

ATLANTIC GARDENS OWNERS ASSOCIATION, INC.

The following information is necessary to contact you in the event of an emergency and to better serve you with meeting notices and correspondence. This information will only be used by the Board of Directors and the contracted Association Management Company. We appreciate your cooperation to help us update your file with the below requested information:

PLEASE PRINT CLEARLY:

Name _____ Phone # _____
Name _____ Phone # _____
Property Address _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____
Email _____
Email _____
Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____
Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____
Emergency Contact Name _____ Phone # _____

ELECTRONIC TRANSMISSION (EMAIL) COMMUNICATION:

Pursuant to Florida Statute Section 718.111(12)(a)7, unit owners must consent in writing to receive electronic transmission (email) from the Atlantic Gardens Owners Association. – This form will remain valid until the association management office receives a new form. All owners must sign and date this section.

_____ **I/We give** permission for Atlantic Gardens Owners Association to provide all notices, including but not limited to meeting notices, assessment invoices, enforcement notices, late notices, and any other notices furnished by the condominium whether or not pursuant to the Condominium Act or applicable law received via email.

_____ **I/We DO NOT give** permission to receive notices via email.

Permission to publish contact info in Association Directory: _____ Yes _____ No

Owner Signature _____ Owner Signature _____
Date _____ Date _____

TENANT INFORMATION: (Copy of lease required per Association Docs)

Term of Lease: From _____ To _____ Adults _____ Children _____
Name _____ Phone # _____
Name _____ Phone # _____
Email _____ Email _____
Emergency Contact Name _____ Phone # _____
Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____
Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____

Tenant(s) received and signed for a copy of the General Rules Yes (initial) _____

Please complete this form and mail, fax, or email to:
Atlantic Gardens Association
c/o Showcase Property Management
101 S Courtenay Parkway Merritt Island, FL 32952
Fax: 321-868-1090 or Email: scshowcam@gmail.com

If you have any questions, please call Kristy McDonald,
Association Manager at 321-328-3022 or via
email at: kristy.showcase@gmail.com