATIO	NE NUMBERS OF THE OW N. PLEASE INDICATE IF T	RINT AND DISTRIBUTE AN OWNER DIRECTORY YNERS UNLESS THE OWNER CHOOSES TO EXCLUDE YOU WOULD LIKE TO EXCLUDE YOUR TELEPHONE
EXCLUDE MY INFORMATION(Except name & parcel address)		TUTE PERMITTEDs & all phone numbers)	INCLUDE ADDITIONAL INFORMATION(All statute permitted + email address)
Signature		Date	

REVISED: 11.2021