

LEMAR ESTATES TOWNHOME ASSOCIATION

OWNER REGISTRATION FORM

SECTION 1: UNIT ADDRESS AND NUMBER

Unit Address: _____ Unit Number: _____

SECTION 2: OWNER INFORMATION

Full Legal Name: _____ Preferred Name: _____

Phone: _____ Email Address: _____

Full Legal Name: _____ Preferred Name: _____

Phone: _____ Email Address: _____

SECTION 3: CORRESPONDENCE

(Complete only if you desire to have mail from us delivered to a different address.)

Address: _____ City: _____ State: ____ Zip: _____

SECTION 4: SECURED PARTY

(See Instructions.)

Financial Institution: _____

Address: _____ City: _____ State: ____ Zip: _____

SECTION 5: VOTING REPRESENTATIVE

Name: _____

DECLARATION

I hereby declare that the information provided here is true and correct. I understand that I am obligated to complete an update registration whenever any of this information changes.

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____