

Consent to receive

ELECTRONIC NOTICES

Full Name :	E-Mail :		
Full Name :	E-Mail :		
LakeRidge Falls Address :			
I hereby provide my consent to receive all notices, documents, and other communications from the LakeRidge Falls Community Association, Inc. electronically, at the email address(es) provided above. This Consent to Receive Association Notices by Electronic Transmission (the "Consent") serves as the Parcel Owner's affirmative agreement to receive all notices required or permitted under Section 2.6 of the By-Laws of LakeRidge Falls Community Association, Inc. ("Association") and Section 720.303(1)(g) of the Florida Statutes, as amended or renumbered from time to time, via electronic transmission from LakeRidge Falls Community Association, Inc. ("Association"). For the purposes of this Consent, "electronic transmission" refers to electronic mail (e-mail). The undersigned, as a Parcel Owner, knowingly and voluntarily consents to receive such notices from the Association through electronic transmission at the e-mail address(es) provided in this Consent.			
The undersigned acknowled binding, and that the Associatevocation of this Consent to	ation may rely upo	on it, until the undersig	gned submits a written
Print Name :	Signature :		Date :
Print Name :	Signature :		Date :