

UNIT _____

ST. THOMAS SQUARE
8730 Thomas Drive
Panama City Beach, FL 32408
(850) 238-1863 stsmoa@gmail.com

Owner Information Sheet

Unit Number _____ Any Additional Units Owned _____

Owners Names _____

Corporate Name on Deed (if applies) _____

Mailing Address _____

City, State, Zip _____

Primary Phone _____ Secondary Phone _____

E-Mail Address _____

Emergency Contact & phone _____

CHOOSE ONE:

I/We "OPT IN" and consent to receive all meeting notices (including Annual Meeting and Budget Meetings notices) and official information via email rather than via US Postal Service. (initial here) _____

I/We "OPT OUT" and prefer all meeting notices and official information via US Postal Service. (initial here) _____

Do you rent to short-term renters? _____ If yes, please fill out the information below:

_____ I/we rent this unit independently. Our DBPR registration number is _____

_____ I/we rent this unit using a rental management company: _____

Rental Manager & phone _____

Long-term Renter & contact info (if applicable) _____

KEYS/CODES Door Code _____ Key at Office _____

PLEASE REMEMBER TO KEEP ALL KEYS/CODES CURRENT AT THE MOA OFFICE

I/We "opt in" to publish our email in the directory Yes _____ No _____

I/We "opt out" and do not wish our phone numbers to be in the directory Yes _____ No _____

Note that all Owners names and addresses are part of the public record available to all Owners. Check the above box to "opt out" of having your phone number included. Emails are not part of the public record and will not be shared unless you check the above box to "opt in".

Please return this form via mail or email above.