



Shadowwood Condominium Association
11639 Stoneview Square
Reston, VA 20191-2952

703-620-5444 / voice
703-620-4233 / fax
www.shadowwoodcondos.com
president@shadowwoodcondos.com

RE: SHADOWOOD UNIT ADDRESS: _____

Shadowwood Condominium Association
11639 Stoneview Sq
Reston, VA 20191-2952

PROPERTY MANAGEMENT DESIGNATION

I/We, the undersigned record unit owner(s) of the above-referenced unit at the Shadowwood Condominium hereby designate the following named individual, corporation or other entity as My/Our Property Management Agent (hereinafter referred to as "Agent"). I/We authorize the Agent to receive all notices required to be given a unit owner under Section 55-79.75 of the Code of Virginia (1950, as amended) and to receive any and all notices, information or correspondence - including, but not limited to, notices pertaining to assessments, special assessments, late fees, violation of Rules and Regulations and collection of overdue assessments required to be sent to a unit owner under the Condominium Act of Virginia and under the provisions of the condominium instruments and governing documents, as applicable. I/We direct Shadowwood Condominium Association to send assessment payment coupons or statements to the Agent at the address stated below. I/We hereby affirm and ratify any and all acts done of my/our behalf by the Agent. This Property Management Designation will remain in full force and effect until it is revoked by a written notice signed by all owners of a unit or until a new Property Management Designation is executed; in either event, the change will become effective upon receipt of such written notification by the Shadowwood Condominium Association or its designated management agent.

PROPERTY MANAGEMENT AGENT:

Name Address (PO Boxes will not be accepted)

Phone Number (s)

UNIT OWNER(S) (All Owners must sign)

Unit Owner Date

Unit Owner Date

STATE OF: _____
COUNTY OF: _____, to-wit:

I, the undersigned, a Notary Public in and for the jurisdiction aforesaid, do hereby certify that _____, whose names are signed have acknowledged the same before m in my aforesaid jurisdiction this _____ day of _____, 20_____.

NOTARY PUBLIC My Commission Expires: _____