

Tropical Shoppes at Bayshore Condominium Association

C/O Watson Association Management, LLC 430 NW Lake Whitney Place Port St. Lucie, FL 34986

OWNER INFORMATION SHEET

In order to keep our records updated we are asking that you provide us with the current information.

OWNE	R(S) NAME:		
PROPE	ERTY ADDRESS:		
TENA	NT NAME (if any):		
Lease	start date:	Lease end date:	
AWAY	ADDRESS:		
CURRI	ENT MAILING ADDRE	SS: □ PROPERTY ADDRESS □ AWAY ADDRESS	
LOCAI	L PHONE NUMBER:	AWAY PHONE NUMBER:	
either calling	us at 772-871-0004 sociationmanagement.com	all times please <u>let us know</u> when you want us to change your mailing address or by going to the Watson Association Management web site n click on "Our Properties", then "Tropical Shoppes at Bayshore, click	at
signing, and ret Association, Indactions taken by	urning this form, you are c. and Watson Association y the Board at those mee	EMAIL AUTHORIZATION e law to send mass emails to owners without their written consent. By completi authorizing the Board of Directors of Tropical Shoppes at Bayshore Condominion Management to send you information of the association meetings; reports tings, violations, updates and/or special information. Your email address will plisted in the previous sentence.	um on
	ep you better informed a es at Bayshore Condomii	bout the developments and issues regarding your investment as an owner in hium Association, Inc.	the
<u>Yes</u> □		hoppes at Bayshore Condominium Association, Inc. and Watson Association appropriate meeting notices, agendas, reports, violation letters and ot (PRINT CLEARLY)	
	Signature(s):		
	Print Your Name(s):		
<u>No</u> □	I do not want to receive Pinnacle Association M	e emails from Tropical Shoppes at Bayshore Condominium Association, Inc. anagement.	and