

FEDERATION OF LONGBOAT KEY CONDOMINIUMS

VERIFICATION OF PRESIDENT AND REPRESENTATIVES

ASSOCIATION'S NAME _____ Telephone No.: _____

Manager's Name _____ (if applicable) Fax No: _____

Mailing Address: _____ Email Address: _____

Please Print

Yes please send all notices to: Mailing Address Email Address

***Note:** If your election has not yet been held, it is your responsibility to provide the Federation with the correct names, local addresses and local telephone numbers in order to keep the directory current.

Each Association, per our By-Laws, is entitled to only ONE Principle Representative an ONE Alternate Representative.

All mail will be sent to local addresses, not to NORTHERN ADDRESSES.

PLEASE PRINT EMAIL ADDRESSES CLEARLY

President's Name: _____ LBK Telephone: _____

LBK Mailing Address:* _____ Unit# _____ Email Address: _____

Please Print

(If PRESIDENT is also a REPRESENTATIVE, PLEASE CHECK HERE _____)

REPRESENTATIVES:

Principal Representative: _____ LBK Telephone: _____

LBK Mailing Address:* _____ Unit# _____ Email Address: _____

Please Print

Alternate Representative: _____ LBK Telephone: _____

LBK Mailing Address:* _____ Unit# _____ Email Address: _____

Please Print

Please send the completed form to: Longboat Key Federation of Condominiums
Attn: Donna Chipman
Post Office Box 8642
Longboat Key, Florida 34228
Phone Number: (941) 730-8134
Email: lbkfederation@yahoo.com

PLEASE RETURN THIS FORM BY MARCH 13TH TO BE LISTED IN THE DIRECTORY