Crystal Ponds Condominium Association

Co-Owner Information Update

Name of Legal Owner (s) of the Unit (printed)	Date:	
1		
2		
3	-	
Unit # or House #		
Other Family/Household Members		
•		
•		
•		
•		
Preferred Phone #:		
Additional #(s)		-
Email Address(s)		-

Mortgage Company (This is required by the ByLaws and MI Condo Act):

Name of the Company/Bank			
Address of Company/Bank			-
Insurance Company			
Is there a Rental/Lease agreement on this Property	Yes	No	
If Yes: Please attach a copy of the current rental/lea	ise agreemen	t as required by the B	ylaws.
Any new rental/lease agreement OR renewal of the	current agre	ement must be sen	t to the HOA

Board for approval no later than 10 days prior to signing. Approval of such agreement is required by the Bylaws.

Name of person who completed this form (printed)_____

PLEASE RETURN THIS COMPLETED FORM NO LATER THAN December 6, 2024

TO: Debbie Chamberlain 10193 Swan Lake Circle in the box on the porch or by email to <u>crystalpondcondohoa@gmail.com</u>.