

LAKESIDE AT THE RESORT HOMEOWNER ASSOCIATION

MEMBERSHIP LIST – OPT OUT FORM

I, _____, am the current owner of real property located within the _____ Homeowners Association ("Association"), with the common street address of _____, and have full authority to make legal decisions affecting my residence/lot.

Pursuant to Civil Code section 5220, and any successor statute, I hereby exercise my right to opt out of sharing my name, property address, mailing address, email address or any of my personal information with any other member of the Association. I prefer to be contacted by an alternative process as described in Corporations Code section 8330(c).

This opt out shall remain in effect until changed by me or my legal representative.

NAME OF MEMBER

SIGNATURE OF MEMBER

ASSOCIATION ADDRESS

DATE

ALTERNATE MAILING ADDRESS

Please return this form to Desert Resort Management:

Fax: 760-346-9918 / Email: serviceorders@drmineternet.com

Or mail to: P.O. Box 14387, Palm Desert, CA 92255

Lakeside at the Resort, (Association) now offers all Owners the ability to receive notices and other correspondence from the Association electronically. If Owners accept delivery electronically, the Association hopes to reduce expenses associated with copying, mailing and postage, while also helping reduce the Association's carbon footprint and effect on the environment. Please complete and return this consent form to take advantage of this offer and to begin receiving communications electronically. ***Please note this form must be renewed annually, this helps to insure we have the most current email address on file.***

The undersigned Owner/Member hereby agrees to accept delivery of all legally permissible documents and notices from the Association in electronic form, via e-mail in Adobe PDF or similar format. The documents which can be sent to you by the Association in electronic form include, but are not limited to, the following:

- | | |
|---|--|
| <input type="checkbox"/> Regular or Special Board Meeting Notices | <input type="checkbox"/> Informal Dispute Resolution (IDR) Notice |
| <input type="checkbox"/> Proposed Rule Change Notices | <input type="checkbox"/> Alternative Dispute Resolution (ADR) Notice |
| <input type="checkbox"/> Request for Candidates, etc. | <input type="checkbox"/> Secondary Address Notice |
| <input type="checkbox"/> Pro Forma Operating Budget or Summary | <input type="checkbox"/> Reserve Funding Plan |
| <input type="checkbox"/> Insurance Coverage Summary | <input type="checkbox"/> Reserve Study |
| <input type="checkbox"/> Rules and Regulations | <input type="checkbox"/> Reserve Study Updates |
| <input type="checkbox"/> Disclosure Document Index | <input type="checkbox"/> Financial Statements and/or any Reviews |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Assessment Collection Policy |
| <input type="checkbox"/> Access to Board Minutes | <input type="checkbox"/> Assessment and Foreclosure Notice/Form |
| <input type="checkbox"/> Architectural Change Notice | <input type="checkbox"/> Monetary Penalty Schedule |

By signing below, you confirm that you are Owner of the property listed below and/or authorized to make decisions for and bind the property. You further consent to the matters described herein and understand that with certain legally required exceptions by signing below you will no longer receive notices and documents from the Association via U.S. mail. You can revoke this authorization and again receive notices, disclosures and other documents from the Association in printed copy by sending a revocation notice to Desert Resort Management by email to ServiceOrders@drmineternet.com , by facsimile (760-346-9918), or by 1st class mail to P.O. Box 14387, Palm Desert, CA 92255-4387.

No more than one (1) e-mail address will be accepted as the primary address for delivery of the above documents, per property address. This signed form may be returned to the Association by e-mail, facsimile, personal delivery or 1st class mail by using the information listed above.

I understand and agree that delivery of any notices, documents, communications or disclosures are complete at the time of e-mail transmission from the Association. I further understand that it is my obligation to notify the Association through the means described in this form if the e-mail address at which I wish to receive notice changes. I understand that I have the right, at any time, to have the documents delivered electronically pursuant to this consent form made available to me in paper form upon my written request.

Signature of Owner/Authorized Representative

Printed Name

Address within the Association

Primary E-Mail Address
(Please Print Legibly)



Associa®

REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. Please fill out the following information to complete this request.

HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period. **Note: Information below is required. If not provided, there will be delays in processing your direct debit request.**

Management Company Name: Desert Resort Management

Homeowner Name: _____

Homeowner Account Number: _____

Association Name: Lakeside at the Resort

Address And Unit #: _____

City: _____ State: _____ Zip: _____

Direct Debit Start/Stop Date (MM/YYYY): _____ / _____

Homeowner Bank Name: _____

Homeowner Bank Routing Number: _____

Homeowner Bank Account Number: _____

☐

CHECKING ACCOUNT – Include a voided check from the account you would like to debit

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SAVINGS ACCOUNT – Include letter from bank that includes your full account number and routing number. **Statements will not be accepted.**

Only checks for US Banks will be accepted. Deposit slips cannot be used in place of a voided check.

Signature: _____ Date: _____

In order for funds to be pulled in time for next month's assessment, this form must be received no later than the 20th of the prior month. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or letter from bank that includes your full account number and routing number.

**Return by email: Scan and send this form and a voided check to:
serviceorders@drmineternet.com**

Return by mail:

Complete and send this form and a
voided check to the following address:

OR

Desert Resort Management

P.O. Box 14387
Palm Desert, CA 92255

Delivering unsurpassed management and lifestyle services to communities worldwide.

ANNUAL ADDRESS / INFORMATION UPDATE FORM

The Lakeside at the Resort Association ("Association") is required to annually request the information below from all Owners and each Owner is required by law (*Civil Code* Section 4041) to provide the information requested below.

Please complete this form by providing the information below and return the completed form to management by December 15, 2021. *Please print legibly.* If you own more than one piece of property within the Association, please submit a separate form for each property owned.

If you do not complete and return this form, your property address within the Association will be deemed to be the address to which all Association notices will be delivered.

1. Name of record Owner(s):

2. Address of property that I own within the Association:

3. The address or addresses to which notices from the Association are to be delivered:

4. An alternate or secondary address to which notices from the Association are to be delivered (if any):

5. Name and address of your legal representative, if any. This includes any person with a power of attorney or other person who can be contacted in the event of your extended absence.

6. Please circle one of the statements below:
 - a. I occupy the property within the Association identified in item 2 above.
 - b. The property identified in item 2 above is rented out.
 - c. The property identified in item 2 above is developed, but vacant.
 - d. The property identified in item 2 above is undeveloped land.

Date: _____

Authorized Signature

Please return your completed form by December 15, 2021, to the Association, via mail: Attn: Associa / Desert Resort Management, Attn: Sofia Beverly, 42-635 Melanie Place, Suite 103, Palm Desert, CA 92211, or via facsimile: (760) 346-9918, or via email: SBeverly@drmineternet.com.



WHERE

COMMUNITY MANAGEMENT & COMMUNITY ENGAGEMENT

MEET

Introducing TownSq. A new, all-in-one solution for better community living, TownSq delivers the most complete, mobile community experience by helping you connect, collaborate and stay-up-to-date on everything happening in your community – from daily management and ongoing maintenance to community programs and events.

No other app addresses the unique social and administrative aspects of community living. With TownSq you can:

- Engage with one another
- Pay from any device
- Reserve common areas
- Track maintenance requests
- Access important association documents
- Get updates when community tasks are completed
- And more – any time on any device.

Our communities use TownSq to empower management teams, board members and homeowners to experience community their way.

VISIT WWW.TOWNSQ.IO TO LOGIN OR REGISTER, AND DOWNLOAD THE APP.

