

_____ (“Association”)

WRITTEN NOTICE OF ELECTION TO RECEIVE NOTICE OF MEETINGS IN ACCORDANCE WITH THE
FLORIDA CONDOMINIUM ACT, 718.101, ET. SEQ.

I/We, the undersigned unit owner(s), do(es) hereby elect to receive communication as indicated below.

If you elect the Full Opt-In you will receive all communications via electronic transmission (e-mail) including but not limited to meeting notices, and all other communications from the Association, i.e. general mailings, letters, notices, bills and statements and you authorize the Association to maintain the e-mail address designated for receiving meeting notices, and all other communications from the Association, sent by e-mail.

If you elect Full Opt-Out you will continue to receive all communications by U.S. mail.

Please complete a "√" in the appropriate section below to indicate your selection:

☐ **Full opt-in (all communications sent via e-mail)**

If electing “Full Opt-In”, you **MUST** provide only one e-mail address per unit:

E-Mail address: _____

☐ **Full opt-out (no communications sent via e-mail)**

WRITTEN NOTICE OF CONSENT TO DISCLOSURE OF PROTECTED INFORMATION

☐ I/We, the undersigned unit owner(s), do(es) hereby authorize the Association to maintain as part of my official records, which are open to inspection by any Association member, or the authorized representative of such member, e-mail addresses, telephone numbers, emergency contact information, and any addresses that I/we have provided to fulfill the Association’s notice requirements.

ELECTIONS MADE HEREIN ARE **NOT EFFECTIVE** UNLESS UNIT OWNER(S) SIGNATURE(S) ARE COMPLETED BELOW

Date: _____

Unit Owner Signature

(Print Name of Unit Owner)

Date: _____

Unit Owner Signature

(Print Name of Unit Owner)