

## COMMUNITY INFORMATION / CONTACT UPDATE FORM

Please complete and return this form to Evergreen Lifestyles Management, LLC in order to help us in making sure that we have the most accurate and up-to-date information on file.

Association Name: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

\_\_\_\_\_

**Property Address:**

**Mailing Address  
(If different from Property Address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Person:** \_\_\_\_\_

(Person authorized to receive all information  
Including financial information regarding the  
property.)

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ 2nd Email Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**I agree to accept electronic transmissions for Association Information.**

**(Please check one) YES**  **NO**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or email form to:**

**Mail:** Evergreen Lifestyles Management, LLC  
Attn: Address Changes  
270 W. Plant Street, Suite 340  
Winter Garden, FL 34787

**Email:** AddressUpdate@Evergreen-LM.com