



**RESIDENTS DIRECTORY AND MASS EMAIL DISTRIBUTION**  
**INFORMATION FORM**

**NOTE: THE DIRECTORY AND THE MASS EMAIL DISTRIBUTION SYSTEM ARE FOR THE USE OF LRF RESIDENTS ONLY AND IS NOT TO BE USED FOR ANY COMMERCIAL PURPOSE.**

If you are a new resident, or a resident wishing to change your current information, please complete and SIGN this form. Return completed form to:

Community Association Manager  
LakeRidge Falls Clubhouse,  
4200 LakeRidge Blvd.  
Sarasota, FL 34243

We can **ONLY** accept changes on **THIS** form – signed and dated.

**NOTE: YOUR SIGNED PERMISSION IS REQUIRED BY FLORIDA PRIVACY LAW BEFORE WE MAY PUBLISH YOUR NAME, ADDRESS, PHONE NUMBER, AND EMAIL IN OUR DIRECTORY**

Do not contact the Clubhouse Office to report changes orally, on paper scraps, or via email.

**PLEASE PRINT**

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

Preferred Name(s) for Directory Listing: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you **own** or **rent** (Circle one.) the residence listed above?

Please indicate your preferences with a check mark on the following options:

I would like my: Name, Address, Phone Number, and/or Email Address published in the LakeRidge Falls Directory.

I **ONLY** wish to add my email address to the Community's MassEmail Distribution System to alert me of various activities, messages from the Board and other information. I understand that my information will **NOT** be included in the LakeRidge Falls Directory.

I **DO NOT** wish any of my information to be published in the Directory and I **DO NOT** wish to receive any communication via email.

**By signing below, I hereby consent to the Association's disclosure of the information selected above for the purposes stated herein.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date