



Association Management

PORT ST. LUCIE MEDICAL PLAZA ASSOCIATION, INC.

AUTHORIZATION AND CONSENT FOR NOTICE BY ELECTRONIC TRANSMISSION

Owner name: _____

Property/Unit Address: _____

Home Phone #: _____ Cell #: _____

The Association may provide notice by electronic transmission in a manner authorized by law for meetings of the Board of Directors, Committee Meetings requiring notice under this section, and Annual and Special Meetings of the Members to any Member who has provided a facsimile number or e-mail address to the Association to be used for such purposes; however, a Member must consent in writing to receiving Notice by electronic transmission.

By signing below, I/we hereby provide our written consent to Watson Association Management to provide Notice of Board, Membership and Committee Meetings, and other such Notices as allowed by Florida Statute, to us by electronic transmission in lieu of other forms of Notice, consistent with the requirements of §718.112(1)b(d)6 and §720.303(2)(c)(1), Fla. Stat., at the email address(es) listed below.

All Owners of Record must sign below:

Owner #1:

Email Address: _____
(PRINT CLEARLY)

Signature: _____

Print Name: _____

Owner #2

Email Address: _____
(PRINT CLEARLY)

Signature: _____

Print Name: _____

Please return this form to customersupport@watsonrealtycorp.com

The above written consent is effective until revoked in writing.