



3900 Woodlake Blvd, Suite 309, Lake Worth, FL 33463 T: (561) 641-8554 F: (561) 641- 9448

HOMEOWNER INFORMATION

LEXINGTON LAKES HOMEOWNERS ASSOCIATION, INC.

To ensure that we have your most up to date contact information, please complete the below information for our records. At your earliest convenience, send the completed form either by regular mail to the above stated address, fax to (561) 641-9448 or email to residentservices@grsmgt.com. Thank you for your cooperation.

Primary Owner Name: _____

Additional Owner Name(s): _____

Additional Owner Name(s): _____

Property Address: _____

Mailing Address (if different from property address)

Address Line 1: _____

Address Line 2: _____

City: _____ **State** _____ **Zip** _____

Foreign Address Information (if applicable):

Email Address: _____

Home #: _____ **Cell #:** _____ **Work #** _____

Please check the applicable use of the property:

Primary Residence _____ 2ND HOME: _____ Investment: _____

Will the above listed person(s) be the only occupants? YES _____ NO _____

If no, please provide the names other occupants and their dates of birth below:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

LEASE INFORMATION. Is the home lease? ____ yes ____ no

Tenant Name: _____ Phone: _____ Email: _____

Tenant Name: _____ Phone: _____ Email: _____

Remember: for access to all your community and account information, register at www.grsmgt.com