## LIBERTY POINTE CONDOMINIUM ASSOCIATION, INC.

c/o
KareCondo
Kare Condominium Management Company, Inc.

## **OWNER/OCCUPANT(S) INFORMATION**

The Ohio State Condominium Laws, Statute 5311.09, (A)(2), states that, "Within thirty days after a unit owner obtains a condominium ownership interest" that this information be provided to the Association, and 5311.09, (A)(3,) states that, "Within thirty days after a change in any information that division (A)(2) of this section requires, a unit owner shall notify the association, through the board of directors, in writing of the change. When the board of directors requests, a unit owner shall verify or update the information."

| OWNER(S) NAM    | 1E:            |   |                        |                                   |  |
|-----------------|----------------|---|------------------------|-----------------------------------|--|
| UNIT ADDRESS:   |                |   |                        |                                   |  |
| BILLING ADDRES  | SS:            |   |                        |                                   |  |
|                 |                | IF DIFFER   | RENT THAN UNIT ADDRESS |                                   |  |
| HOME PHONE:     |                | WORK PHONE:   |                        | PHONE:                            |  |
| EMAIL ADDRESS   | S:             |   |                        |                                   |  |
| OTHER OCCUPA    | NT(s)/TENAN    | IT(s) IN UNIT:  |                        |                                   |  |
|                 |                |   |                        | CELL PHONE:                       |  |
| owners. Althoug | h very importa | quired in order to more effectively int, this information is not required | d by statute.          | ossessions and that of all of our |  |
|                 |                |   |                        |                                   |  |
| 2, 508.         | out:           |   | ne, check here         |                                   |  |
| VEHICLE(S)      | 1) Color, M    | ake, & Model  |                        | _ License #                       |  |
|                 | 2) Color, M    | ake, & Model  |                        | _License #                        |  |
|                 | 3) Color, M    | ake, & Model  |                        | _ License #                       |  |
|                 |                | ☐ If no   | ne, check here         |                                   |  |
| EMERGENCY CC    | NTACT NAM      | E:  | PHONE:                 |                                   |  |

Please note that this form is to be completed in its entirety to prevent the Association from re-requesting the information. Providing partial or no information within the required 30 days of receipt may result in the Board taking any and all action within their means to elicit compliance of the request for information. Thank you in advance for your timely response.