



**Mail or Fax this form to:**  
 Lazega & Johanson LLC  
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 Atlanta, Georgia 30305  
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## BOARD OF DIRECTORS INFORMATION FORM

Community Association Registered Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Month of Annual Meeting: \_\_\_\_\_ County: \_\_\_\_\_

Association Address: \_\_\_\_\_

No. of Units/Lots: \_\_\_\_\_

Community Association Management Company (if applicable): \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Manager's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address for all Billing Correspondence: \_\_\_\_\_

<b>President Name:</b>				
Address				
Email Address:		Home #:	Cell #:	Work #:

<b>Treasurer Name:</b>				
Address				
Email Address:		Home #:	Cell #:	Work #:

<b>Secretary Name:</b>				
Address				
Email Address:		Home #:	Cell #:	Work #:

<b>Board Member Name:</b>				
Address				
Email Address:		Home #:	Cell #:	Work #:

<b>Board Member Name:</b>				
Address				
Email Address:		Home #:	Cell #:	Work #:

*Thank you...we appreciate your business!*