

BERMUDA CAYS CONDOMINIUM ASSOCIATION

2022 CONTACT INFORMATION REQUEST

Unit Address: _____

Owner Name: _____

Official Mailing Address (where you want your assessment invoices to be mailed):

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary/Cell Phone _____

Secondary Mailing Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: If you want to change your Official Mailing Address, please send us written notification by email or regular mail, no more than 10 days in advance of the date that you want your address to be changed.

Email Address: _____ Email Address: _____

NOTE: If we do not have your email address, you may not receive notices, meeting notices, newsletters, and other correspondence unless required to be sent by regular mail.

____ Yes, I agree to receive Association correspondence and agree to be on the email distribution list as well as have my information shared in the Owner Directory/Bermuda Cays website.

____ Yes, I agree to receive Association correspondence and agree to be on the email distribution list but do **not** want my information shared in the Owner Directory/Bermuda Cays website.

____ No, I do not want Association email correspondence nor do I want my information shared in the Owner Directory/Bermuda Cays website.

EMERGENCY CONTACT INFORMATION MUST BE PROVIDED TO THE ASSOCIATION FOR THE PROTECTION OF ALL OWNERS.

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Return completed form to:

Ability Management, 6736 Lone Oak Blvd., Naples, FL 34109-6834 (239-591-4200)