

AUTHORIZATION TO RELEASE INFORMATION

I/We, the undersigned owner(s) of unit _____ of the **Grand Vista at Riverwood Neighborhood Association**, do hereby consent to the Board of Directors, its agents, managers or representatives, to release the following information to other owners of the association:

Email address(es) with Name

Alternate physical/mailling addresses (If applicable for other than designated address for Association notices, etc.)

I/We understand that by signing this authorization, we are waving our right pursuant to Florida Statute 718.111(12) not to have this information disclosed to other unit owners. We further acknowledge that if we do not sign this authorization, our information will not be included in any association directory or other association related documents which the Board of Directors may publish from time to time.

_____ Phone Number with Name

_____ Phone Number with Name

Phone numbers may be disclosed unless the owner directs not to

_____ Do not disclose our phone numbers.

To be valid, this authorization must be signed by all owners of record of the unit.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Return Form To:
Grand Vista
c/o Star Hospitality Management
26530 Mallard Way
Punta Gorda, FL 33950

Fax: 941-575-7968
l.phillips@starhospitalitymanagement.com