

C/O Watson Association Management

430 NW Lake Whitney Place Port St. Lucie, FL 34986.

	C	WNER INFORMATION SHEET	
		odated we are asking that you provide us with the current information.	
	OWNER(S) NAME:		
	PROPERTY ADDRESS:		
	TENANT NAME (if any): _		
	Lease start date:	Lease end date:	
	AWAY ADDRESS:		
	CURRENT MAILING ADDRE	SS: □ PROPERTY ADDRESS □ AWAY ADDRESS	
	LOCAL PHONE NUMBER: _	AWAY PHONE NUMBER:	
either c	alling us at 772-871-0004 or by	all times please <u>let us know</u> when you want us to change your mailing address by going to the Watson Association Management web site at <u>m</u> click on "Properties", then "Island Walk" click on "Forward My Mail"	
comple Associa those m	ting, signing, and returning this fation Management to send you in	EMAIL AUTHORIZATION  The law to send mass emails to owners without their written consent. By form, you are authorizing the Board of Directors of Island Walk and Watson formation of the association meetings; reports on actions taken by the Board at for special information. Your email address will <u>not</u> be used for any other purpose excepts.	
We was	* *	out the developments and issues regarding your investment as an owner in the	
Yes I authorize Island Walk and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.			
	Email Address:		
		(PRINT CLEARLY)	
	Signature(s):		
	Print Your Name(s):		

I do not want to receive emails from Island Walk / Watson Association Management.