

**Association Name: Residence I at Naples Bay Resort Condo**

**NOTE: If your mail is to be sent to different locations during the year, please call or fax our office.**  
**Our system is not set up to do this automatically. Call (239) 330-7533!**

**OWNER (1) NAME:** \_\_\_\_\_ **OWNER (2) NAME:** \_\_\_\_\_

**PLEASE CHECK ONE:** \_\_\_\_\_ **Year Round Resident** \_\_\_\_\_ **Seasonal Resident**

**LOCAL CONTACT INFORMATION**

**Unit Number:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**Owner (1) Cell No.:** \_\_\_\_\_ **Owner (2) Cell No.:** \_\_\_\_\_

**E-Mail (1):** \_\_\_\_\_ **E-Mail (2):** \_\_\_\_\_

**ALTERNATE (Away) CONTACT INFORMATION**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**EMERGENCY INFORMATION**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TENANT INFORMATION (IF A/P) \*\*\* Please Include a Copy of Lease with this form**

**Tenant Name:** \_\_\_\_\_ **Lease Date:** \_\_\_\_\_ **to** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_

**Tenant (1) Mobile:** \_\_\_\_\_ **Tenant (2) Mobile:** \_\_\_\_\_

**E-Mail Address (1):** \_\_\_\_\_ **E-Mail Address (2):** \_\_\_\_\_

**APPROVAL TO USE ELECTRONIC METHODS FOR NOTIFICATIONS AND INFORMATION**

*I/We hereby give approval to ADG4 of Naples, LLC to use electronic means (emails provided above), written means, or hand delivery methods for any notice authorized or required to be given to myself or my representative under the provisions of my Association Covenants or State Laws of Florida until revoked by written request.*

**OWNER (1) SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OWNER (2) SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_