

# CYPRESS COVE OF JUPITER HOMEOWNER'S ASSOCIATION, INC.

C/O Capital Realty Advisors, Inc.  
600 Sandtree Dr., Ste 109  
Palm Beach Gardens, FL 33403  
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## 2016 OWNER INFORMATION UPDATE

Please complete this form to assure that we have the most current information on file regarding your home.

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

Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

Residency Status:  Full-Time  Seasonal

Mailing Address: \_\_\_\_\_

Away Phone# \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**In order to decrease the postage and mailing costs that the Association incurs and communicate pertinent information, your Board of Directors would like you to consider consenting to receive electronic communications.**

**Florida Statutes protects owners email addresses and phone numbers from being released or shared unless you consent**

### CONSENT

**You must provide consent even if your e-mail address is currently on file.**

By initialing this box, I **authorize** Cypress Cove and Capital Realty Advisors to communicate with me via electronic transmission.

By initialing this box, I **do not authorize** Cypress Cove to communicate with me via electronic transmission.

By initialing this box, I **authorize** Cypress Cove and Capital Realty Advisors to disclose my phone number in the Resident Directory.

By initialing this box, I **do not authorize** Cypress Cove to disclose my phone number in the resident directory.

By initialing this box, I do not have an email address and request a mailed copied of all electronic transmissions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Thank you for your time in completing this form and please return to Capital Realty Advisors at the address above or fax to (561) 624-5827.**

**You must notify Capital Realty Advisors if any information on this form changes**