

STONEYBROOK VILLAS I HOMEOWNERS ASSOCIATION, INC.
2010 RESIDENT CONTACT INFORMATION FORM

PLEASE PRINT

Last Name: _____ First Name(s): _____

Address: _____, Fort Myers, FL 33913

Phone: () _____ Fax: () _____ Cell: () _____

E-mail Address: _____ Date of Purchase: _____

Please Check Appropriate Box:

Permanent Residence Part-Time Residence. Dates Occupied: _____

Other Address: _____

Phone: () _____ Fax: () _____ Cell: () _____

I Allow My Property To Be Leased. Leasing Agency: _____

Leasing Agency Contact Info: _____

Additional Contact Information (Other Numbers, Second E-Mail Address, etc...):

If you are a part-time resident, please identify your local contact person.

EMERGENCY CONTACT INFORMATION (Person to contact if you are not at residence and entry is needed)

Name: _____

Phone: () _____ Fax: () _____ Cell: () _____

The above mentioned person has been given an entry key to my residence and has been given permission to allow access into my home in case of an emergency.

I authorize the association to use electronic transfer (email) as an acceptable method of notifying me of all Annual Meetings of the Membership, Board of Directors Meetings, and any other such association business requiring notice to its members.

I understand that it is my responsibility to contact TROPICAL ISLES MANAGEMENT to change my address of record, which is where correspondence will be sent to, throughout the year.

Signature

Date

Please return completed form to: Tropical Isles Management 12734 Kenwood Ln., Suite 49 Ft. Myers, FL 33907