



**SCCW MASTER ASSOCIATION  
BOARD & IRRIGATION CONTACT INFORMATION FORM**

In accordance with the SCCW Master Association bylaws, article II, section 3, Each Member Association shall submit to the Master Association Secretary a list of its Officers, designating the persons who, in the absence of the President, may vote in a Representative Capacity for the Master Association Member and the sequence in which they are authorized to represent the Member Association at any Master Association meeting. The “Member Association” of the Master Association, listed below hereby designates the official mailing address for any Master Association document or ballot shall be to the Member Association listed below, **c/o Vesta Property Services, 1902 Clubhouse Drive Suite C, Sun City Center, FL 33573**. This information shall remain in effect until such time as the Member Association submits a revised form to the Master Association.

**MEMBER ASSOCIATION NAME:** \_\_\_\_\_

**I, the undersigned President**, being the highest-ranking officer of the above-named MEMBER ASSOCIATION designate the following officers, currently serving on its Board of Directors, to act in a representative capacity for me and cast votes in my absence at any Master Association Meeting. The officers listed below are ranked in order of preference and the voting capacity of the highest ranked officer attending a meeting will take precedence over any lower ranked officer attending the same meeting. I also designate the persons whose e-mail addresses are listed below to submit Irrigation Work Orders through the “UpKeep” website and for the Board members’ e-mails to be entered in the Master Association’s Community Website for communications purposes.

**PLEASE LIST ALL OFFICERS AND IRRIGATION CONTACTS CURRENTLY REPRESENTING YOUR ASSOCIATION**

<u>Rank</u>	<u>Title</u>	<u>First &amp; Last Name</u>	<u>Phone</u>	<u>Email ( PLEASE PRINT LEGIBLY IN ALL CAPS)</u>
	<b><u>President</u></b>	_____	_____	_____
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____
4th	_____	_____	_____	_____
	<b>Irrigation Contact</b>	_____	_____	_____
	<b>Irrigation Contact</b>	_____	_____	_____
	<b>Irrigation Contact</b>	_____	_____	_____

**Signed by:** \_\_\_\_\_, **President**      **Changes are effective on:** \_\_\_\_\_, **2022**

E-mail completed form to: [master@kpmaster.com](mailto:master@kpmaster.com)

Or return to: 1902 Clubhouse Drive Suite C, Sun City Center, FL 33573

Rev. June 2022