

RIVER VISTA HOA

Home Owner Association

Owner

In order to keep our records up to date and you better informed about the developments and issues regarding your investment as an owner in the River Vista HOA, we are asking that you provide us with the following information.

OWNER(S) NAME: _____

PROPERTY ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

PHONE: _____ CELL PHONE _____

PROPERTY MANAGER NAME (If Applicable): _____

PROPERTY MANAGER EMAIL: _____

PROPERTY MANGER PHONE: _____ CELL PHONE : _____

PROPERTY MANAGER ADDRESS: _____

In order to keep our records accurate at all times please let us know with any change to your contact by emailing us at: david.rivervistahoa@gmail.com Or mailing this for form to the address below:

Do you intend to rent your property: YES ___ NO ___ POSSIBLY ___

EMAIL AUTHORIZATION :Florida statute states it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the River Vista HOA to send you agendas of upcoming meetings; reports on actions taken by the Board at those meetings; and, updates or special information. Your email address will not be used for any other purpose than those listed in the previous sentence.

YES I authorize River Vista HOA to email me appropriate meeting, notices, agendas, reports, and other information.

NO I do not want to receive emails from River Vista HOA except as required by the HOA By-Laws to be sent by regular mail.

EMAIL:: _____

NAME(S)PRINT: _____

SIGNATURE(S) _____

River Vista HOA, P.O. Box 7413, Port St Lucie, FL 34985

Form approved on: 05/30/24