

First Name*		L	Last Name*		
City*			State*	Zip Code*	
Phone*		E	-mail*		
Subdivision*		A	ssociation Name*		
Number of Lots/Hor	mes 🕝				
Type of Association	*				
Homeowner Ass Homeowner Ass Property Owner Condominium Other	sociation (gated)				
Frequency of Board Annual Twice Annually Quarterly Monthly	d Meetings				
How are the Dues/F monthly quarterly yearly	Fees currently collecte	ed?			
Are all properties as	ssessed the same am	nount?			
yes no					
Common Property					
Pool	Clubhouse	Parking			
Trails	Park	Fitness	Center		
Tennis Courts	Playground	Marina			
Other					
Are you currently se	erving on the Board for	or the Associati	on?		
Yes					
○ No					
Has the Board requ	ested the proposal?				
Yes					
○ No					
Has your Association	on had a Reserve Stu	dy prepared?			
○ Yes		5.1			
O No					
Anticipated Transition Date			Do you have a p	roposal due date? 🚱	